



Joint United Nations Programme on HIV/AIDS
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1. This report by the Joint United Nations Programme on AIDS (UNAIDS) supplements information contained in the Report of the Secretary-General on Progress Towards Implementation of the Declaration of Commitment on HIV/AIDS.. This report complements the report of the Secretary-General by providing additional detail on progress achieved in different regions and examples of support to implementation of the United Nations in implementing the Declaration of Commitment on HIV/AIDS (Declaration).
2. This report, like the report of the Secretary-General, is primarily based on responses by countries to a questionnaire sent to Member States, along with a note from the Secretary-General, in March 2002. .

I. REGIONAL PROFILES

A. *Africa*

3. 30 African countries responded to the questionnaire.

State of the Epidemic

4. Sub-Saharan Africa remains by far the region most heavily affected by the epidemic. Seventy percent of all new infections in 2001 occurred in the region, which now has an estimated 28.5 million people living with HIV/AIDS. Women now outnumber men among people living with the disease, and 11 million children have lost one or both parents to HIV/AIDS.
5. Although some experts expected HIV infection rates to have reached a plateau by now in sub-Saharan Africa, HIV prevalence continues to increase in the region's most-affected countries, including Botswana, Zimbabwe, and Swaziland. While West Africa has been less affected than Southern Africa, HIV prevalence has now surpassed 5% in Nigeria, the continent's most populous country, and infections appear to be sharply on the rise in Cameroon. Unless such infection trends are reversed, there exists the frightening potential for an acute worsening of the HIV/AIDS crisis in sub-Saharan Africa.
6. Especially in comparison with sub-Saharan Africa, HIV infection rates have until now been relatively low in North Africa and the Middle East. Here, too, however, HIV infection

rates are on the rise, with the number of infections in the region increasing by 25% in 2001 alone. Today, an estimated 500,000 people in the region are living with HIV/AIDS.

Progress in Implementing Declaration of Commitment

7. *Leadership.* African leaders, in general, are speaking more openly about HIV/AIDS than at any other point in the epidemic's history. African heads of state have mobilized to monitor progress in meeting the commitments in the 2001 Abuja African Summit on HIV/AIDS Declaration and Framework for Action, and the continent's most populous countries, Nigeria and South Africa, have recently embarked on a notable strengthening of national efforts to fight HIV/AIDS.

8. All sub-Saharan African countries that responded to the UNAIDS questionnaire (28 of the 30 African respondents) indicate that they now have multi-sectoral HIV/AIDS strategies. In January 2002, a UNAIDS analysis of national readiness in all 45 countries in the region found that 34 (or 71%) of sub-Saharan countries had either adopted national strategic plans or were in the process of doing so.

9. Nearly all countries in sub-Saharan Africa report that limited financial and human capacity impedes implementation of strategic plans. Most countries also report difficulty in engaging multiple sectors in the response to HIV/AIDS, typically citing limited capacity in non-health sectors.

10. Although much larger efforts are needed in many countries, some progress is reported in involving non-health sectors in the fight against HIV/AIDS. In particular, national AIDS strategies in many countries in Africa envision the extensive involvement of the world of work in the response to the epidemic. The national AIDS strategy for Côte d'Ivoire, for example, calls for the establishment of AIDS committees in all businesses with more than 50 employees. Similarly, the government of Cameroon has entered into agreements with 40 different private businesses to engage them in numerous aspects of the response to HIV/AIDS, and the country envisions having similar agreements in place with at least 50% of enterprises in public and private sectors by 2005. In addition, as the Secretary-General's Report explains, substantial progress in Africa has also been achieved in involving faith communities as essential partners in the fight against the epidemic.

11. Regional collaboration in the fight against AIDS has also been strengthened in sub-Saharan Africa since the adoption of the Declaration. The New Partnership for Africa's Development (NEPAD) includes HIV/AIDS and African leaders have joined together to establish AIDS Watch Africa (a group of Heads of State) and the African Centre for HIV/AIDS Management to monitor implementation of the 2001 Abuja Declaration. Heightened regional activity in sub-Saharan Africa has been stimulated, in large part, by the International Partnership Against AIDS in Africa, which in the last year has continued to contribute to accelerated development of sustainable partnerships between government, civil society and the private sector. Substantial additional efforts are required to ensure that NEPAD, a potentially important advance in long-term development efforts in Africa, is used effectively to strengthen regional and national responses to HIV/AIDS.

12. *Resources.* 21 of the 30 countries responding to the questionnaire (70%) indicate that they have increased national budgetary allocations for HIV/AIDS programmes. Several countries say debt relief and loans from the World Bank have helped increase national resources for HIV/AIDS. Burkina Faso allocated US\$6 million from debt relief to HIV/AIDS programmes for 2001-2005, Cameroon US\$9 million over three years, Malawi US\$2 million for 2002, Mali US\$1.4 million for its current fiscal year, and Mozambique US\$2.5 million annually. The World Bank, UNDP and other UNAIDS co-sponsors assist countries in directing debt-relief funds toward essential HIV/AIDS activities. Malawi cites a donor roundtable as a successful vehicle for mobilizing new resources for national HIV/AIDS programmes. Mozambique and other countries also indicate their expectation that the Global Fund to Fight AIDS, Tuberculosis and Malaria will help expand resources for HIV/AIDS.

13. *Prevention.* Slightly more than 80% of the countries responding to the questionnaire cite national targets for reducing HIV prevalence among young people aged 15-24 that are consistent with the Declaration. Some countries have adopted the goal of reducing HIV prevalence in this population by 25% by 2005, while others have variously adopted youth-specific prevention goals that are more or less ambitious than the Declaration. Surveys by UNICEF underscore the need for a dramatic strengthening of efforts to prevent HIV transmission among young people. According to the survey, nearly three out of four young women (ages 15-19) in Mozambique are unaware of how to prevent HIV transmission, and one half of teenage girls in the sub-Saharan region are not aware that a healthy-looking person can be infected with the virus.

14. Twenty-four of 30 responding countries (80%) state that their national strategies include specific prevention targets or activities targeting vulnerable populations. All but one country indicate that national prevention programmes address HIV/AIDS in the workplace, and nearly two out of three countries in sub-Saharan Africa indicate that projects exist to prevent mother-to-child transmission.

15. Countries cite a broad range of obstacles to achievement of national prevention objectives. Most prominent among prevention barriers are cultural resistance to frank HIV prevention programmes, limited national resources for prevention activities, and difficulties in reaching vulnerable populations.

16. *Care, Support and Treatment.* Although 87% of responding countries state that national programmes envision progressive implementation of comprehensive care strategies, fewer countries (67%) have strategies for the provision of HIV-related drugs. Countries most often cite as obstacles to expanded health care access the high cost of antiretroviral drugs, the lack of national resources, and the lack of national consensus regarding optimal care and support strategies for people living with HIV/AIDS. Many sub-Saharan countries indicate that HIV-related stigma impedes efforts to expand health care services.

17. *Human Rights.* Half of sub-Saharan countries responding to the questionnaire report that legislation, regulations or other measures are in place to eliminate discrimination against people living with HIV/AIDS. Only 40% of countries responding from the region have national laws or policies that protect people with HIV/AIDS from discrimination in the workplace. Somewhat more than half (60%) state that national policies exist to realize the

rights of women affected by, or at risk of, HIV/AIDS, and nearly all countries indicate national programmes are gender-sensitive.

18. *Mitigation of Economic and Social Impact.* Only 13 of 30 countries in the region have strategies in place to provide children orphaned or made vulnerable by HIV/AIDS with needed social support, such as schooling, shelter, nutrition, health and social services. Citing the lack of any national tradition of social services for orphans, several countries report they look primarily to NGOs and relatives to care for orphans and other children made vulnerable by the epidemic.

19. 12 of 30 countries responding to the questionnaire have evaluated the epidemic's economic and social impact and developed multi-sectoral strategies to mitigate these harms. Seven countries report having developed strategies to address HIV/AIDS in conflict and disaster-affected regions. The National Commissioner for Refugees in Namibia, for example, has implemented HIV/AIDS programmes in all refugee collecting points and in the primary refugee camp, where 22,000 refugees are currently cared for.

20. *Research and Development.* Half of the countries responding to the questionnaire have increased national investment in HIV-related research and development, with many citing efforts to strengthen surveillance and laboratory capacity.

B. *Asia and the Pacific*

21. 20 countries in the region responded to the questionnaire.

State of the Epidemic

22. Home to some of the world's most notable HIV prevention successes, the Asia and Pacific region also faces the potential for a serious worsening of HIV/AIDS. Infection rates are rising in heavily populated countries such as China and India, and the region currently has more people living with HIV/AIDS (6.6 million) than any region other than sub-Saharan Africa. Rising rates of sexually transmitted diseases, as well as a growth in injecting drug use, could lead to a major expansion of HIV/AIDS in the near future.

Progress in Implementing Declaration of Commitment

23. *Leadership.* The past year included important steps to strengthen regional collaboration in the fight against HIV/AIDS, including an unprecedented meeting of 33 countries in Melbourne in November 2001. Nevertheless, political support for the fight against the epidemic remains weak in many countries in the region, a situation that must swiftly be remedied if the region is to turn back a rapidly growing wave of new infections.

24. 19 of 20 countries responding to the questionnaire indicate they have multi-sectoral national AIDS strategies. 12 countries (60%) report that HIV/AIDS has been integrated into national development plans and poverty reduction strategies. Several countries report difficulty in actively engaging sectors beyond health and in developing an institutional framework capable of coordinating HIV-related actions of multiple sectors.

25. *Resources.* Most (70%) Asian countries report increasing national investment in HIV/AIDS programmes. Several countries indicate, however, that few, if any, national resources are directed toward HIV/AIDS-related efforts, leaving programmes almost wholly dependent on external assistance. A number of countries in the region report that they have benefited from World Bank loans and grants by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

26. *Prevention.* More than three quarters (85%) of respondent countries in the region report they have national targets for reducing HIV prevalence among young people. Most (90%) have national strategies that emphasize targeted prevention efforts for vulnerable populations, and nearly three quarters (82%) report that projects are underway to prevent mother-to-child transmission. Countries in Asia report that the primary obstacles to effective HIV prevention are insufficient resources and cultural resistance to standard prevention measures.

27. Cambodia, where HIV prevention efforts have demonstrated important success in the last year, has prioritized prevention of mother-to-child transmission. Pilot projects to prevent mother-to-child transmission began at two sites in Cambodia in 2001, and a recent grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria will permit a doubling in project capacity in 2002.

28. *Care, Support and Treatment.* In 18 of the 20 Asian and Pacific countries responding to the questionnaire, national strategies envision progressive implementation of comprehensive care strategies for people living with HIV/AIDS. Fourteen countries have strategies for enhancing access to HIV-related drugs.

29. In a region with millions of people living with HIV/AIDS, only about 30,000 currently receive antiretroviral drugs. Difficulties encountered in efforts to expand access to care and treatment in Asia include insufficient resources, limited health care capacity, and widespread stigma and discrimination against people with HIV/AIDS.

30. *Human Rights.* Two out of three countries in Asia (12 of 18 reporting) report that legal measures are in place to eliminate HIV-related discrimination. The same number reports that national strategies are in place for the promotion and realization of rights of women affected by, or at risk of, HIV/AIDS. Many countries in the region, however, cite the absence of an enabling environment for the promotion and enforcement of human rights as an impediment to effective integration of human rights into national HIV/AIDS efforts.

31. *Mitigation of Social and Economic Impact.* 13 of the 20 countries reporting from Asia have developed national strategies exist to provide support for orphans and other children made vulnerable by HIV/AIDS. Only three countries in Asia have assessed the social and economic impact of HIV/AIDS, and only six have integrated HIV/AIDS in national development plans and poverty reduction strategies. Seven countries have strategies that address HIV/AIDS in conflict and disaster-affected regions. Some countries with low prevalence reported that some of matters addressed in the questionnaire on the epidemic's social and economic impact were not applicable to national circumstances.

32. *Research and Development.* 14 countries report they have increased their national investment in HIV-related research and development. China, for example, has established an STI/HIV/AIDS Prevention and Control Center under the country's Center for Disease Control and is taking steps to implement a comprehensive disease surveillance system.

C. *Eastern Europe and Central Asia*

33. 14 countries in the region responded to the UNAIDS questionnaire.

State of the Epidemic

34. The region where HIV/AIDS is growing the fastest, Eastern Europe and Central Asia account for 1 million of the world's 40 million people living with HIV/AIDS. Infections grew by 33% in 2001 alone, abetted in part by high rates of injecting drug use. In the Russian Federation alone, reported HIV infections increased from roughly 11,000 at the end of 1998 to more than 173,000 in 2001. With an adult HIV prevalence of 1%, Ukraine remains the most affected country in the region.

Progress in Implementing Declaration of Commitment

36. *Leadership.* Certain governments in the region, such as Ukraine, have exhibited noteworthy leadership in the fight against HIV/AIDS. In general, though, HIV/AIDS is not given sufficient priority as a political issue in the region, inhibiting the development of an aggressive response to the growing HIV/AIDS threat.

37. 11 of 14 countries responding to the questionnaire say indicate they have multi-sectoral national AIDS strategies. A UNAIDS analysis of national preparedness, released in January 2002, indicates that 18 of 30 countries in the region have such strategies and that one in three countries have yet to begin the process of formulating national strategies.

38. Some progress has been made in involving multiple sectors in the fight against AIDS in the region, although substantial additional work is required to engage the necessary range of actors. At the Eurasia Economic Summit in April 2002 in Kazakhstan, 400 leaders in the fields of business, media and government discussed linkages between HIV/AIDS, injecting drug use, and the oil industry.

39. *Resources.* 9 of 14 countries report they have increased national resource allocations for HIV/AIDS. The UNAIDS independent analysis in January 2002 found that few resources have yet to be directed toward the fight against the epidemic, even in ministries of health.

40. *Prevention.* More than 80% of countries in the region indicate specific prevention targets for young people. As an example of a country that prioritizes HIV prevention among youth in its national AIDS strategy, Kazakhstan aims to ensure that at least 95% of young people are by 2005 aware of HIV/AIDS, know how to prevent transmission, and use condoms if sexually active with a non-cohabitant partner. Substantial progress in improving prevention services for youth in the region is imperative, as a recent survey found that 10% or fewer of adolescents (ages 15-19) in Central Asia have ever heard of AIDS. Although 12 of 14 countries report they make special efforts to reach vulnerable populations with prevention

services, difficulties in accessing such populations (especially injecting drug users) are cited by several countries as a barrier to effective HIV prevention. To engage injecting drug users in HIV prevention efforts, Slovenia relies, in part, on a primary care network of accessible methadone maintenance centers.

41. *Care, Support and Treatment.* 12 of 14 countries in Eastern Europe and Central Asia that responded to the questionnaire indicate they have national strategies to increase access to HIV-related drugs, and 10 countries plan for progressive implementation of comprehensive care strategies. Poland, for example, reports that the country has offered ARVs since 1996, and currently has 14 centres for AIDS treatment that follow international treatment guidelines. Countries report numerous barriers to ensuring actual access to care, support and treatment, including the high cost of antiretroviral drugs, limited financial and human capacity in health care sectors, and disincentives created by the stigma associated with the disease.

42. *Human Rights.* 11 out of 14 countries report they have legislation in place to prevent discrimination against people with HIV/AIDS. In Romania, for example, national law prohibits discrimination against people with special needs, including those living with HIV/AIDS; the National Union of Organizations of People Affected and Infected by HIV/AIDS monitors human rights violations on an ongoing basis and makes quarterly reports to the National Inter-Sectoral HIV/AIDS Commission. Six countries in the region indicate that national strategies exist to ensure the realization of the rights of women affected by, or at risk of, HIV infection.

43. *Mitigation of Social and Economic Impact.* Seven of 12 countries have national strategies to provide care and support for orphans and other children made vulnerable by HIV/AIDS. Armenia, for example, provides psychological and legal counseling for HIV-affected families with a UNDP-supported "Crisis Center for People Living with HIV/AIDS." Only three countries have assessed the epidemic's social and economic impact and developed strategies to mitigate such harms.

44. *Research and Development.* 4 countries indicate they have increased their investment in HIV-related research and development.

D. *Latin America and the Caribbean*

45. 23 countries in the region responded to the UNAIDS questionnaire.

State of the Epidemic

46. An estimated 1.5 million people Latin America are living with HIV/AIDS, with an additional 420,000 in the Caribbean. Twelve countries in the region have an estimated HIV prevalence of 1% or more among pregnant women. Haiti is the most affected country, with an adult prevalence rate that exceeds 6%.

47. The epidemic in Latin America and the Caribbean threatens to grow substantially worse unless the response to HIV/AIDS becomes dramatically stronger. Modes of transmission

vary depending on sub-region and country, but they include sexual transmission (both heterosexual and male-to-male) and needle-sharing in connection with injecting drug use.

Progress in Implementing Declaration of Commitment

48. *Leadership.* In the last two years, momentum in the fight against HIV/AIDS has accelerated in many countries in the region. Caribbean leaders have joined together to expand cross-border collaboration on HIV/AIDS issues, and several countries in Latin America have established themselves as global leaders in efforts to expand health care access to people living with HIV/AIDS. Yet stronger leadership is required in this second most-affected region to ensure that words of commitment are effectively converted into concrete actions to strengthen national responses.

49. 18 of 23 countries responding to the questionnaire have multi-sectoral national AIDS strategies in place. These responses are consistent with an independent UNAIDS analysis of national preparedness, which found that 23 of 30 countries in Latin America and the Caribbean (77%) have national AIDS strategies. Especially in the Caribbean and Central America, effective implementation of national AIDS strategies is impeded by a lack of national resources and difficulties in coordinating multiple sectors.

50. *Resources.* Despite the severity with which HIV/AIDS has hit the region, less than half only one in two countries indicate an increase in national resource allocations for HIV/AIDS programmes. The UNAIDS analysis of national preparedness for programmatic scale-up determined that HIV-related programmes in the region remain underfunded. Although some countries in the region have increased resource allocations for key HIV-related programmes, others are almost completely dependent on external assistance and face severe resource constraints.

51. *Prevention.* More than three quarters (76%) of countries reporting from the region have established national targets for HIV prevention among young people. Fourteen report the existence of national strategies to prevent HIV transmission among vulnerable populations. The national AIDS strategy for Haiti, for example, prioritizes interventions to reduce women's vulnerability. According to countries responding to the UNAIDS questionnaire, cultural resistance poses the principal impediment to effective HIV prevention in Latin America and the Caribbean.

52. *Care, Support and Treatment.* 20 respondent countries in the region (85%) report they have national strategies to provide comprehensive care, support and treatment to people living with HIV/AIDS. 20 countries also indicate the existence of strategies to expand access to HIV-related drugs. These strategies are reflected build on in actual experience, as Latin America and the Caribbean account for the majority of people in low- and middle-income countries who currently receive antiretroviral therapies. In Argentina, Brazil, Colombia, Costa Rica, Panama, and Venezuela, prominent leaders in the executive and judicial branches have publicly supported universal access to HIV medicines, often framing the issue as a fundamental human or constitutional right. Countries in the region have benefited from the active support from the Pan American Health Organization in the development of guidelines for comprehensive HIV/AIDS care.

53. *Human Rights.* Three quarters of all respondent countries in the region indicate that legal protections are in place to prevent HIV-related discrimination. A somewhat smaller share (15 of 23) have specific programmes to ensure the full enjoyment of rights by women affected with HIV/AIDS. Nearly half of the countries indicate that implementation and enforcement of human rights protections have been slow.

54. *Mitigation of Social and Economic Impact.* More than half of the countries in the region have strategies to address orphans and children made vulnerable by HIV/AIDS. 13 countries out of 23 have assessed the epidemic's social and economic impact, and 17 have integrated the epidemic into national development plans.

55. *Research and Development.* Fourteen countries in the region have increased national spending on HIV-related research and development.

E. *High-Income Countries*

56. 10 high-income countries responded to the UNAIDS questionnaire.

State of the Epidemic

57. With 75,000 new infections now in 2001, high-income countries have an estimated 1.5 million people living with HIV/AIDS. Although earlier HIV prevention measures largely succeeded in containing the epidemic at a relatively low level in high-income countries, there are disturbing signs of an increase in high-risk in sexual behaviour and, in some urban areas, an increase in new HIV infection. Most high-income countries provide universal access to HIV medications, and an estimated 500,000 people in these countries are receiving antiretroviral drugs.

Progress in Implementing Declaration of Commitment

58. *Leadership.* The high-income countries that responded to the questionnaire indicate they have multi-sectoral national strategies to address HIV/AIDS. In light of the apparent increase in high-risk behaviour in high-income countries, increased leadership is needed to renew and strengthen national commitment to effective HIV prevention.

59. *Prevention.* Some high-income countries that responded to the questionnaire have adopted specific national prevention targets for youth. All report government support for HIV prevention activities targeting vulnerable populations, as well as the existence of programmes to prevent mother-to-child transmission.

60. *Care, Support and Treatment.* As noted above, universal treatment access is the norm for high-income countries.

61. *Human Rights.* All high-income countries that responded to the questionnaire state they have legislation in place to prohibit HIV-related discrimination. 6 of 10 have specific policies to ensure full realization of legal rights by women affected by HIV/AIDS.

62. *Mitigation of Social and Economic Impact.* Two of the high-income countries have national policies to address the needs of orphans and other children made vulnerable by HIV/AIDS. Three have assessed the epidemic's social and economic impact.

63. *Research and Development.* 7 of the responding high-income countries have increased national investment in HIV-related research and development. High-income countries account for the overwhelming majority of spending on HIV-related research and development.

II. ACTIONS BY UNITED NATIONS ORGANIZATIONS

64. The Secretary-General's Report provides extensive information on the efforts of the United Nations system to support implementation of the Declaration, with particular attention to activities of the UNAIDS Secretariat and UNAIDS Co-Sponsors. This report provides additional information on activities of the entire UN system, including agencies and entities that are not UNAIDS co-sponsors.

65. *Leadership.* The Secretary-General has led the UN system's mobilization to support implementation of the Declaration. Immediately following the special session, the Secretary-General issued a letter to all UN Resident Coordinators, reiterating his personal commitment to fighting the epidemic and his expectation of strong and effective UN system support to countries in achieving the Declaration's time-bound commitments. The Department of Public Information of the UN Secretariat has overseen the translation of the Declaration in the six official languages (and, with assistance from UNIC Lisbon, in Portuguese), as well as the document's broad dissemination.

66. As described in the Secretary-General's Report, the UN system response reflects the multi-sectoral approach endorsed in the Declaration. UN agencies engaged in HIV/AIDS have jointly developed a singular strategic framework to guide all UN activities in this arena. UNAIDS coordinates the UN's global and regional activities through a single Unified Budget and Workplan, and activities at country level are harmonized through UN Theme Groups on HIV/AIDS.

67. In 2001, UNDP organized a regional workshop in Ukraine (attended by 70 people from 24 countries) to promote development of HIV/AIDS leadership at the national level, with an emphasis on a multi-sectoral response to the epidemic. Following the special session, UNDP organized in South Africa a special meeting of its Resident Representatives on Strengthening the Country-Level Response to HIV/AIDS. UNAIDS has also continued its longstanding support to countries in the development of multi-sectoral national AIDS plans.

68. UN efforts at country level are strengthened by the participation of 244 United Nations Volunteers, who serve as AIDS advisors, IEC specialists, peer educators, counselors, and psychosocial support specialists. UNV includes HIV/AIDS awareness in its periodic regional, subregional, and country-level workshops on volunteer safety and security.

69. The effective engagement of the world of work in the fight against HIV/AIDS has been accelerated and strengthened as a result of the leadership of ILO, which in October 2001

became the 8th co-sponsor of UNAIDS. In consultation with its tripartite constituents, ILO developed a code of practice on HIV/AIDS and the world of work, which was launched at the special session. ILO advances the goals in the Declaration through advocacy and awareness-raising, research, and capacity-building exercises to enable tripartite constituents to contribute to national efforts against HIV/AIDS.

70. *Resources.* The World Bank's Multi-Country AIDS Program (MAP), initially launched with US\$500 million, has been boosted by an additional US\$500 million, of which US\$100 million may be dedicated to grants for inter-country projects. The World Bank is also taking the lead in expanding the monitoring and evaluation capacity of developing countries. UNAIDS Co-Sponsors, especially the World Bank and UNDP, have provided extensive assistance to countries in mainstreaming HIV/AIDS into debt-relief instruments.

71. *Prevention.* Reflecting the Declaration's recognition of prevention as the mainstay of the global response to HIV/AIDS, multiple UN agencies are actively engaged in efforts to prevent HIV transmission. UNICEF, for example, has integrated the Declaration's time-bound targets into its own organizational strategy. Throughout the world, UNICEF undertakes a broad range of activities to reduce the risk of HIV transmission to children and young people and to mitigate the epidemic's impact on the world's youth. In the last year, for example, UNICEF increased funding to 12 countries to expand HIV prevention programmes for youth and assisted countries in East and South Asia to develop life-skills programmes for young people. In Africa, UNICEF has recently helped Mali establish youth counseling centres, provided support to 13 countries in West Africa to provide a wide range of HIV prevention services to young people, and helped train health care professionals in Central and West Africa to work with young people and to develop youth-friendly services for the prevention and treatment of STIs.

72. Likewise, UNFPA contributes to the fight against HIV transmission in more than 130 countries through focused action on prevention among young people, prevention in pregnant women, and condom programming for HIV prevention. Examples of UNFPA leadership in the prevention field include provision of HIV prevention services to pregnant women in three provinces in the Dominican Republic; delivery of female condoms in Eritrea; use of social marketing in Albania to boost the availability of, and young people's demand for, condoms at kiosks, schools, and pharmacies; and involvement of Laotian adolescents in peer educator training on HIV/AIDS and other reproductive health issues at a new UNFPA-supported youth centre. To improve its ability to provide prevention-related technical assistance to countries, UNFPA has recruited eight HIV/AIDS/commodities logistics management advisors. UNFPA has developed a three-day training course to bolster the skills and knowledge of UNFPA staff, with particular attention to UNFPA's HIV prevention efforts.

73. UNDCP actively works to reduce the vulnerability of drug users, especially persons who inject drugs. Ongoing UNDCP projects include youth-targeted programmes in Brazil, Bolivia, the Central American region, Kazakhstan, and Kenya; programmes to reduce HIV risk among injecting drug users in Pakistan and Vietnam; and demonstration projects aimed at diversifying treatment services for injecting drug users in Belarus, Russia, Central Asia, and the Caucasus.

74. UNIFEM undertakes extensive programmes to reduce the vulnerability of women to HIV/AIDS. UNIFEM, for example, is working with India to strengthen the Positive Women's Network, enabling women living with HIV/AIDS to serve as ambassadors and vocal advocates.

75. To reduce the vulnerability of persons affected by disaster or conflict situations, the United Nations High Commissioner on Refugees provides HIV/AIDS assistance to more than 25 countries. UNHCR programmes emphasize universal precautions, safe blood transfusion, condom availability, HIV/AIDS awareness, and the active involvement of refugee populations.

76. Lack of adequate shelter frequently impedes effective prevention, care, support and treatment strategies. Through the Urban Management Programme of UNDP and UN-HABITAT, the UN system provides extensive city-level consultation and capacity-building with respect to HIV/AIDS and housing.

77. *Care, Support and Treatment*. In April 2002, WHO published the first edition of *Antiretroviral Therapy in Resource-Limited Settings: Guidelines for a Public Health Approach to Scaling Up*. The product of a year-long process involving more than 200 clinicians, scientists, government representatives, civil society representatives, and people living with HIV/AIDS from more than 60 countries, the guidelines break new ground in efforts to expand health care access in developing countries. The document provides recommendations for standardized and simplified regimens, simplified patient monitoring, and minimization of side effects, as well as strategies for training health care workers in ARV therapies. The guidelines establish a global goal of 50% ARV coverage (or three million people) by 2005 – a 10-fold increase over current utilization.

78. The 58th session of the United Nations Commission on Human Rights adopted a resolution that recognizes access to medication as “one fundamental element for achieving the full realization of the right of everyone to the enjoyment of the highest attainable standard of health.” To help build capacity to make optimal use of pharmaceutical products, the World Intellectual Property Organization recently undertook a series of patent licensing workshops to enhance licensing skills in developing countries. The WIPO Intellectual Property Digital Library – which provides on-line, up-to-date, detailed information on international patent applications, as well as treatment information from non-patient journals – facilitates the access of developing countries to the latest information on HIV-related research and development.

79. In recognition of the fact that HIV infection often leads to one or more forms of cancer, the International Atomic Energy Agency in June 2001 issued a technical document on “The role of radiotherapy in the management of cancer patients infected by human immunodeficiency virus.”

80. *Human Rights*. The United Nations Office of the High Commissioner on Human Rights is committed to improving the accountability for HIV-related human rights at national and international levels. The *International Guidelines on HIV/AIDS and Human Rights*, which UNCHR actively promotes, have proved to be an important tool to assist key constituencies in designing, coordinating and implementing national policies on the human rights

dimensions of HIV/AIDS. In pilot countries in Africa, Asia and Latin America, UNIFEM is sponsoring training workshops on the gender and human rights dimensions of the epidemic.

81. In September 2001, world leaders gathered in Durban, South Africa, for the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance, with UNCHR serving as Secretariat. The conference specifically addressed follow-up on the Declaration and explored the links between HIV/AIDS and racism, racial discrimination and related forms of intolerance. The Declaration and Programme of Action adopted at the conference recognizes the vulnerability of people living with HIV/AIDS, as well as those belonging to groups that may be subject to racism or other forms of intolerance.

82. *Mitigation of Social and Economic Impact.* UNDP and other UN agencies help countries assess the social and economic impact of the epidemic. The Department of Economic and Social Affairs of the UN Secretariat is currently undertaking a comprehensive examination and assessment of the state of knowledge regarding the socioeconomic impact of the epidemic, with the expectation that two training workshops will be held in 2002-2003 regarding strategies for measuring the demographic impact of HIV/AIDS.

83. The Food and Agricultural Organization collaborates with UNAIDS, the World Food Programme, and IFAD to mitigate the epidemic's impact on agriculture, food security and rural poverty. As of May 2002, WFP had initiated 24 HIV-specific activities in Africa, Asia and Latin America. In Kenya's Mbeere district, for example, WFP provides take-home rations for 90,000 orphans and their caregivers. The International Atomic Energy Agency is making plans to conduct a coordinated research project regarding HIV/AIDS and nutrition.

84. UNIFEM and ILO are collaborating on an initiative that seeks to mitigate the epidemic's social and economic impact by addressing the growing burden of unpaid care associated with the epidemic. The project - which is being piloted in five countries, including three in Africa, one in Asia, and one in Latin America - will fight HIV/AIDS at the same time that it advances ILO's decent work agenda and UNIFEM's quest for gender equality.

85. The United Nations Industrial Development Organization seeks to mitigate the epidemic's impact on rural and urban livelihoods by helping developing countries accelerate sustainable industrial development. Through 44 integrated programs, including 19 in Africa, UNIDO promotes income-generating activities and sustainable livelihoods.

86. The UN system provides active support to address HIV-related issues in emergency situations. In collaboration with UNAIDS, UNHCR has developed a Strategic Plan on HIV/AIDS for Refugees for 2002-2004 which is now operational in refugee camps in Kenya, Tanzania and Uganda. UNHCR is also active in the context of the Mano River Union Initiative on HIV/AIDS, comprising of Sierra Leone, Liberia and Guinea. This Initiative was developed by UNAIDS in order to strengthen coordination and harmonize strategies between UN agencies, governments and civil society partners on STI/HIV/AIDS prevention and care interventions for displaced populations, refugees and returnees, host communities, war-affected women and children, and security and peacekeeping forces.

87. In response to UN Security Council Resolution 1308 (2000) which calls on increased HIV/AIDS awareness and prevention among peacekeeping troops, UNAIDS and the UN Department of Peacekeeping Operations (DPKO) have taken several joint initiatives to integrate a comprehensive HIV/AIDS response within UN peacekeeping operations, including among the host communities. HIV/AIDS awareness training has been integrated into all major UN peacekeeping operations, including the distribution of an 'HIV/AIDS Awareness Card' as a practical training tool with a condom pocket inside and available in ten languages, covering all major nationalities involved in peacekeeping efforts. UNAIDS, in collaboration with DPKO, has identified and recruited senior HIV/AIDS policy advisors to all major peacekeeping operations worldwide.

88. *Research and Development.* WHO provides extensive support to countries to strengthen national surveillance systems to permit better monitoring of the epidemic. Guidelines issued by UNAIDS/WHO also help countries ensure that vaccine trials comply with recognized ethical standards.