



United Nations Development Programme

C O R P O R A T E  
S T R A T E G Y

on **HIV/AIDS**

## I. The Challenge

The HIV/AIDS epidemic is the world's most serious development crisis as well as the most devastating epidemic in history. It is quickly becoming the biggest obstacle to achieving the Millennium Development Goals. Well over 60 million people have been infected since the beginning of the epidemic. HIV continues to spread, with over 15,000 new infections every day, and an alarming acceleration in regions and countries hitherto spared.

Given that AIDS kills mostly people in the 15-49 year age group, it is depriving families, communities and entire nations of the young and most productive people. It is therefore uniquely devastating in terms of increasing poverty and reversing human development achievements:

**Survival:** Life expectancy is likely to fall to 35 years or less in the worst affected countries. The deepening poverty caused by the epidemic weakens the general health status of entire populations, with sharp increases in child mortality rates.

**Education:** As teachers die and orphans drop out of school, gains in literacy and enrolment ratios are being quickly eroded. Primary school enrolment among orphans is nearly half that of children with at least one parent alive.

**Income:** HIV/AIDS pushes people into deeper income poverty, as many households have lost their breadwinner to AIDS. In the seriously affected countries, the epidemic is putting a brake on economic growth by 1-2 percentage points a year, sabotaging efforts to reduce the proportion of the population living in poverty.

**Governance:** HIV/AIDS has a disastrous impact on the capacity of governments, and especially on the delivery of basic social services. Human resources are lost, public revenues reduced, and budgets diverted

towards coping with the impact. Similarly, the organizational survival of civil society institutions is under threat, with a corresponding impact on democracy.

**Gender equality:** HIV/AIDS has a particularly severe impact on women. Women tend to be more vulnerable to HIV infection for both biological and social reasons.

**Social cohesion:** HIV/AIDS poses a threat to the very fabric of society and is increasingly recognized as a risk factor for social and political instability.

## II. UNDP's Contribution as Co-sponsor of UNAIDS

The Declaration of Commitment, adopted by acclamation at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, is an unprecedented achievement. It recognizes in clear and forthright terms the driving forces of the epidemic and stresses the need to address HIV/AIDS by strengthening respect for human rights, and in light of the current pandemic, particular attention to the rights of women and children. The Declaration articulates strategies and measurable goals to reverse the epidemic, includes targets in several key areas, calls for resources commensurate with the challenge and specifies follow-up at national, regional, and global levels.

The United Nations Development Programme—as co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS)—has a specific and well-defined contribution to the overall response of the United Nations system and in helping countries implement the UNGASS Declaration of Commitment. Distinct from the roles of other UNAIDS co-sponsors and other UN agencies, UNDP focuses on interven-

tions aimed at creating an enabling policy, legislative and resource environment essential for an effective and truly multi-sectoral response to the epidemic. Taking into account the crucial interface between human development and HIV/AIDS strategies and acknowledging that the epidemic poses a real and present threat to poverty reduction efforts, it is now of utmost urgency to ensure that UNDP is fully mobilised at country level to meet its obligations as UNAIDS co-sponsor.

UNDP supports national HIV/AIDS strategies that mobilise unprecedented social and political action across all sectors and promote a deep transformation of norms, values and practices, guided by principles of participation, gender equality and human rights. Concurrently, the full authority and power of the state need to be brought to bear on this crisis, recognising that HIV/AIDS poses a *major governance challenge* for developing countries.

UNDP, as a long-time trusted partner of developing country governments, is in a unique position to making a difference by:

- ◆ Promoting robust and *action-oriented advocacy for leadership at all levels*, political commitment and mobilisation of actors and institutions well beyond the health sectors;
- ◆ Helping countries *develop capacity for action, as well as plan, manage and implement* their response to the epidemic, including the integration of HIV/AIDS into poverty reductions strategies, the reallocation of resources (including debt relief savings) towards prevention, care, and impact mitigation;
- ◆ Promoting a *human rights framework and gender perspective* in all aspects of the response;
- ◆ Providing special assistance to the worst affected countries to *help mitigate the impact on human development*, governance structures, and the provision of essential services;

- ◆ Facilitating the application of *multi-media technologies for scaled-up information services* and public awareness campaigns.

As an active supporter of South-South cooperation, UNDP also plays a unique role in *sharing best practices from around the world* through its knowledge networks that include 136 country offices as well as specialised regional and global advisers.

### III. Country-level Services in Support of National HIV/AIDS Strategies

Interventions by UNDP, as defined in this document, will contribute towards the broader objectives set out in the Declaration of Commitment and the United Nations System Strategic Plan for HIV/AIDS for 2001–2005, namely:

- ◆ Prevention of new infections; HIV prevalence in persons 15–24 years old should be reduced 25% by 2005 in the most affected countries, and globally by 2010;
- ◆ Provision of improved care, support and treatment for those infected and affected by HIV/AIDS;
- ◆ Reduction of vulnerability, especially among groups that have high or increasing rates of infection or who are at greatest risk of infection;
- ◆ Mitigation of the social and economic impact of HIV/AIDS.

Specific achievements will be measured through the Strategic Results Framework (SRF) and Results-Oriented Annual Report process recently put in place to monitor all of UNDP's work.

UNDP services are being tailored to the specific circumstances and status of the epidemic, according to four categories of countries: (i) High impact countries (28 countries with over 4% HIV adult prevalence rate), where the priority will be to provide emergency-type assistance in mitigating the disastrous impact on governance structures, poverty reduction efforts, and provision of essential services, (ii) those countries with lower prevalence rates but with alarming rates of increase, (iii) other countries where the epidemic is spreading at a slower rate but where great vigilance and preparedness is still essential, and (iv) countries in conflict that require special interventions given the strong interface between civil strife and HIV/AIDS.

In each case the focus will be on the services requested by programme country clients and in keeping with UNDP's overall mandate as UNAIDS co-sponsor. All activities supported by UNDP at country-level are to be co-ordinated through the UN Theme Group on HIV/AIDS and the wider United Nations Development Assistance Framework (UNDAF).

UNDP's Strategy on HIV/AIDS will focus on five types of services: (1) Advocacy and Policy Dialogue, (2) Capacity Development, (3) Mainstreaming, (4) Human Rights, and (5) Information and Multi-Media Technology.

**SERVICE 1: ADVOCACY AND POLICY DIALOGUE**

**Strong leadership at all levels, coalition-building and national policy dialogue for an effective response to HIV/AIDS.**

UNDP engages in a variety of advocacy activities to promote society-wide mobilisation, including top-level political commitment and leadership at all levels, in response to HIV/AIDS. In addition, UNDP is supporting policy dialogue on specific issues, ranging from the role of private sector to the reallocation of public resources towards AIDS prevention, from the protection of the rights of people living with HIV and AIDS to gender relations that render women and girls vul-

nerable to infection. Guided by the UN Country Team and the UN Theme Group on HIV/AIDS, these interventions will support the Resident Coordinator and enhance current advocacy efforts of the UN family at country level. Specific activities include:

- ◆ Assisting in the preparation of National Human Development Reports focusing on HIV/AIDS—a powerful, country-owned, advocacy tool for providing input into government policy-making processes;
- ◆ Promoting national policy dialogues on HIV/AIDS to build consensus around priorities, policies, and actions;
- ◆ Advocacy and advisory services focusing on specific policy issues identified as important for ensuring an effective and comprehensive response to HIV/AIDS;
- ◆ Building networks and holding events that bring together a wide range of stakeholders in the response to AIDS, including government agencies, NGOs, women groups, youth groups, trade unions, academic institutions, church groups, businesses, and people living with HIV/AIDS, for dialogues on the impact of AIDS, strategies for scaling up the response and areas of necessary action;
- ◆ Promoting the full participation of community-based groups and non-governmental organisations, including networks of people living with HIV/AIDS, youth groups, women groups, farmers associations, trade unions, church organizations and other groups that are at the frontlines of AIDS prevention and care.

These activities are to achieve the following measurable results:

- ◆ An increased level of political commitment and leadership at the highest level of government, as expressed by statements and actions by the head of

state, members of the cabinet, and other senior-level officials; policy debates and legislative action by parliaments;

- ❖ National development plans, sectoral plans, and budgets that integrate HIV/AIDS;
- ❖ Greater mobilisation of the private sector, measured by statements and actions by CEOs; contributions to the overall HIV/AIDS campaign; and existence of work-place HIV/AIDS policies;
- ❖ Greater mobilisation of communities, youth, women's groups, people living with HIV and AIDS, and other civil society movements;
- ❖ Participatory and multi-institutional coordinating mechanisms operating effectively.

## SERVICE 2: CAPACITY DEVELOPMENT

### Planning, management, implementation and decentralisation of multi-sectoral and gender-sensitive national HIV/AIDS programmes

UNDP helps build the capacity of governments and community organisations to implement national strategic HIV/AIDS plans, in accordance with UNAIDS modules and through participatory processes involving all government sectors and a wide range of non-governmental and private sector stakeholders. It works to improve countries' absorptive capacity, enabling a more effective use of donor funding. UNDP places special emphasis on the decentralisation of national AIDS programmes, and the effective mobilisation of district- and municipal-level authorities to work closely with communities, through a participatory approach. Examples of this service include advice and support focusing on:

- ❖ National leadership for the unprecedented challenge of responding to HIV/AIDS, a response that needs to be inclusive and proactive, fully involving all governmental sectors, civil society, the private sector, and people living with HIV/AIDS, and requiring

risk-taking in promoting innovative approaches to prevention, care, gender equality and human rights;

- ❖ Management, human resource development, and budgeting in the sectoral ministries implementing national AIDS strategies;
- ❖ Formulation or re-formulation of national strategic AIDS plans, as well as district level strategies, with active civil society and district-level participation;
- ❖ Round Table meetings on HIV/AIDS, bringing together government, donors and UN agencies to mobilise resources for the implementation of national strategic AIDS plans;
- ❖ The capacity of top-level AIDS co-ordination units within the prime ministers' or presidents' offices and parliamentary committees set up to deal with AIDS;
- ❖ Policy recommendations responding to social, economic, and sectoral impacts of HIV/AIDS;
- ❖ Strategies to address factors that make individuals particularly vulnerable to HIV infection, including economic insecurity, poverty, lack of empowerment of women, lack of education, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys;
- ❖ Responses to the loss of human resources and institutional capacity, including fast-track training of replacement staff, adjustment of human resource management practices, and (in collaboration with ILO) implementation of workplace AIDS programmes;
- ❖ Capacities to mitigate the impact of HIV/AIDS on human development and to ensure continuity in essential government functions, especially basic social services.

Results will be measured using a broad check list of what constitutes an effective national strategic AIDS plan, in terms of its impact on HIV infection rates, improving access to care for people living with HIV/AIDS, and mitigating the impact on human development. It will be based on UNAIDS guidelines, on continuing best practice analysis, and include:

- ❖ Effective strategic plans, with goals and time bound targets, developed or being implemented, that involve all stakeholders and respond to gender issues;
- ❖ Effective leadership at all levels to reverse the epidemic;
- ❖ Strategies, policies and programmes in place to identify and address factors that make individuals particularly vulnerable to infection;
- ❖ Stronger management and implementation capacity of national and local governments;
- ❖ Existence of an operational district- and municipal-level AIDS plan, formulated and implemented with community and local stakeholder participation;
- ❖ In the worst affected countries, the proportion of schools, health and other government services still functioning, using as the baseline the situation prior to the epidemic.

**SERVICE 3: MAINSTREAMING**

**Integrating AIDS into mainstream development planning, poverty reduction strategies, budget allocation processes; and strategies to alleviate the socio-economic impact of HIV/AIDS.**

Linked to the preceding service, UNDP will, along with other UN agencies, provide crucial support to governments in their efforts to properly integrate AIDS priorities into the mainstream of development planning. The existence of strategic plans specifically focused on dealing with the epidemic is important,

but not enough to deal with this crisis. AIDS priorities and impact analysis needs to be fully integrated into overall development plans, Medium-term Investment Frameworks, public investment programmes, annual budgets and poverty reduction strategies, as well as in debt relief processes. In particular, the formulation of Poverty Reduction Strategy Papers provides an opportunity to make sure that part of debt relief savings is allocated towards HIV prevention and care; that ministries of finance and planning focus on the AIDS crisis; and that all sectors of government are involved in the response to HIV/AIDS (and given budgets to do so).

Examples of interventions under this service include:

- ❖ Advisory services and technical assistance in integrating HIV/AIDS into all development planning and resource allocation processes, such as poverty reduction strategies, national development plans and budgets, and sector plans;
- ❖ Specific advice on the integration of AIDS concerns into the government's macro-economic planning processes;
- ❖ Support in maximising the use of debt relief savings for HIV prevention and care;
- ❖ Reorienting UNDAF/CCA processes to respond to the HIV/AIDS crisis;
- ❖ Assessments of the impact of HIV/AIDS on human development, macro-economic policies, as well as specific sectors, as a basis for advocacy and policy advice on how to effectively counteract these impacts;
- ❖ Support for strategies to alleviate the social and economic impact of HIV/AIDS at the individual, community and national levels, including action to address the impact on the delivery of essential social services;

- ◆ Support for strategies specifically focused on alleviating the social and economic impact on women and the elderly, particularly addressing their special needs as caregivers in families and communities affected by HIV/AIDS;
- ◆ Support for mainstreaming HIV/AIDS into the work of specific line ministries;
- ◆ Disseminate tools and checklists for mainstreaming AIDS prevention and impact mitigation, sector by sector, and for gender analysis in each sectoral intervention;
- ◆ Facilitate dialogue between the national AIDS programme and the Ministry of Finance to address the impact of HIV/AIDS on economic growth, overall public revenues, public sector human resources, and the provision of basic social services to mitigate the socio-economic impact of HIV/AIDS.

The impact of these services will be measured by:

- ◆ Extent to which HIV/AIDS prevention and support is integrated into national development plans and poverty reduction strategies, including Poverty Reduction Strategy Papers;
- ◆ Extent to which national poverty reduction strategies address the impact of HIV/AIDS on poor people, with special emphasis on the impact on women;
- ◆ Percentage of national budget (and debt relief savings in HIPC countries) devoted to HIV/AIDS prevention, care and impact mitigation, with specific targets for women's specific needs;
- ◆ Distribution of resource allocations from the national budget among line ministries, local governments, NGOs, women's groups, youth and community groups; and extent to which HIV/AIDS is integrated into sectoral plans and budgets;

- ◆ Extent to which gender analysis is used and followed by actions to mitigate impact on women and address gender inequalities, addressing the role of women as caregivers.

#### **SERVICE 4: HUMAN RIGHTS**

**Promotion of human rights as a normative and ethical framework for the response to HIV/AIDS, including legal reforms**

UNDP promotes human rights as an essential aspect of responding to HIV/AIDS. Discrimination against people living with HIV and AIDS leads to an atmosphere of stigma, shame and denial and prevents them from participating in awareness raising and education campaigns. It is also clear that gender inequalities help fuel the epidemic, as do the unmet HIV/AIDS related needs of girls and young women. Resolution 14 of the UNGASS stresses "that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS". Interventions under this service, to be undertaken in unison with other UN agencies, include:

- ◆ Advocacy for a value- and rights-based, gender-sensitive approach to HIV/AIDS;
- ◆ Support for organisations and networks of people living with HIV and AIDS;
- ◆ Advice to governments on legal reforms and formulation of anti-discrimination legislation to protect the rights of people living with HIV and AIDS;
- ◆ Support to governments in the implementation of the *International Guidelines on Human Rights and HIV/AIDS*, and related provisions in CEDAW and other human rights conventions;
- ◆ Support for human rights groups working on HIV/AIDS;

- ❖ Support for national policies on gender equality and empowerment of women, including the elimination of all forms of discrimination as well as all forms of violence against women and girls;
- ❖ Promote CEDAW with a focus on women's rights to information, protection and resources.

Outcome and impact:

- ❖ Adoption or existence of legislation and associated administrative measures to prevent discrimination against individuals living with HIV/AIDS;
- ❖ Progress in the implementation, or adoption of, the *International Guidelines on Human Rights and HIV/AIDS*, and related provisions in CEDAW and other human rights conventions;
- ❖ Increased participation of associations/groups of people living with HIV/AIDS in the national response;
- ❖ Measurable change in attitudes and behaviour on women's human rights and towards people living with HIV and AIDS;
- ❖ Measurable change in attitudes and behaviour towards girls and women in critical areas related to sexuality and power-relations.

**SERVICE 5: INFORMATION AND MULTI-MEDIA TECHNOLOGY**  
**Multi-media technology for large-scale information and awareness-raising interventions**

One of the most important lessons learned from countries that have successfully responded to the HIV/AIDS epidemic has been the critical role of government and civil society leadership in increasing visibility of the epidemic while decreasing the stigma associated with HIV/AIDS. Breaking the silence where countries still deny the problem or the poten-

tial of an epidemic and strengthening the accountability of governments and civil society remain major challenges. Moreover, the nature of the HIV/AIDS challenge—changing behaviours to decrease the spread of infection—requires significant investment in information services. UNDP, through the UN Theme Group on HIV/AIDS, seeks to deploy well-designed communications strategies, using commercial, traditional and interpersonal channels, to mobilise leadership at different levels, and address the need of people. Examples of interventions under this service include:

- ❖ Advisory services and technical assistance for integrating HIV/AIDS concerns with Ministries of Information;
- ❖ Policy advice for expanding information and communications services, facilitating the sharing of best practices related to HIV/AIDS issues;
- ❖ Supporting the design and implementation of regional and national communication strategies including multi-media campaigns;
- ❖ Mobilising UNDP's information networks and advocates, including the International Partnership Against AIDS in Africa, to spur the involvement of civil society and governments.

Outcome and impact:

- ❖ Significant and measurable increase in access to information and education for men and women 15-24 years, related to HIV/AIDS prevention and care;
- ❖ Measurable change in norms, values and traditions that are fuelling the epidemic, especially those that perpetuate gender inequalities and discrimination against people living with HIV and AIDS;
- ❖ Degree of mobilisation of communities, civil society organisations, the private sector;

- ❖ Quantity and quality of sustained multi-media action and information services related to the HIV/AIDS crises and ways of addressing the problem;
- ❖ A well designed, powerful, co-ordinated UN information and communication response at country level.

## IV. GLOBAL AND REGIONAL SUPPORT ACTIVITIES

This strategy is linked to the Global Co-operation Framework (GCF), which supports the ability of UNDP to respond to the HIV/AIDS crisis by allowing the integration of UNDP global development thinking and advocacy with country-level practices. Along with the Regional Co-operation Frameworks (RCFs), the GCF is a key instrument to align UNDP's response to the HIV/AIDS crisis at global, regional and national levels and will enable UNDP to provide services to countries in the areas of advocacy and analysis, knowledge-networking and sharing of best practices, and policy support services.

A number of global and regional activities are required to support the services provided by UNDP at the country level. Current activities in different regions include:

- ❖ Regional advocacy strategies to promote leadership at all levels;
- ❖ Guidelines and tools for HIV/AIDS policy development, strategic planning and response management;
- ❖ Intra- and inter-regional South-South cooperation in all areas of interventions covered by this strategy;
- ❖ Knowledge networking and dissemination of best practice experiences;

- ❖ Technical backstopping and programming services coordinated at the global and regional levels;
- ❖ Participatory methods and tools for raising awareness and promoting social transformation, including changing gender relations and enhancing women's control of their lives;
- ❖ Addressing cross-border issues (migration, transport, refugee movements, etc).

## V. THE RESPONSE OF THE RESIDENT COORDINATOR SYSTEM

The HIV/AIDS crisis requires a coherent response by the UN System and the co-ordination of multi-agency, multi-donor programmes in support of national strategic HIV/AIDS plans, as determined by the host government and through multi-stakeholder dialogue. *The Resident Co-ordinator of the UN System activities at the country level* can effectively perform this role through the UN Country Team and UN Theme Group on HIV/AIDS within the UN Development Assistance Framework (UNDAF), thus ensuring a coherent and mutually reinforcing response by the UNAIDS co-sponsors, bilateral donors, and private foundations.

The undg Guidance Note on HIV/AIDS<sup>1</sup> emphasizes the critical role of the Resident Coordinator System for action in the following areas:

- ❖ **Strengthen National Strategic Plans.** Facilitate discussions with host governments and civil society partners to review National Strategic Plans and individual sectoral plans with particular attention to

<sup>1</sup> United Nations Development Group (undg) Guidance Note on HIV/AIDS: United Nations Resident Coordinator System, Country Level Action in Support of Declaration of Commitment on HIV/AIDS, 29 August 2001.

how those plans can be strengthened to achieve the time-bound, measurable national goals and targets of the UNGASS Declaration of Commitment.

- ◆ **Address linkages between HIV/AIDS and the Millennium Development Goals.** Identify how national development and poverty eradication strategies can be accelerated and strengthened to address the impact of HIV and AIDS on, among other things, household income, livelihoods, access to education and health services, and food security.
- ◆ **Address capacity constraints.** With government and other partners, assess capacity of national and sub-national institutions to lead a large-scale, multi-sectoral response to the AIDS pandemic, identify key gaps and priorities for assistance from the UN system and other sources.
- ◆ **Develop HIV/AIDS advocacy and communications strategies** in support of national efforts with the help of other partners.
- ◆ **Strengthen monitoring systems.** Support national efforts to establish or strengthen monitoring systems, including translation of global goals into national targets, to track progress towards the time-bound goals and targets agreed at UNGASS.
- ◆ **Intensify support for resource mobilisation.** Step up efforts to mobilize domestic and international resources for country strategies addressing HIV/AIDS. UN Country Teams should advocate with governments to increase national resources devoted to the HIV/AIDS response.

The UNDG Guidance Note also suggests other areas for immediate action, including 1) increasing awareness of global commitments in the UNGASS Declaration; 2) reorienting Resident Coordinator System (RCS) Annual Workplans and its expected results, tracking progress and results in the RCS Annual Reports; 3) strengthening United Nations

Integrated Workplan on HIV/AIDS and CCA/UNDAF process, ensuring consistency with the Declaration of Commitment; and 4) collecting best practices and lessons learnt on country-level actions on HIV/AIDS, especially in operations, inter-agency collaboration, and programme issues.

## VI. CONCLUSION

To effect the changes that will lead to the sustained shifts necessary to successfully reverse the epidemic, certain ingredients will be required: courageous leadership, high-level political commitment, and unprecedented levels of collaboration among all actors and stakeholders. The UNGASS has challenged us to optimise our existing strategic initiatives through a critical shift in perspective on the dynamics that sustain this terrible epidemic, intensifying our response to achieve specific goals.

Reversing the epidemic will require an unwavering commitment to results, a measurable change in individual and institutional attitudes and practices concerning HIV/AIDS, and greater attention to human rights and gender concerns reflected in government as well as civil society responses to directly address issues such as stigma, discrimination, gender inequality and inequitable access to prevention, care and treatment. We in UNDP, as individuals and as a community, have the opportunity to take a stand and make a difference. As an agency that can mobilize stakeholders and help countries develop capacity for action, UNDP is well placed to be a catalyst for positive change in countries affected by HIV/AIDS.



*UNDP is a co-sponsor of UNAIDS,  
an innovative joint venture that brings  
together the efforts, expertise and resources  
of eight UN agencies for worldwide  
action against HIV/AIDS.*

United Nations Development Programme

One United Nations Plaza

New York, NY 10017

[www.undp.org](http://www.undp.org)