The Commonwealth Secretariat
HIV and AIDS strategic framework 2007-2009
Contents

05 Preface
07 Foreword
08 Executive Summary

12 1. The Commonwealth Secretariat’s role in addressing HIV and AIDS
Commonwealth Secretariat’s mandate and HIV and AIDS Strengths of the Commonwealth Secretariat
→ A unifying body
→ Access
→ Diversity
→ Specific expertise

16 2. HIV and AIDS in the Commonwealth
The impact of HIV and AIDS
→ Poverty
→ The gender dimensions of HIV vulnerability
→ Loss of public sector workers, especially teachers

18 3. The response so far
Key international organisations and initiatives
→ WHO
→ UNAIDS
→ The Global Fund
→ PEPFAR
→ MAP
→ Gates Foundation
→ Clinton Foundation
→ AAI
Action by Commonwealth Governments
→ Access to Antiretrovirals
→ Mortality rates
Response of the Commonwealth Secretariat
→ Gender mainstreaming
→ Managing the impact of HIV and AIDS on public sector capacity
→ Engaging young people in the fight against HIV and AIDS
→ Mitigating the impact of HIV and AIDS on education
→ Supporting access to cheaper medicines
→ Preventing and resolving conflict
→ Supporting sustainable economic development

26 4. Critical issues for the Commonwealth
Poverty
Gender inequality
Stigma, discrimination and the law
Loss of essential public sector workers
Weak health delivery systems
Lack of education and awareness
The vulnerability of young people
Orphans and vulnerable children
Difficulty gaining access to HIV and AIDS treatment

34 5. The way forward
Overarching goal
Purpose
Focus of attention
Desired results and activities
Strategic partnerships
Mode of delivery
→ Measurement and evaluation
→ Responsiveness
→ Collaboration

Preface

This document provides a strategic framework for the Commonwealth Secretariat as it continues to address the pandemic of HIV and AIDS. It acts as a review of what has been achieved to date and as a focus for activities between 2007 and 2009.

It is aimed at all members of staff, in support of a comprehensive, multi-divisional and multi-disciplinary approach to HIV and AIDS programming for the Commonwealth. It is intended as a guide for positioning HIV and AIDS in all the Secretariat’s activities so that a more co-ordinated, coherent and effective approach can be achieved.

The document also serves a broader readership by emphasising priorities, reviewing activities undertaken so far, noting key partnerships and outlining a direction for the future. In this way the document highlights the nature of the resources that the Commonwealth Secretariat has to offer. It is intended that this will alert partners and member governments to the many ways in which the Secretariat can contribute to the fight against HIV and AIDS.

This document has been developed by the newly constituted HIV and AIDS Inter-Divisional Steering Committee following consultations within the Commonwealth Secretariat and with key partner agencies.
Secretary-General’s foreword

More than 65 million people worldwide have become infected with HIV since the beginning of the pandemic over two decades ago. Over 25 million of these people have died, with 2.9 million dying in 2006 alone.

The deaths continue, and the pandemic continues to spread. An estimated 4.3 million people – over 11,000 people every day – became newly infected in 2006. Of these new daily infections, some 1,500 were in children aged 15 years and below. Of the remainder, almost 50 per cent of new infections were in women, and 40 per cent were among young people aged 15 to 24.

Commonwealth countries represent approximately 30 per cent of the world’s population, but carry a disproportionate 60 per cent of the world’s HIV and AIDS current burden of over 40 million infected people.

AIDS primarily kills young adults, and human capital is lost before it can be replaced. The most severely affected countries now lack the human resources necessary to sustain social and economic growth. Sixty per cent of new infections are in Sub-Saharan Africa, where the situation threatens the future viability of entire nations. The pandemic is having a huge impact on the ability of Commonwealth states to meet many of the Millennium Development Goals (MDGs).

In HIV and AIDS, we in the Commonwealth undoubtedly face the biggest challenge of our times. The right to health is one that all Commonwealth members support. At the same time, HIV and AIDS is about much more than health. It now threatens to reverse the gains made in economic, social and political development in several Commonwealth regions. It is decreasing life expectancy and increasing disparities between rich and poor.

The Commonwealth Secretariat recognises HIV and AIDS as a priority for Commonwealth Heads of Government and an issue which cuts across all sectors. To further strengthen our effectiveness in this area, I have therefore constituted a multi-disciplinary HIV and AIDS team, to coordinate our activities within the Secretariat. As a result, it has prepared this strategic framework to guide HIV and AIDS programme planning and implementation within the Commonwealth Secretariat.

This is the Commonwealth Secretariat’s response to HIV and AIDS. It aims to embody a coherent response to the pandemic, and a practical commitment to a better life for millions of people across the Commonwealth.

By HE Rt Hon Don McKinnon
The Commonwealth Secretary-General
February 2007
Executive summary

The spread of HIV and AIDS continues at an alarming rate. Commonwealth Sub-Saharan Africa remains the most affected region, with 60-64 per cent of new infections. In the Caribbean, AIDS has become the leading cause of death among adults aged between 15 and 44. Because of the high density of some populations, South and South-East Asia have a higher total number of HIV infections and annual AIDS deaths than any region except Sub-Saharan Africa. Absolute numbers in Asia continue to rise and will soon outstrip Africa. In the Pacific region of the Commonwealth, Papua New Guinea has the highest prevalence of HIV infection.

Across the Commonwealth women are the most affected group and prevalence is rising fastest amongst young girls. Poverty and gender inequalities are driving factors in the spread and impact of HIV and AIDS. The loss of public sector workers, especially teachers, is a critical consequence.

Building on the recognised best practice known as the ‘Three Ones’ (one agreed HIV/AIDS action framework; one national AIDS co-ordinating authority; and one agreed AIDS country level monitoring and evaluation system), Commonwealth governments have adopted a multi-sectoral approach which addresses health, gender, education, economic affairs, public sector and human rights.

As a result, access to treatment for HIV and AIDS has improved markedly. The three countries that have met or exceeded 50 per cent rollout of antiretrovirals (ARVs) in Africa are all Commonwealth countries: Botswana, Namibia and Uganda. Seven Commonwealth countries have achieved a decrease in mortality rates whilst more than 20 Commonwealth countries managed to keep 2005 mortality rates the same as 2003 figures.

The Commonwealth has assisted member countries to develop and implement policies that recognise and address the gender implications of HIV and AIDS. It is also assisting member countries to assess, manage and mitigate the impact HIV and AIDS has on the public sector. Activities have been particularly targeted at engaging young people and managing the impact of the pandemic on...
Executive Summary

The Commonwealth Secretariat

HIV and AIDS strategic framework 2007–2009

partners, professional associations, faith-based organisations, local communities and people living with and affected by HIV and AIDS.

The Commonwealth Secretariat HIV and AIDS team will focus attention on six sectors: gender, poverty, education, public sector, health and human rights. There are six desired results which cut across these sectors:

1. Reinforce the rights and social status of women and girls as outlined in the Commonwealth Plan of Action for Gender Equality 2005–15 endorsed by 53 states

   Drawing on the experience of mainstreaming gender into all of its work the Commonwealth Secretariat will continue to provide gender expertise and share best practice as it assists member countries in developing cohesive HIV/AIDS policies, programmes, budgetary resourcing and health service provision.

2. Support the sustainable political, economic and social development of the member countries most vulnerable to the HIV and AIDS pandemic

   The Secretariat will assist all member states to identify sources of sustainable funding for HIV/AIDS programmes, centralise long-term funding and share best practices.

3. Prevent the spread of HIV, particularly with regard to young people

   The Secretariat will continue its activities to strengthen the response of education systems in terms of teacher education and preparedness to develop and deliver HIV and AIDS related education more effectively, for both school and out-of-school sectors.

4. Build the capacity of the public sector to recruit, retain and develop employees

The critical issues raised by the HIV and AIDS pandemic are clear. These include poverty, gender inequality, stigma and discrimination, loss of essential public sector workers, weak health delivery systems, lack of education and awareness, the particular vulnerability of young people, the increase in orphan numbers and the difficulty of gaining access to HIV and AIDS treatments.

The Commonwealth Secretariat’s role in addressing HIV and AIDS is primarily directed by the Commonwealth’s determination to attain the Millennium Development Goals (MDGs), particularly with regard to Millennium Development Goal number 6: Halt and begin to reverse the spread of HIV/AIDS. All the efforts of the Secretariat to address HIV and AIDS are guided by this overall goal, and in addition, the need to mitigate the impact of HIV and AIDS on Commonwealth member countries.

Under this overarching objective, the Secretariat’s purpose is to strengthen the capacity of Commonwealth governments to address the spread and impact of HIV and AIDS.

With a constituency of 53 countries the Commonwealth Secretariat is an organisation with global integrity and respect. The largest single inter-government group within the United Nations, it has further credibility because it represents 60 per cent of people living with HIV and AIDS. As a trusted partner with specific expertise it has unparalleled access to decision-makers within ministries. The Secretariat can be most effective when it uses this vantage point to be a voice on the global stage. In this way it will continue to support the efforts of governments, UN agencies, the private sector, international

education systems. In addition, the Secretariat has been working to enable greater access to antiretroviral medicines. As part of the Secretary-General’s Good Offices role the Secretariat advocates that HIV strategies are an integral part of post-conflict efforts to help to secure peace and regional stability.

The Secretariat is working to enable greater access to antiretroviral medicines. As part of the Secretary-General’s Good Offices role the Secretariat advocates that HIV strategies are an integral part of post-conflict efforts to help to secure peace and regional stability.
Executive Summary
With a constituency of 53 countries the Commonwealth Secretariat is an organisation with global integrity and respect.

The Secretariat will support member countries in their efforts to identify, develop and implement comprehensive evidence based HIV and AIDS strategic plans that respond to local needs and are led by local experience.

5. Increase access to affordable prevention programmes, treatment and care

The Commonwealth Secretariat will continue to work with member states, WHO, UNAIDS, The Global Fund and the Department for International Development (DFID) towards universal access to essential medicines (antiretrovirals and treatment for opportunistic infections as well as diagnostics).

6. Combat HIV and AIDS discrimination and social stigma

The Secretariat will continue to assist member countries to establish supportive frameworks of policy and law, which are essential to effective HIV responses.

Underpinning all the work of the Commonwealth Secretariat is a partnership approach. The achievements of the Commonwealth have been realised through partnership and the Secretariat will continue to foster collaboration and commitment through shared learning, dialogue and collective action.

The Secretariat’s HIV and AIDS Steering Committee is responsible for maintaining a focus on objectives and monitoring progress. This strategic framework feeds into the Commonwealth Secretariat’s four-year strategic plan 2004-08 and the team will ensure that HIV and AIDS is appropriately represented within the 2008-12 strategic plan.
1. The Commonwealth Secretariat’s role in addressing HIV and AIDS

The Commonwealth Secretariat is the primary intergovernmental organisation for the Commonwealth’s member countries. Deriving its mandates from the Commonwealth Heads of Government, the Secretariat serves the needs of member governments and their peoples. It provides a forum for deliberation and collective action and assists with political, economic and social development.

Since its inception one of the key objectives of the Commonwealth has been the support of the United Nations and its purposes. In Harare in 1991, Commonwealth leaders pledged to “work with renewed vigour to concentrate on providing support for the United Nations and other international organisations in the search for peace, disarmament, effective arms control and the promotion of international consensus in major global, political, economic and social issues”.

In 2000 the General Assembly of the United Nations adopted the United Nations Millennium Declaration, which outlined eight goals that member states pledged to achieve by 2015.

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV and AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Since 2002 the MDGs have been overarching objectives for the Secretariat’s development work and have been incorporated into the Strategic Plan.

Commonwealth Secretariat’s mandate and HIV and AIDS

When the Commonwealth Heads of Government met in Durban from 12 to 15 November 1999, they issued a communiqué expressing their grave concern about the economic and social impact of HIV and AIDS, agreeing that this constituted a Global Emergency and pledging personally to lead the fight against HIV and AIDS within their countries and internationally.

In 2001 when Heads of State and Representatives of Governments met at the United Nations General Assembly Special Session (UNGASS) dedicated to HIV and AIDS, they published a declaration of commitment. Through this declaration Commonwealth member governments reaffirmed their commitment to respond to the spread of HIV and AIDS.

Then in 2002 the High Level Review Group of Commonwealth Heads of Government Meeting (CHOGM) mandated the Commonwealth Secretariat to assist member states to achieve the UN Millennium Development Goals. These include the specific goal to halt and reverse the spread of HIV and AIDS.

At their Abuja meeting in 2003, Commonwealth Heads of Government reaffirmed their commitments to addressing HIV and AIDS as well as to attaining the MDGs.
The Commonwealth Secretariat’s role in addressing HIV and AIDS

To reflect the direction gained from CHOGM and UNGASS the Commonwealth Secretariat’s four-year Strategic Plan 2004-08 states two priorities and desired results:

> A multi-sectoral strategy to address HIV and AIDS incorporated in key programmes across the Secretariat.

> At least a quarter of member countries implementing HIV and AIDS policies, plans and programmes through a multi-sectoral approach which incorporate gender and youth dimensions.

The plan includes three strategies:

> Provide advice and guidance to programme areas across the Secretariat to ensure a co-ordinated and effective response to the HIV and AIDS pandemic.

> Support member countries to implement a multi-sectoral response to HIV and AIDS prevention, treatment, care and support including engagement of men in HIV and AIDS programmes.

> Develop effective tools to assess the impact of HIV and AIDS on human resources in the health sector.

**Strengths of the Commonwealth Secretariat**

The Commonwealth Secretariat has a set of unique strengths that help to identify the role it can play to support member governments as they respond to the debilitating impact of the HIV and AIDS pandemic.

These strengths are born out of the mission of the Secretariat:

“We work as a trusted partner for all Commonwealth people as a force for peace, democracy, equality, and good governance; a catalyst for global consensus-building; and a source of assistance for sustainable development and poverty eradication.”

Given the array of national and international HIV and AIDS initiatives and the limited human and financial resources available to the Commonwealth Secretariat it is important to acknowledge the Secretariat’s strengths and note how these can be applied to maximise assistance to Commonwealth countries.

**A unifying body**

As the largest intergovernmental group in the UN system, the 53-nation Commonwealth is an influential grouping. The Commonwealth Secretariat can be its voice, leveraging resources and political positions on behalf of member countries.

The Commonwealth is a unique forum where small and large states meet as equals to support their mutual goals and members share a vision of equality, development and prosperity. Disease, which does not respect national boundaries, emphasises our interdependence. The Secretariat creates the potential for collaboration and the ability to effect change.

**Access**

Through its power to convene meetings of ministers and senior officials across all sectors, the Commonwealth Secretariat has direct access to political decision-makers. The Secretariat creates the opportunity for informal discussions and working through consensus.

**Diversity**

The Secretariat reflects the diversity of the Commonwealth it represents. Implicit in this diversity is global experience and cultural sensitivity, a vital component to developing and implementing appropriate and effective responses to the HIV and AIDS epidemic. Although this is a global phenomenon, many of the factors that have led to its rapid spread are in fact very local dynamics, including cultural
The Commonwealth Secretariat’s role in addressing HIV and AIDS
beliefs, sexual relations, the position of women in society, the availability or lack of resources, conflict and household poverty. An effective response to the pandemic will recognise that policies and programmes need to be relevant to local experience.

Specific expertise

The Commonwealth Secretariat has expertise across political and economic sectors and this complements its work in human development and gender, enabling the HIV and AIDS pandemic to be addressed in a multi-disciplinary way.
2. HIV and AIDS in the Commonwealth

Commonwealth Sub-Saharan Africa continues to be the most affected region, with 60-64 per cent of new infections. Women are the most affected group and prevalence is rising fastest amongst young girls. The Caribbean is the second most affected region in the world. Among adults aged 15 to 44, AIDS has become the leading cause of death. Several countries and territories with economies that are dependent on tourism rank among those most heavily affected in this region. South and South-East Asia have a higher

![World Map with HIV prevalence rates](image)

Adult prevalence rate (%) -
- 15% - 34.0%
- 5.0% - <15%
- 1.0% - <5.0%
- 0.5% - <1.0%
- 0.1% - <0.5%
- <0.1%
- not available

Adult (15-49) HIV prevalence rate (%), 2005

HIV and AIDS in the Commonwealth

total number of HIV infections and annual AIDS deaths than any region except Sub-Saharan Africa. Whilst national HIV infection levels in Asia are low compared with other continents the population of some Asian nations is so high that even with low levels of prevalence large numbers of people are living with HIV. Absolute numbers in Asia continue to rise and will soon outstrip Africa. Latest estimates show that about 5.7 million people were living with HIV in India in 2005, 5.2 million aged between 15 and 49.

In the Pacific region of the Commonwealth, Papua New Guinea has the highest prevalence of HIV infection. An estimated adult national HIV prevalence of 1.8 per cent implies that about 57,000 people older than 15 years were living with HIV in 2005. Prevalence in urban areas could be as high as 3.5 per cent. At least 2,000 new HIV infections have been reported annually since 2002.

The impact of HIV and AIDS

Poverty

The HIV and AIDS pandemic affects all Commonwealth countries rich and poor but tends to have the most devastating effect in low income countries where health systems are already under strain and treatment is not readily available. Whilst South Africa is not classed as a poor country, it has large pockets of poor population and is devastated by HIV and AIDS.

Many country economies, particularly in Sub-Saharan Africa, are already struggling with the challenges of development, debt and trade. The spread of HIV and AIDS aggravates existing problems because resources have to be turned towards dealing with the acute aspects of the pandemic. For example, hospitals which are already struggling to cope can be overwhelmed by HIV and AIDS patients.

In the private sector, AIDS-related absenteeism can create a decline in productivity and businesses may face reduced profits at the same time as increased expenditure on health care, recruitment and training. At household level individuals who would otherwise earn an income are often prevented from working because of HIV and AIDS related illness. Many households are left with no income at all.

One of the most devastating challenges of the HIV/AIDS pandemic is the vast and growing number of orphans and vulnerable children being left behind – often forced to fend for themselves in extremely dire circumstances. All over Sub-Saharan Africa there are grandmothers holding together families affected by HIV/AIDS and poverty. Often these women are the sole bread winners in a household. They may also be nursing the dying and bringing up orphaned grandchildren on their own.

The gender dimensions of HIV vulnerability

Poverty and gender inequalities are driving factors in the spread and impact of HIV and AIDS. Women’s inferior political and legal status perpetuates lack of opportunity in social, economic and cultural activities. Disability, early and frequent childbirth all exacerbate the situation. The issues include access to and ownership of land and property, inheritance rights and decent work opportunities. In this context, women and girls faced with the need to support their families often feel they have little choice other than to engage in sex work or engage in transactional sex (for example, sex for food, rent, bus fare or clothing). This makes them even more vulnerable to HIV infection.

UNAIDS global statistics illustrate how HIV disproportionately affects women. Worldwide almost 50 per cent of daily infections are among women. Women and
HIV and AIDS in the Commonwealth

100,000 with a US average of 279 per 100,000. In Sub-Saharan Africa the average is 12.5 doctors per 100,000 people. In some countries the ratio is well below this figure, for example 1.6 in Malawi; 2 in Tanzania; 3 in Burundi, Ethiopia, Mozambique and Sierra Leone.

With regard to essential health care provision, WHO (World Health Organization) recommends a minimum ratio of 100 nurses for every 100,000 people. In contrast to this recommendation Uganda has 5.4 per 100,000, The Gambia has 12.6, Malawi has 25 and Mozambique has 20. Clearly the pandemic is putting a severe strain on health systems that are already poorly resourced.

Countries hardest hit by the AIDS pandemic are losing essential public sector workers to the disease and also to migration, particularly in health and education, thus setting up a vicious cycle making it harder to deliver health care to those who need it most.

The pandemic has also brought new challenges to the education sector. The high rate of infection and attrition among teachers significantly affects teacher-supply and the presence of infected teachers in schools presents the need for appropriate workplace policy to avoid discrimination. In addition, the increase in the number of orphans and child-carers puts an extra burden on schools.

Loss of public sector workers, especially teachers
Apart from the sheer number of people infected, the impact of the pandemic is accentuated by the comparatively low ratio of doctors to citizens in certain countries. The global average of doctors is 125 per 100,000 with a US average of 279 per 100,000. In Sub-Saharan Africa the average is 12.5 doctors per 100,000 people. In some countries the ratio is well below this figure, for example 1.6 in Malawi; 2 in Tanzania; 3 in Burundi, Ethiopia, Mozambique and Sierra Leone.

With regard to essential health care provision, WHO (World Health Organization) recommends a minimum ratio of 100 nurses for every 100,000 people. In contrast to this recommendation Uganda has 5.4 per 100,000, The Gambia has 12.6, Malawi has 25 and Mozambique has 20. Clearly the pandemic is putting a severe strain on health systems that are already poorly resourced.

Countries hardest hit by the AIDS pandemic are losing essential public sector workers to the disease and also to migration, particularly in health and education, thus setting up a vicious cycle making it harder to deliver health care to those who need it most.

The pandemic has also brought new challenges to the education sector. The high rate of infection and attrition among teachers significantly affects teacher-supply and the presence of infected teachers in schools presents the need for appropriate workplace policy to avoid discrimination. In addition, the increase in the number of orphans and child-carers puts an extra burden on schools.
3. The response so far

The past few years have seen a significant increase in political and economic commitment to addressing the global HIV and AIDS pandemic. Commonwealth governments have developed policies and programmes; the Commonwealth Secretariat has initiated a range of support programmes; and there have been various international initiatives. A consensus approach known as Three Ones has emerged. Internationally recognised as best practice, this has been endorsed by national AIDS programmes, civil society, key donors and UNAIDS. The aim is to harmonise the response to HIV and AIDS through three principles in order to:

- achieve the most effective and efficient use of resources
- ensure rapid action and support results-based management
- reinforce the commitment of international stakeholders.

The Three Ones are:

- One agreed HIV/AIDS action framework that provides the basis for co-ordinating the work of all partners.
- One national AIDS co-ordinating authority with a broad based multi-sector mandate.
- One agreed AIDS country level monitoring and evaluation system.

Key international organisations and initiatives

The World Health Organization (WHO)
As the directing and co-ordinating authority on international health, the World Health Organization takes the lead within the United Nations system in the global health sector response to HIV and AIDS. The HIV/AIDS Department provides evidence-based, technical support to WHO member states to help them scale up treatment, care and prevention services as well as drugs and diagnostics supply to ensure a comprehensive and sustainable response to HIV and AIDS.

The WHO and UNAIDS ’3 by 5’ initiative was set up to ensure that 3 million people with HIV and AIDS in developing and transitional countries were receiving antiretroviral treatment (ARV) by the end of 2005. Though this target was missed, the ultimate goal is universal access to HIV and AIDS treatment to all who need it.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)
This brings together the efforts and resources of ten UN system organisations. UNAIDS is committed to strengthening support to nationally owned and led responses. It has five focus areas: leadership and advocacy, strategic information and technical support, tracking, monitoring and evaluation, civil society engagement and mobilisation of resources. With its ten co-sponsors UNAIDS assists in ensuring better co-ordination among its partners in the UN system, governments, civil society, donors, the private sector and others.

The Global Fund to Fight AIDS, Tuberculosis and Malaria
As a partnership between governments, civil society, the private sector and affected
communities, the Global Fund’s main purpose is to attract, manage and disburse resources to fight AIDS, TB and malaria. It does not implement programmes directly but relies on the knowledge of local experts. The fund works closely with other multilateral and bilateral organisations involved in health and development to ensure that newly funded programmes are well co-ordinated and integrated with country led HIV and AIDS plans. The Global Fund requires and supports a multi-sectoral response through participation in local country co-ordinating mechanisms (CCMs).

As a funding mechanism the Global Fund relies heavily on a government-led collaborative response to HIV that promotes multi-sectoral collaboration and a commitment to a rapid response. A large proportion of Commonwealth countries have applied to the Global Fund and a significant number have had their application accepted and are in receipt of funding to support HIV and AIDS programmes.

**The President’s Emergency Plan for AIDS Relief (PEPFAR)**

This five-year, US$15 billion commitment of resources is to help 15 countries in Africa, the Caribbean and Asia. The funding is targeted specifically to treat 2 million HIV-infected people; prevent 7 million new infections which represents 60 per cent of the projected new infections in the target countries; and care for 10 million HIV-infected individuals and AIDS orphans.

Of the 15 countries targeted for support through PEPFAR funding, ten are Commonwealth countries: Botswana, Guyana, Kenya, Mozambique, Namibia, Nigeria, South Africa, Tanzania, Uganda and Zambia.

**The World Bank’s Multi-country HIV/AIDS Programme (MAP)**

MAP makes available US$1 billion to scale up national AIDS efforts as well as to support sub-regional AIDS initiatives in Africa. What were originally low-interest credits are now provided in the form of grants that are mostly channelled directly to communities to support a local response to HIV and AIDS. There is a parallel programme, similar in design to MAP, which exists to support Caribbean countries.

**The Bill & Melinda Gates Foundation**

This was set up in 2000 to help reduce inequities
There is a combined effort to mainstream HIV and AIDS and establish it firmly on the national development agenda. Institutional mechanisms to harmonise the activities of all stakeholders have been established. The capacity of Health Ministries to provide technical support to other sectors has been strengthened. Most Commonwealth countries now have national HIV and AIDS policies, strategies and sectoral plans plus national antiretroviral rollout programmes.

According to the UN 2006 Report on the Global AIDS Epidemic survey 90 per cent of reporting countries now have a national AIDS strategy. Eight-five per cent have a single national body to co-ordinate AIDS efforts. Fifty per cent have a national monitoring and evaluation framework and plan which fulfil the 'Three Ones' principles. In over 70 countries surveyed, the use of testing and counselling services quadrupled from roughly four million persons in 2001 to 16.5 million in 2005. In 58 countries reporting data, 74 per cent of primary schools and 81 per cent of secondary schools now provide AIDS education.

Poverty is a major constraint although domestic public expenditure from governments has significantly increased in low-income Sub-Saharan African countries, and more moderately in middle-income countries. Among 25 low-income countries in Sub-Saharan Africa, domestic public sector outlays on AIDS increased by 130 per cent since the 2001 Special Session, reaching a total allocation of US$640 million in 2005. The increase among upper middle-income countries outside Sub-Saharan Africa in the same period was approximately 10 per cent.

Some progress has been reported. East Africa now boasts several examples of gradual, modest declines in HIV infection rates among pregnant women in urban areas. Uganda has shown consistent declines in HIV infection levels since the mid-1990s.

In West Africa there is little evidence of...
The response so far

Access to Antiretrovirals (ARVs)

Access to treatment has improved markedly. For example, in Sub-Saharan Africa, more than a million people are now on treatment, a 10-fold increase since December 2003. Coverage has risen to 23 per cent from just 2 per cent in 2003. Some 1.6 million people in low- and middle-income countries are now living longer and better lives because they are on ARV treatment (WHO HIV/AIDS treatment data August 2006). An estimated 250,000 to 350,000 deaths were averted in 2005 because of expanded access to treatment as a result of the ‘5 by 5’ goal set by the World Health Organization to get 3 million people in treatment by the year 2005.

The three countries that have met or exceeded 50 per cent rollout of ARVs in Africa are all Commonwealth countries: Botswana, Namibia and Uganda.

Mortality rates

Since the development of antiretroviral treatments the wealthiest Commonwealth nations have experienced a dramatic decrease in mortality rates due to AIDS. Although ARVs are not a cure for HIV the effective suppression of the virus enables the disease to be managed as a chronic condition rather than a degenerative and ultimately fatal illness. The reduction of HIV viral load in the body further decreases the infectivity of an individual and this has been shown to lead to a significant reduction in the incidence of HIV in a population where ARV treatment is available.

Countries like Malawi, Uganda and Tanzania have made progress in reducing their AIDS mortality rate between 2003 and 2005, showing that success is possible within a short timeframe if political will and international support is present.

Seven Commonwealth countries have achieved a decrease in mortality rates whilst more than 20 Commonwealth countries managed to halt the increase in mortality rates.

Response of the Commonwealth Secretariat

The Commonwealth Secretariat supports the governments of member states. It is these governments who have the primary responsibility for the health of their citizens and the Secretariat exists to serve them through its programmes.

In addition the Secretariat is closely involved with the major public bodies involved in addressing HIV and AIDS. These include the United Nations and the World Health Organization, the World Trade Organization, the Global Fund for AIDS, Tuberculosis and Malaria, the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank, regional organisations such as West African Health Organization (WAHO), the Caribbean Community (CARICOM), Southern African Development Community (SADC) and the Association of Southeast Asian Nations (ASEAN) and donor governments.

The Secretariat also works with civil society associations such as Commonwealth Action Group-Para 55, a UK-based non-governmental organisation, private sector organisations,
Given that women are disproportionately affected by HIV and AIDS the Secretariat has opted to run programmes on gender mainstreaming to assist Commonwealth countries to share experiences and strengthen gender focused responses to HIV and AIDS at national levels. The Secretariat supports national AIDS co-ordinating bodies and Ministries of Health and Gender, for example through a programme to increase the constructive involvement of men in activities designed to reduce gender inequalities and minimise the impact of HIV and AIDS. This programme included workshops that explored issues of masculinity and its impact on the pandemic. Country strategies to address the involvement of men in HIV and AIDS prevention, care and support are being developed.

The Secretariat assists member countries to review policies and programmes. For example, work on the Asia initiative began in January 2006. Six policy reviews and assessment of initiatives have been commissioned and will be finalised for publication.

Managing the impact of HIV and AIDS on public sector capacity

To increase awareness of the impact HIV and AIDS is having on the public sector, and to support policy-making in Commonwealth countries, the Secretariat has facilitated workshops in a number of Commonwealth regions. These recommended the integration or mainstreaming of HIV and AIDS in all public sector capacity.
The response so far

AIDS and seeks to develop and nurture networks that facilitate prevention as well as support for those who are living with and affected by HIV and AIDS. The programme is being implemented across the Commonwealth regions.

Mitigating the impact of HIV and AIDS on education

Education is recognised as a critical factor in the social and economic development of a nation. The universally accepted role education plays is reflected in the priority given to the Millennium Development Goal of achieving universal primary education by 2015. In the era of HIV and AIDS the role of education is paramount in protecting the ‘window of hope’ – uninfected children who represent the future of families, communities and nations.

Following the 15th Conference of Commonwealth Education Ministers in 2003 the Secretariat assisted Education Ministers to explore the role educational policies and strategies can play in tackling the HIV epidemic. A professorial Chair in HIV and AIDS and Education was established at the University of the West Indies. This is being supported by the Commonwealth Secretariat and UNESCO. The Chair plays a research, leadership and advocacy role in the Caribbean region and supports the wider development and dissemination of educational strategies that successfully address HIV and AIDS.

The Secretariat collaborates with the Association for the Development of Education in Africa (ADEA) to organise workshops on good practices in Africa. This facilitates the sharing of experiences and identification of challenges. The Secretariat is actively collaborating with other organisations such as International Labour Organization (ILO) and UNESCO in the development of suitable workplace policies and the design of other interventions to support teachers.

In order to strengthen education in life skills sector reform initiatives. They explored ways of investing resources to develop and implement strategies that protect existing skill and human capacity. They also examined how to review and modernise labour legislation and conditions of service; strengthen information management systems for monitoring morbidity, mortality and absenteeism in public sector institutions; and increase the capacity of education and training institutions.

The Secretariat is working to disseminate an effective toolkit to assess, manage and mitigate the impact HIV and AIDS has on the public sector.

Engaging young people in the fight against HIV and AIDS

HIV and AIDS impacts most on the young, particularly women and girls. National HIV and AIDS strategic plans developed by Commonwealth countries in the 1990s were generally health focused and did not consider the specific needs of young people. In response to this the Commonwealth Secretariat designed a project to review national HIV and AIDS strategic plans from the viewpoint of young people. It assisted the countries of Cyprus, Kenya, Seychelles, Tanzania and Uganda to engage in regional dialogue and develop appropriate youth specific responses to HIV and AIDS. As a result of this programme more Commonwealth countries have national HIV and AIDS strategies that reflect the unique perspectives of the young as well as women and girls.

The Youth Ambassadors for Positive Living Programme is a successful means of engaging young people in national and regional responses to HIV and AIDS. The programme focuses on breaking the silence and the stigma that generally accompany HIV and AIDS by using peer education to promote self-awareness and change of behaviour. It brings together young people living with HIV and AIDS and seeks to develop and nurture networks that facilitate prevention as well as support for those who are living with and affected by HIV and AIDS. The programme is being implemented across the Commonwealth regions.
The Commonwealth Secretariat

HIV and AIDS strategic framework 2007–2009

The Secretariat is supporting the development of a Social Learning Package for lower secondary grades in India. It is also actively engaging with other partner organisations and networks such as UNICEF, United Nations Girls’ Education Initiative (UNGEI), the World Bank and UNAIDS for country level and regional interventions.

Supporting access to cheaper medicines

Unlike many of the medicines used to treat communicable diseases, medicines for the treatment of HIV and AIDS are relatively new and as such their production and sale is governed by the World Trade Organization’s patent regulations. All countries that are members of the WTO are bound by the Trade-Related Intellectual Property Rights (TRIPS) regulations that protect the interests of the inventors whilst restricting the production of generic versions for a set period of 20 years after their discovery.

Newly developed medicines are marketed at a price which makes them unaffordable for less resourced Commonwealth states. As a result of the WTO’s TRIPS regulations many Commonwealth states experience great difficulty in protecting and promoting public health.

However there are conditions within the WTO’s TRIPS regulations that allow less resourced countries to manufacture or import cheaper generic medicines when addressing public health. The Secretariat is working to overcome the barriers that currently prevent Commonwealth governments from accessing cheaper medicines needed to treat HIV and AIDS.

It is working in collaboration with governments, WHO, UNAIDS, UK Department for International Development and the World Bank to develop regulatory frameworks to increase access to essential medicines, particularly ARVs in member countries.

Preventing and resolving conflict

The relationship between conflict situations and vulnerability to HIV has become increasingly obvious in recent years. Many of the factors relating to conflict have an immediate impact on the rapid expansion of localised epidemics. War and violence, especially sexual violence against women, the destruction of villages, hospitals and schools, the breakdown of cultural structures, refugees, inward and outward migrations, and the role of the military all have a profound impact on vulnerability to and the spread of HIV.

The Good Offices Section of the Commonwealth Secretariat is focused on...
The response so far

Conflict prevention and resolution. The Secretariat offers assistance in post conflict situations. This includes capacity-building, and increasingly incorporates a focus on HIV assessment, prevention, care and treatment.

In its activities the Secretariat ensures that HIV strategies are an integral part of post-conflict efforts to help to secure peace and regional stability.

Supporting sustainable economic development

The work undertaken by the Secretariat is both directly and indirectly linked to HIV and AIDS. For example, by helping Heavily Indebted Poor Countries (HIPC) to better manage their debt, funds made available through better management can be used to support social sector activities such as health and education. This is the underlying logic in the HIPC initiative. Similarly, by assisting members to reform their enabling legislation and regulations for private sector development, this encourages more investment, leading to more growth and puts countries in a better position to handle social sector imperatives.

The Commonwealth Secretariat’s work in trade is based on the premise that better export performance leads to more economic growth and employment, thereby creating the means to spend on health and education.

Efforts in the small and medium enterprise (SME) development area probably come closest to the poverty problem in direct terms. In these activities the Secretariat helps to establish small businesses which employ people close to the grassroots. Their economic improvement better enables them to address health and education issues. This area also connects most directly to gender issues.

Women are twice more likely than men to contract HIV from a single act of unprotected sex, but they remain dependent on male co-operation to protect themselves from infection.
4. Critical issues for the Commonwealth

Commonwealth countries are diverse in size, population characteristics, disease burden and the resources they have available to combat it. Even high-income countries with resources are seeing rising infection rates, but are keeping deaths down through the provision of ARVs. They have not eliminated high-risk behaviour. At the other end of the scale low-income countries with high prevalence rates are close to being overwhelmed.

Across the Commonwealth much remains to be done and certain issues have become even more critical, demanding continuing focus and renewed efforts.

Poverty

Poverty is the root cause of the HIV and AIDS pandemic and poverty is a serious issue within the Commonwealth. Some 35-40 per cent of those living on less than US$1 a day live in Commonwealth countries.

HIV and AIDS have spread most quickly, and caused the highest mortality rates, in low-income countries, particularly in Sub-Saharan Africa. Although prevalence rates differ between countries with equivalent GDP levels, low-income countries are generally less able to afford treatment or extensive prevention and testing campaigns.

The AIDS pandemic has hit hardest in Commonwealth countries where health care systems were already poorly resourced. Per capita health spending in low-income countries such as Mozambique and Sierra Leone amounts to $2.3 per capita compared to $2,931 in Canada and $2,160 in the United Kingdom.

The poor nutritional and health status of people in low-income countries also makes many more vulnerable to HIV and AIDS. Even within low-income countries, the rich are better able to protect themselves, for example by ensuring that blood products and needles used are not contaminated.

Poverty forces women and girls in particular into high-risk behaviour and into sex work where they are more vulnerable. Whilst poverty increases vulnerability in the first place, once HIV and AIDS are established families are thrown deeper into poverty by health care costs and the loss of breadwinners.

Poverty also exacerbates the adverse impact of the epidemic on the education sector. Children with disease and death in their families are much more prone to irregular attendance and eventual dropping out of the school. Parents from poor families affected by the epidemic find it difficult to bear the cost of schooling and girls are usually worse affected.

The spread of HIV and AIDS highlights the inequality between high-income and low-income countries and between rich and poor in the same country. Countries that can afford education and treatment have reduced deaths to a minimal level. Individuals are less affected when they know how to protect themselves, can afford to protect themselves and can get treatment if necessary.

The gap between rich and poor needs to be closed. The Commonwealth Secretariat can make its mark by continuing to assist member
countries to build their capacity to export goods and services, attract inward investment and create wealth at local, regional and national level.

Gender inequality
The UNGASS 2006 political declaration highlighted concern about the overall expansion and feminisation of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa. It is well recognised that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV and AIDS.

Lack of availability and access to female-controlled prevention methods are a critical factor in the increasing infection rate among women and girls. Women are twice more likely than men to contract HIV from a single act of unprotected sex, but they remain dependent on male co-operation to protect themselves from infection.

Women also bear the brunt of the social and economic impact of HIV and AIDS. Women of all ages, especially older women, very young women and adolescent girls, bear unsustainable burdens of care for the sick and dying in their homes. They face additional health care costs for HIV-affected family members, and in many cases cope with extra dependants such as orphans. Research has shown that up to 90 per cent of HIV care is provided in the home. In some cases, 43 per cent of total household labour is lost to AIDS-affected households because of care responsibilities.

While many policies and commitments made by governments and international organisations make the connection between gender and HIV and AIDS explicit, these commitments are not always monitored. Some examples of good practice are emerging, but there is often a big gap between policy and practice because of insufficient resources, training and capacity.

Women are twice more likely than men to contract HIV from a single act of unprotected sex, but they remain dependent on male co-operation to protect themselves from infection.
The Secretariat has a role to play in assisting Commonwealth countries with implementation of the Commonwealth Plan of Action for Gender Equality 2005-15 endorsed by all member states. The plan provides the enabling environment for these basic rights, which are essential to tackling HIV and AIDS.

Stigma, discrimination and the law
Commonwealth citizens who are living with and affected by HIV and AIDS are often confronted with stigma and discrimination. This is frequently gender-based and culturally influenced. Sex workers and men and women who have sex with partners of the same gender are particular targets. Economic, social, cultural as well as civil and political rights are very often violated. In some countries this discrimination

Greater attention needs to be paid to research and investment in microbicides and to improving and reducing the cost of the female condom, exploring other forms of female-controlled prevention commodities and constructively involving men.

There is a need to focus on the implementation of laws and policies that improve the social status of girls and women, ensure they have access to services, education and decent work, and give them greater decision-making power with regard to their bodies and within relationships.

Greater attention needs to be paid to research and investment in microbicides and to improving and reducing the cost of the female condom, exploring other forms of female-controlled prevention commodities and constructively involving men.
is built into the law and in others operates through powerful cultural norms in employment, education and in wider society. This causes many to conceal their status and discourages certain groups from seeking tests and treatment.

There is a need to promote democratic accountability, access to justice and the protection of human rights. These are fundamental to understanding the dynamics of the disease, as well as to an effective response. The ratification of universal human rights conventions gives public commitment to a human rights framework. However, a number of Commonwealth countries have yet to ratify core universal instruments. This is unfortunate since the adoption of these is crucial in focusing and reinforcing a comprehensive national response to HIV and AIDS.

The Commonwealth Secretariat can support member countries through reform of existing legislation, and ratification and implementation of basic conventions.

Loss of essential public sector workers
There is a global shortage of teachers and health workers. The human resource capacity needed to deliver health and education is limited in almost every Commonwealth state, whether large or small, rich or poor. A doctor in Tanzania, for example, has an average of 50,000 patients. In rural parts of the country a doctor’s case load will be even higher.

Between 1999 and 2005 Botswana lost 17 per cent of its health care workforce to AIDS. It is estimated that providing treatment to everyone who needed it in Tanzania would involve the full-time service of nearly half the existing health workforce. The 2001 Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS (which drives a rights-based approach), as well as outcomes from the International Conference on Population and Development (sexual and reproductive rights), Cairo, 1994, the Beijing Plan of Action 1995, and the Commonwealth Plan of Action for Gender Equality 2005-15, also have to be taken into account.

Whilst the protection of rights can be challenging even for the most resourced states, it does not necessarily require resources. The ratification of universal human rights conventions gives public commitment to a human rights framework. However, a number of Commonwealth countries have yet to ratify core universal instruments. This is unfortunate since the adoption of these is crucial in focusing and reinforcing a comprehensive national response to HIV and AIDS.

The Commonwealth Secretariat can support member countries through reform of existing legislation, and ratification and implementation of basic conventions.

The Commonwealth Secretariat can support member countries through reform of existing legislation, and ratification and implementation of basic conventions.
in search of better pay, conditions and opportunities. These factors hinder a rapid and scaled up response to the AIDS epidemic.

There is an urgent need to support the sustained development of human resources. The Secretariat can assist Commonwealth member countries to develop and implement public policies to recruit, retain and develop employees.

**Weak health delivery systems**

In both overcrowded urban areas and remote rural areas, basic health and social services are often grossly inadequate, especially with regard to voluntary testing and counselling facilities, the availability of ARVs, social and family support and the treatment of opportunistic infection. Even where services exist, many women and men are not aware of them or of their rights.

Whilst many countries are still working towards funding for and access to basic ARVs, it is worth noting that second generation ARVs are 30 times more expensive than the original medicines.

Effective treatment of HIV and AIDS requires a predictable supply of medicines and efficient health systems that can conduct diagnostic testing, distribute ARV treatment and monitor the health of patients, even in the most remote areas. Health systems also need to be able to treat associated conditions such as TB, often found in patients with HIV and AIDS. Countries that have been using ARV widely for some time are now experiencing resistance to particular types of ARV drugs. Health systems therefore need to be sophisticated enough to recognise drug resistance and offer patients different ARV drugs and drug combinations.

The Commonwealth Secretariat can assist countries which need to strengthen health system structures. In particular, it can assist with the implementation of specific measures such as programmes to prevent mother to child transmission.

**Lack of education and awareness**

For many in the Commonwealth, HIV has already had an enormous impact on the state’s ability to provide education as many teachers are lost to HIV and pupils are impacted by AIDS directly, or become carers or orphans. A study in South Africa found that 21 per cent of teachers aged 25 to 34 are living with HIV (UNAIDS 2006 Report on the Global AIDS Epidemic). The loss of teachers to HIV and AIDS is further exacerbated by the outward migration of teachers and the difficulty of teacher retention.

Statistics show that children out of school have higher infection rates, so prevention programmes also have to be tailored to reach the 40 million Commonwealth children who are not in primary or secondary school and the even larger numbers of adults who are illiterate.

Education is critical to the prevention of HIV and AIDS. It is now well recognised across the Commonwealth that appropriate HIV and AIDS education can delay first sexual intercourse and encourage protected sex. This requires curriculum amendments and extra training of teachers. There is also a clear need for information and communication aimed at the general public beyond the schoolroom.

With many developing Commonwealth countries still working towards universal primary education and the elimination of gender inequalities these additional challenges are a burden.

The Commonwealth Secretariat can support the development and implementation of comprehensive programmes to prevent and control infection and ensure the supply of teachers. The Secretariat can also assist school systems to demonstrate and spread best practice in combating stigma. This is increasingly important as treatment kicks in and more people are living with HIV and AIDS instead of dying.

**The vulnerability of young people**

Today, young people constitute one of the
Critical issues for the Commonwealth

fastest growing groups to be infected with the HIV virus. According to UNAIDS, the rate of infection among young people worldwide is rapidly growing. An estimated 5,500 children and young people under 24 are infected with the HIV virus daily; this represents half of all new infections.

Young people are vulnerable to HIV and AIDS for several reasons. These include risky sexual behaviour, experimentation with drugs and alcohol, poverty, peer pressure and lack of information. In most developing countries in Africa the breakdown in social structures has also compounded the vulnerability of young people. This is made worse by widespread ignorance among young people of the risks associated with unprotected sexual activity. Recent knowledge and behaviour indicators show that in countries with ‘generalised’ HIV epidemics, more than 80 per cent of young women aged 15–24 did not have sufficient knowledge about HIV. On the contrary, in countries where awareness of HIV and AIDS is high, knowledge does not necessarily translate into behaviour change. This points to the fact that young people’s vulnerability is the result of several factors. Education is not just for creating awareness and building knowledge, it is vital for creating a change in behaviour.

The Commonwealth has a huge cohort of young people in developing countries. There is an opportunity right now to educate them, raise

Orphans and vulnerable children
An estimated 15 million children worldwide have been orphaned as a result of AIDS. Twelve million of these live in Sub-Saharan Africa where it is estimated that 9 per cent of all children under 18 have lost one parent to the disease. As HIV infection increases, HIV-associated mortality is expected to rise significantly within this decade, with millions of children losing their parents. It is estimated that by 2010, there will be 15 million AIDS orphans below the age of 18 in Sub-Saharan Africa.

2005 figures estimate that there are 1.2 million orphans in South Africa with 1.1 million each in Kenya and Tanzania.
and AIDS treatment rollout programmes. A number of Commonwealth states, particularly India and South Africa, have strong generic medicine manufacturing industries and over the past few years their ability to produce generic medicines has brought much needed competition to the market, dramatically reducing the price of antiretroviral medicines, and increased the availability of medicines to treat HIV.

Despite this progress many Commonwealth states still have limited access to generic ARVs. People in low-income countries with the highest prevalence and those in remote rural

Difficulty gaining access to HIV and AIDS treatment
HIV and AIDS patients receiving ARVs can still spread the disease (so emphasis on prevention must be maintained) and need to receive treatment for the rest of their lives. As a life treatment, ARVs require an efficient health delivery system with regular monitoring of patients, especially since resistance to first line antiretrovirals is becoming common and more expensive second-generation drugs are required.

As the supply of ARVs increases and as more Africans gain access to ARVs the issues of people living with HIV and AIDS (and not dying from it) will change. The potential for stigma and discrimination and the capacity of health systems to deliver treatment will become more significant.

Almost all Commonwealth countries have HIV

Whilst existing orphans need support and care structures, the long-term solution lies in prevention. The Commonwealth Secretariat can use its influence as an advocate to direct resources towards health delivery and education systems.
Areas generally have least access to the treatment they need.

There is a continuing need for advocacy to extend access to medicines, funding to buy ARVs and capacity-building within the health systems that have to deliver treatment. The Secretariat can contribute through its high level work with global partners.
Given the magnitude of the problem, the critical issues that it raises, the contribution of other organisations, and the obvious priority areas for the Commonwealth, it is clear that the Secretariat has an important contribution to make.

With a constituency of 53 countries the Commonwealth Secretariat is an organisation with global integrity and respect. The Commonwealth as the largest single inter-government group within the United Nations has further credibility because it represents 60 per cent of people living with HIV and AIDS. As a trusted partner with specific expertise the Secretariat has unparalleled access to decision-makers within ministries for finance, law, health, education and women in Commonwealth countries. The Secretariat can be most effective when it uses this vantage point to be a voice on the global stage, for example, advocating for affordable second-generation treatment and using its influence to leverage funding commitments for member countries.

The Commonwealth Secretariat’s HIV and AIDS Steering Committee has prioritised the Secretariat’s HIV and AIDS related work and agreed a strategic framework. This guides the Secretariat’s activities between 2007 and 2009 and will be reviewed and updated periodically. The desired results are not intended to be limiting. As circumstances change and potential new objectives emerge these will be incorporated into the Secretariat’s activities.

The Commonwealth Fund for Technical Co-operation (CFTC), in particular, has the flexibility to respond to specific requests as new challenges arise.

The strategic framework is a cohesive whole, identifying individual sectors yet denoting desired results that cut across all sectors, for example the need to secure the supply of teachers involves the public sector, health and education.

Whilst some activities are attached to a particular sector, the Commonwealth Secretariat HIV and AIDS team believes that a truly multi-sectoral approach is one that transcends any artificial boundaries between sectors. Reporting to the Secretary-General, the team’s remit is to ensure that the activities undertaken within each sector integrate and build into a cohesive effort on behalf of the Secretariat as a whole.
## Overarching goal
Reduce the spread and impact of HIV and AIDS

## Purpose
Strengthen the capacity of Commonwealth governments to address the spread and impact of HIV and AIDS

Utilise the Commonwealth Secretariat’s unique vantage point to advocate and influence at international level

### Focus
| GENDER | HUMAN RIGHTS | PUBLIC | EDUCATION SECTOR | HEALTH & YOUTH | POLITICAL, ECONOMIC & TRADE |

### Desired results
1. Reinforce the rights and social status of women and girls as outlined in the Commonwealth Plan of Action for Gender Equality 2005–15 endorsed by 53 states
2. Support the sustainable political, economic and social development of the member countries most vulnerable to the HIV and AIDS pandemic
3. Prevent the spread of HIV, particularly with regard to young people
4. Build the capacity of the public sector to recruit, retain and develop employees
5. Increase access to affordable prevention programmes, treatment and care
6. Combat HIV and AIDS discrimination and social stigma

### Activities
- **Provide gender expertise across all sectors**
- **Assist with making HIV and AIDS policies and programmes gender sensitive**
- **Provide technical assistance to address poverty**
- **Support post-conflict stability**
- **Build the capacity of health system structures**
- **Support long term financing of health programmes especially for small states**
- **Assist with TRIPS negotiations especially with regard to second generation drugs**
- **Develop and review treatment protocols**
- **Train service providers**

Work in partnership with key organisations, harmonising with other initiatives in order to avoid duplication

---

The Commonwealth Secretariat HIV and AIDS strategic framework 2007–2009 37
**Overarching goal**
The 2003 Aso Rock Commonwealth Declaration’s vision of a Commonwealth includes a determination to attain the Millennium Development Goals, particularly with regard to health and education. Millennium Development Goal number 6 relates to HIV and AIDS:

**Halt and begin to reverse the spread of HIV/AIDS**
All the efforts of the Commonwealth Secretariat to address HIV and AIDS are guided by this overall goal, and in addition, the need to mitigate the impact of HIV and AIDS on Commonwealth member countries.

**Purpose**
Deriving its mandates from Heads of Government, the Commonwealth Secretariat serves the needs of the Commonwealth’s member governments and their peoples. The incidence of HIV and AIDS is having a critical impact on political, economic and social development in many member countries. The Secretariat’s purpose is therefore clear:

**Strengthen the capacity of Commonwealth governments to address the spread and impact of HIV and AIDS**
The Secretariat will continue to support the efforts of governments, UN agencies, the private sector, international partners, professional associations, faith-based organisations, local communities and people living with and affected by HIV and AIDS. It will harness the expertise of the Para 55 civil society coalition, sister organisations such as the Commonwealth Foundation, the Commonwealth of Learning and the Association of Commonwealth Universities and key private sector bodies. It will use the Good Offices role of the Secretary-General for advocacy with Heads of Government and international agencies.

**Focus of attention**
The team recognises that the pandemic of HIV and AIDS requires a response which goes beyond the realm of health. Thus, a multi-sectoral approach which involves the state, the corporate sector and civil society is needed. The Commonwealth Secretariat HIV and AIDS team will work across the following sectors:

- Gender
- Human rights
- Public sector
- Education and youth
- Health
- Political, economic and trade

**Desired results and activities**

1. **Reinforce the rights and social status of women and girls as outlined in the Commonwealth Plan of Action for Gender Equality 2005–15 endorsed by 53 states**

   The rights of women and girls are outlined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, and more particularly the Commonwealth Plan of Action for Gender Equality 2005-2015. This Plan was endorsed by 53 states, names gender and HIV and AIDS as one of four priority areas and contains specific actions.

   The Commonwealth Secretariat has learned that a response to HIV and AIDS will be undermined if it does not fully integrate a gender analysis that takes account of the particular vulnerabilities of...
development and trade have an important role to play in the empowerment of individuals, especially women and young people, and food security and nutrition. Private prosperity feeds into the public sector, funding civil programmes that enable respect for human life and dignity and allow the procurement of goods and services for the prevention and treatment of HIV and AIDS.

In particular, the Commonwealth Secretariat will assist small states to identify sources of sustainable funding for HIV and AIDS programmes, centralise long term funding and share best practices.

As conflict situations create conditions for the spread of HIV and AIDS, the Secretariat will assist to resolve and prevent conflict. Where conflict has occurred it will incorporate strategies to address HIV and AIDS as it works towards peace and stability.

2. Support the sustainable political, economic and social development of the member countries most vulnerable to the HIV and AIDS pandemic

Even when programmes are not directly related to tackling HIV and AIDS, the Commonwealth Secretariat’s work contributes towards success in this area. Democracy, good governance and political commitment are all essential in creating an environment in which HIV and AIDS can be addressed. Economic development and trade have an important role to play in the empowerment of individuals, especially women and young people, and food security and nutrition. Private prosperity feeds into the public sector, funding civil programmes that enable respect for human life and dignity and allow the procurement of goods and services for the prevention and treatment of HIV and AIDS.

In particular, the Commonwealth Secretariat will assist small states to identify sources of sustainable funding for HIV and AIDS programmes, centralise long term funding and share best practices.

As conflict situations create conditions for the spread of HIV and AIDS, the Secretariat will assist to resolve and prevent conflict. Where conflict has occurred it will incorporate strategies to address HIV and AIDS as it works towards peace and stability.

3. Prevent the spread of HIV, particularly with regard to young people

Prevention remains the most important line of defence and a focus on young people is essential since 50 per cent of the Commonwealth population is under 25 years of age. The educational environment offers a unique opportunity to provide children with the
knowledge needed to protect themselves from HIV infection, as well as the skills required to cope with AIDS as it impacts on their lives. The Commonwealth Secretariat will strengthen and expand programmes to engage young people, increase their understanding of HIV and AIDS and encourage behaviour change. There will be continuing support for the Youth Ambassadors programme and for Ministries of Youth and Sports to enable them to integrate HIV and AIDS in their sector plans.

The Secretariat will deliver skills training for Regional Youth Caucuses and National Youth Councils. HIV and AIDS awareness training will be built into the gatherings and events of the Commonwealth Youth Programme and Commonwealth Youth Exchange Council.

The Secretariat will continue in its work to build capacity within the education sector so that member countries can ensure the health of teachers affected by HIV and AIDS, maintain teacher supply and incorporate orphans and vulnerable children into the school system so that they do not become excluded from education altogether.

It will continue its activities to strengthen the response of education systems in terms of the ability of teachers to develop and deliver HIV and AIDS related education more effectively, for both school and out-of-school sectors. Also, the Secretariat will provide support to member countries in developing suitable co-ordination mechanisms to streamline their efforts and avoid duplication.

4. Build the capacity of the public sector to recruit, retain and develop employees

The Commonwealth Secretariat recognises its role in enabling shared learning and best practice amongst member states. It supports the establishment of inclusive and productive country co-ordinating mechanisms (CCMs). It advocates a multi-sectoral response to HIV and AIDS and supports institutional development and good governance.

The Secretariat will assist member countries in their efforts to identify, develop and implement comprehensive evidence-based HIV and AIDS strategic plans that respond to local needs and are led by local experience. It will continue to foster collaboration, trust and shared learning across sectors and member governments. It will also continue to support the involvement of people living with HIV/AIDS (PLWHA) in policy development, programme implementation and evaluation.

In addition, the Secretariat will collaborate with other international agencies such as ILO and UNESCO, which are working specifically on developing suitable workplace and social protection policies for different sectors.
5. **Increase access to affordable prevention programmes, treatment and care**

The Commonwealth Secretariat will continue to work with member states, WHO, UNAIDS, the Global Fund and DFID towards universal access to essential medicines (antiretrovirals and treatment for opportunistic infections as well as diagnostics). The Secretariat will work closely with member states and international partners to ensure that individual state commitments to WTO agreements do not in any way hinder a comprehensive response to HIV and AIDS, which must include the availability of ARV treatment at no or low cost for low-income patients.

The Secretariat will support governments in negotiation with the WTO to ensure that TRIPS is not a barrier to accessing cheaper generics. It will continue its work to ensure that member states can take full advantage of the flexibilities contained within the statement adopted by the WTO at the Doha meeting on 14 November 2001, enabling developing and least-developed nations to take measures to protect public health.

It will promote and facilitate the availability of ‘brand’ medicines, but where the price of ‘brand’ medicines is prohibitive the Secretariat will ensure that ‘generic’ medicines are available to all governments who require them. The Secretariat will continue to place great importance on supporting Commonwealth governments in their ability to protect and promote public health. The import or regional production of pharmaceuticals requires a strong regulatory framework, sometimes requiring changes in legislation which the Secretariat will support to allow a rapid and extensive response to the HIV epidemic.

The Secretariat will assist member countries to strengthen health system structures and develop essential programmes, for example to prevent mother to child transmission.

6. **Combat HIV and AIDS discrimination and social stigma**

In accordance with Commonwealth values the Secretariat has a rights-based approach. All governments have ratified human rights conventions committing them to meet certain human rights for all citizens, including the right to life and to the highest attainable standard of health. This strategic framework reaffirms the 2001 Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS, that the realisation of human rights for all is essential to reduce vulnerability to HIV and AIDS and that respect for the rights of people living with HIV/AIDS drives an effective response. In particular, respect for sexual and reproductive rights of women is critical to reducing HIV and AIDS.

Discrimination against PLWHA is a human rights violation and should be made illegal. In addition, a culture of discrimination and stigmatisation has the practical effect of hindering prevention, testing and treatment efforts, and should be publicly addressed.

The Commonwealth Secretariat will continue to assist member countries to reform existing legislative frameworks where necessary and establish supportive frameworks of policy and law that protect the rights of PLWHA. This approach is essential to effective HIV responses. The success of national and local responses is dependent on the full engagement and participation of those affected directly or indirectly by HIV. The work of the Secretariat will protect human rights in order to assist men, women, young people, children and marginalised groups (including prisoners, sex workers and drug takers) to avoid infection and withstand the impact of HIV and AIDS. The Secretariat supports the Human Rights and Harm Reduction Framework to address drug use and HIV and AIDS in developing countries.
The Secretariat, in co-operation with others, can help member countries to know and meet their human rights obligations, and help individuals to know and assert their rights. When national responses to HIV and AIDS embody human rights, vulnerability to HIV infection is reduced and people living with HIV are able to live successfully with access to information, education, health, privacy, employment and social assistance. When human rights principles guide the process by which local and national responses are implemented the resulting responses are transparent, accountable, inclusive and tailored to the needs and realities of those affected.

The Commonwealth Secretariat will continue to support the Youth Ambassadors for Positive Living Programme, which positively reinforces the visibility of young HIV positive citizens, thereby undermining stereotypes and combating stigma and discrimination.

The Secretariat also realises the crucial role of education in reducing discrimination and stigmatisation, and this will continue to be one of the major focus areas for education-related interventions for HIV and AIDS.

**Strategic Partnerships**

Underpinning all the work of the Commonwealth Secretariat is a strategic partnership approach. The achievements of the Commonwealth have been realised through partnership and the Secretariat will continue to foster collaboration and commitment through shared learning, dialogue and collective action.

There is a proliferation of agencies working in HIV and AIDS. The Commonwealth Secretariat does not intend to duplicate work that is
already being done effectively by other agencies. Instead the Secretariat will support the implementation of international initiatives, aiming to leverage resources promised to the low income countries of the Commonwealth.

**Mode of delivery**
The Commonwealth Secretariat will continue to assist member countries in the way that it is best equipped to do so. This includes providing expert advice, convening conferences, publishing best practice guidelines and conducting workshops and training.

**Measurement and evaluation**
The Secretariat’s HIV and AIDS Steering Committee is responsible for maintaining a focus on objectives and monitoring progress. This strategic framework feeds into the Commonwealth Secretariat’s four-year strategic plan 2004-08, and steps will be taken to ensure that HIV and AIDS is appropriately represented within the 2008-12 strategic plan.

**Responsiveness**
The biennial Commonwealth Heads of Government Meetings (CHOGMs) and the ministerial meetings that the Secretariat convenes provide direction for its programmes. These occasions also provide the opportunity for policies and programmes to be shared with governments, regional organisations and other local partners. In addition, the Commonwealth Secretariat stands ready to respond to requests for assistance from member countries.

**Collaboration**
The Commonwealth Secretariat is also well positioned to apply its expertise in HIV and AIDS within projects funded by donor bodies and partnerships. The Secretariat has the mechanisms for design, delivery and evaluation of projects. It also has established reporting structures and can supply the transparency and accountability sought by donors.

The Commonwealth Secretariat’s strategic framework for HIV and AIDS reflects the fundamental values of the Commonwealth, which are:

- Fundamental human rights, including equal rights and opportunities for all citizens regardless of race, colour, gender, creed or political belief.
- Equality for women so that they may exercise their full and equal rights.
- Democracy, democratic processes and institutions which reflect national circumstances, the rule of law and the independence of the judiciary, and just and honest government.
- Universal access to primary education for all children.
- Sustainable development and the alleviation of poverty.