



Working in Partnership with UNAIDS

A Swedish Strategy Framework for 2005–2008

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Foreword

The HIV and AIDS pandemic constitute a severe obstacle to development. The devastating effects of the pandemic have spread across the world, sparing no country or generation. Today, the number of people living with HIV and AIDS has reached 40 million and only in the last year AIDS took three million lives, of which 570 000 were children.

The personal and economic costs behind these numbers are enormous. Families are shattered and children become orphans. Dreams of a better future are crushed. Schools, work places and government institutions lose important knowledge and skills. The high costs of treatment, care and impact mitigation are an almost insurmountable burden to many developing countries.

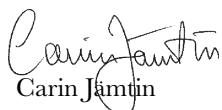
We do not yet know the final costs of the pandemic, since it is still expanding and outpacing most of our efforts to fight it. Even though there are examples where the epidemic has stabilized, only a few countries have so far been able to reverse the spread.

In order to meet the complex challenges of HIV and AIDS we need a multisectoral response at all levels. The Joint United Nations Programme on HIV/AIDS (UNAIDS), established 1996, is such a response. The six original co-sponsors of the Programme – UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank were later joined by UNDCP/ UNODC, ILO, WFP and UNHCR.

In the fight against HIV and AIDS, UNAIDS plays a crucial role, with its mandate to provide global leadership and a co-ordinated international response to the pandemic, as well as to promote global consensus on policy and programming.

Since UNAIDS was established, Sweden has been and will continue to be one of its strongest supporters. This strategy framework will guide Sweden's cooperation with UNAIDS and its partners in our joint efforts to respond to the challenges of HIV and AIDS.

December 2005.



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Minister of International
Development Co-operation



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List of abbreviations

AIDS	Acquired Immune-Deficiency Syndrome
ARV	Anti Retrovirals
CCA	Common Country Assessment
CCO	Committee of Co-sponsoring Organisations
ECOSOC	Economic and Social Council
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GPA	Global Programme on AIDS
HIPC	Highly Indebted Poor Countries
HIV	Human Immune-Deficiency Virus
IAVI	International AIDS Vaccine Initiative
ICPD	International Conference on Population and Development
ICT	Inter Country Team
ILO	International Labour Organisation
MDG	Millennium Development Goal
NGO	Non-Governmental Organisation
ODA	Official Development Assistance
PAF	Programme Acceleration Fund
PCB	Programme Co-ordinating Board
PRSP	Poverty Reduction Strategy Paper
SPA	Special Programme on AIDS
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UBW	Unified Budget and Work plan
UCC	UNAIDS Country Co-ordinator
UNAIDS	Joint UN Programme on HIV/AIDS
UNDAF	UN Development Assistance Framework
UNDCP	UN International Drug Control Programme (since 2002 part of UNODC)
UNDP	UN Development Programme
UNESCO	UN Education, Scientific and Cultural Organisation
UNFPA	UN Population Fund
UNGASS	UN General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
UNICEF	UN Children's Fund
UNODC	UN Office on Drugs and Crime
UNTG	United Nations Theme Group
WHO	World Health Organisation
WFP	World Food Programme

Background

Introduction

The Swedish government has requested the Swedish International Development Co-operation Agency (Sida) to develop strategy papers on Sweden's relationship and collaboration with major United Nations (UN) organisations including the Joint UN Programme on HIV/AIDS (UNAIDS).

Traditionally Sweden has been a strong supporter of the UN ranging from peace and security, human rights and economic and social affairs. A key element in Sweden's support to prevent and combat HIV/AIDS therefore has a strong multilateral feature. The fundamental premises for Sweden's policy on and commitment to fight HIV/AIDS are enshrined in the Millennium Development Declaration and the associated Millennium Development Goals (MDGs) on the one hand, and the Declaration of Commitment on HIV/AIDS on the other. Sweden was among the lead-countries prompting the UN to establish UNAIDS as a multi-agency joint programme. Since the creation of UNAIDS in 1996, it has evolved in scope and strength through its multi-stakeholder partnership. As a lead entity for information on the epidemic and its impact, as well as a nexus for strategic co-ordination of policies and operations at country level, UNAIDS is constantly faced with new challenges.

This strategic framework guides Sweden's approach to the response to HIV/AIDS mustered by UNAIDS and its partners.

The HIV/AIDS epidemic

Twenty-five years after the first clinical evidence of Acquired Immune-Deficiency Syndrome (AIDS) was reported, it has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people¹ have been infected with the Human Immune-De-

1 UNAIDS, Report on the global AIDS epidemic, 2004

iciency Virus (HIV), of whom 20 million have died, leaving close to 40 million people living with HIV/AIDS by the end of 2004.

The HIV/AIDS epidemic poses a tremendous challenge to countries all over the world, both directly as a health issue and through the challenges it poses for development. Through its impact on health and productivity, as well as on the fabric of family and community life, it continues to be a substantial threat to the economic and social development of nations across the world.

While HIV infection rates continue to climb in many parts of Sub-Saharan Africa despite already alarmingly high levels of infection, the virus is spreading in all countries of the world, including some of the world's most populous countries such as China, India and Russia. In Latin America and the Caribbean the epidemic is well established, and in parts of Europe HIV/AIDS spreads faster than anywhere else in the world.

Meanwhile, the global response to HIV/AIDS has reached new dimensions with increased commitment and prioritisation. This is demonstrated by the groundbreaking Declaration of Commitment on HIV/AIDS unanimously adopted at the 2001 UN General Assembly Special Session (UNGASS) on HIV/AIDS. This Declaration is now the best accountability framework for national and global response to HIV/AIDS. There has also been a significant increase in resource mobilisation through e.g. the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, bilateral donors, the private sector and from governments in affected countries.

This new commitment demands careful analysis and strategic planning on the part of different actors involved. In this context UNAIDS plays a key role.

UNAIDS

Mission and overall goal

UNAIDS is a joint response to the HIV/AIDS pandemic by ten co-sponsoring organisations: ILO, UNICEF, UNDP, UNFPA, UNODC (formerly UNDCP), UNESCO, WHO, WFP, UNHCR and the World Bank.

The UNAIDS Secretariat is situated in Geneva. Regional and country representations are organised through Inter Country Teams (ICTs) and UNAIDS Country Co-ordinators (UCCs)². The role of the UNAIDS secretariat is to catalyse, strengthen and co-ordinate the unique expertise, resources and networks of influence that each of the ten co-sponsoring organisations offer. Working together through UNAIDS, the co-sponsors expand their outreach through strategic alliances and activities with other actors and stakeholders.

The mandate of UNAIDS is to be the main advocate for global action on the epidemic, to lead, strengthen and support an expanded response aimed at preventing transmission of HIV, providing care and support, reducing vulnerability of individuals and communities to HIV/AIDS and to alleviate the impact of the epidemic. UNAIDS will work at global, regional and national level with leadership and advocacy for effective action, strategic information required to guide the efforts of partners, monitoring the epidemic and the response, civil society engagement and partnership development, and financial, technical and political resource mobilisation and tracking.

History of UNAIDS

The Special Programme on AIDS (SPA) was established in 1986 and expanded into the Global Programme on AIDS (GPA) in 1987. Both the SPA and the GPA were programmes within the World Health Organisation (WHO) which had the main responsibility for AIDS within the UN. In fact, the GPA was the largest WHO programme when UNAIDS was established.

The GPA worked with countries to set-up national AIDS programmes. But by the mid-1990s, it became clear that the relentless spread of HIV and the devastating impact of the epidemic on all aspects of human lives, as well as on social and economic development, were creating an emergency that would require a greatly expanded UN effort. In 1996 the UN took an innovative approach, gathering six organisations into a joint co-sponsored programme – the Joint UN Programme on HIV/AIDS

2 In this document when we use the term UNAIDS, we include the Secretariat and the co-sponsors.

(UNAIDS). The six original co-sponsors of the Programme, UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank, were later joined by UNDCP (1999), ILO (2001), WFP (2003) and UNHCR (2004).

UNAIDS was created by resolution 1994/24 of the Economic and Social Council (ECOSOC), in order to provide a co-ordinated international response to the HIV/AIDS epidemic, global leadership as well as to achieve and promote global consensus on policy and programming in the fight against HIV/AIDS. The resolution established the mandate and the institutional framework of UNAIDS with a global structure of six co-sponsors working through a Committee of Co-sponsoring Organisations (CCO).

ECOSOC identified the UN Theme Group (UNTG) on HIV/AIDS as the principal country-level structure embodying the Programme. It was encouraged as a means to mobilise the UN response and to promote consistency with UN instruments such as the Common Country Assessments (CCA) and the UN Development Assistance Framework (UNDAF). These are key elements of the reform of the UN operational activities launched by the Secretary General in 1997.

With the establishment of UNAIDS and the UNTG on HIV/AIDS, institutional structures for co-operation among UN agencies, the stage was set for a joint UN action at country level.

Tasks of the co-sponsors

The co-sponsoring organisations have different areas of responsibility within the framework of UNAIDS:

- | | |
|--------|--|
| ILO | HIV/AIDS within the world of work and work place policies has produced a code of practice on HIV/AIDS and the world of work, 2001. Its tripartite membership in 177 member states promotes mobilisation of governments, employers and workers against HIV/AIDS. Frames international standards to protect the rights of workers. |
| UNICEF | Children and youth in relation to HIV/AIDS, especially youth health, AIDS education and communication; assistance to children, orphans and families affected by HIV/AIDS; prevention of mother-to-child transmission. |

UNDP	Advocacy for mainstreaming of HIV/AIDS issues into national policies and processes; national capacity building; engagement and development of the capacity of key leaders from government, civil society and the private sector; strengthening of the Resident Co-ordinator system and UN Country Teams/UN Theme Groups on HIV/AIDS.
UNFPA	Prevention of HIV infection among young people by promoting reproductive health rights and safe sexual behaviour. Support to the provision of “youth friendly” reproductive health information, education, skills and services with a special focus on maternal health services.
UNODC	Support to governments to develop a comprehensive approach to prevention and care to reduce the risks of infection related to drug use. Enhance the rights of prisoners to receive proper health care.
UNESCO	To reduce risk behaviour and vulnerability by promoting education programmes, formal and non-formal. Work to integrate knowledge, attitude and skills to provide care for the infected and affected in education programmes.
WFP	Provision of food aid to vulnerable people, particularly women and children and people living with HIV/AIDS, in emergencies. Food assistance to support livelihood diversification activities and enhance food security at household level. Home-based care programmes including food component.
WHO	Treatment, care, prevention and surveillance of HIV and other Sexually Transmitted Infections (STIs); technical guidance/advocacy for best practices; develop health standards and policies; ensure safe blood supplies. Support to research on new technologies and interventions.
World Bank	Advocacy for political commitment and multisectorial reforms to help reduce the spread of HIV; important

financial contributions. Support to civil society to develop tools for HIV/AIDS work. Providing strategic analysis, policy advice and technical expertise in support of UNAIDS. Houses the Global HIV/AIDS Monitoring and Evaluation Team. Trustee for the Global Fund to fight Aids, Tuberculosis and Malaria.

UNHCR Ensuring HIV prevention efforts to refugees and advocates the integration of refugees in policies and programmes of host countries.

The UNAIDS secretariat

The UNAIDS secretariat in Geneva is headed by an Executive Director at the level of under Secretary General. There is also an office in Copenhagen for Security and Humanitarian Response. The Secretariat leads, builds commitments and co-ordinates actions by the co-sponsors and other UN bodies. In addition, it undertakes normative work on HIV/AIDS, including policy and strategy guidance. UNAIDS also plays a key role in the management and dissemination of knowledge and information and manages issues that are not taken care of by the co-sponsors, for example prostitutes and men who have sex with men. In addition, the Secretariat has played an important role in the fight to reduce the prices of Antiretroviral drugs (ARV).

The UNAIDS Secretariat is represented in over 60 countries and works with and on behalf of its ten co-sponsors.

The Declaration of Commitment on HIV/AIDS

In June 2001, the UN General Assembly Special Session (UNGASS) on HIV/AIDS was held in New York with the participation of Heads of States and Representatives of 189 Governments. The Declaration of Commitment on HIV/AIDS was endorsed. This is a global framework to guide and secure action, commitment, support and resources for all those fighting the epidemic, governments as well as other national and international actors.

The key elements of the Declaration are:

- Leadership at all levels of society for an effective response, including civil society, the business community and the private sector
- Prevention as the mainstay of response
- Care, support and treatment as fundamental elements in the response
- A human rights approach to HIV/AIDS
- Reducing vulnerability, including empowerment of women
- Children orphaned and made vulnerable by HIV/AIDS
- Alleviating social and economic impact
- Research and development
- HIV/AIDS in conflict and disaster-affected regions
- New additional and sustained resource mobilisation
- Follow up.

Indicators have been developed by the UNAIDS and other stakeholders to track progress on all the key elements of the Declaration. The UN Secretary General reports annually to the General Assembly on progress made in relation to the Declaration.

The Millennium Development Goals

The MDGs, arising from the UN Millennium Summit of September 2000, include a commitment to halt and begin to reverse the global spread of AIDS by 2015 (goal number 6). The MDGs include the following goals, among others: to halve global poverty; ensure primary-school education for all; promote gender equalities and empower women; and reduce child mortality while improving maternal health. All these goals contribute to the fight against HIV/AIDS.

Global Strategy Framework and UN System Strategic Plan

In 2001 the UNAIDS Secretariat and the co-sponsors provided a common platform of action against HIV/AIDS by developing the UNAIDS Global Strategy Framework, and for UN specifically the UN System Strategic Plan for 2001–2005. Twenty non-co-sponsoring UN organisations contributed to this plan. The consensus built around these documents through a wide consultation process should ensure maximum ownership and facilitate putting them into action.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was established in 2002 and a secretariat was set up in Geneva the same year. GFATM is a financing mechanism which is independent of the UN system. Its purpose is to generate additional resources for developing countries to fight HIV/AIDS, Tuberculosis and Malaria. As of December 2004 GFATM had received pledges of more than US\$ 1.5 billion and contribution close to US\$1.4 billion. During 2004, GFATM signed agreements for a total of close to US\$ 2 billions.

A Memorandum of Understanding (MoU) was signed and approved by UNAIDS and GFATM in 2003. The purpose was to formalise the collaborative and complementary relationship between the Secretariat and the GFATM. The MoU specifies i.a. that the Secretariat is to be a key provider of strategic leadership, knowledge, policy advice and technical expertise on HIV/AIDS to support the GFATM in all operations.

The Three Ones

The creation of the GFATM, as well as other global initiatives has created a greater demand for co-ordination, monitoring and evaluation at country level. UNAIDS has an important role to support governments in this respect. An essential initiative developed by UNAIDS is the Three Ones concept: *one* agreed HIV/AIDS action framework, *one* national AIDS co-ordinating authority, and *one* agreed country level monitoring and evaluation system.

Governance and management

Global level

UNAIDS is made up of the Programme Co-ordinating Board (PCB), the Committee of Co-sponsoring Organisations (CCO) and the Secretariat.

The CCO was the first building block of UNAIDS. It was designed to be the central partnership forum with a role to review co-sponsor activities and report to the PCB. The CCO and the Secretariat meet twice a year, once with the focal points of the co-sponsoring organisations and once with the heads of the co-sponsoring organisations.

UNAIDS is governed by the PCB, which is composed of representatives of 22 governments from all regions of the world, representatives of the ten co-sponsors and five representatives of non-governmental organisations, including associations of people living with HIV/AIDS. The PCB holds a regular session once a year in Geneva and additional sessions, if so decided by a majority of the PCB members.

Together with Switzerland, Austria and Iceland, Sweden is member of a constituency group to the PCB. The lead country of the constituency group acts as the spokesman. This position rotates every three years. Sweden represented the group in 2000–2002.

Regional level

Inter Country Teams (ICT) are based in Abidjan, Pretoria, Bangkok, Port of Spain and Cairo. Some UNAIDS Country Co-ordinators (UCCs) have responsibility for more than one country, and some regional teams are responsible for countries where there are no UCCs.

Country level

A UNAIDS Secretariat at country level is typically composed of an UCC, a programme officer and a limited number of local staff. The UCC facilitates the co-ordination within the UN system and between the UN agencies and national and international partners.

UNAIDS was designed to build on wider efforts towards UN reform through the UN Theme Groups (UNTGs) on HIV/AIDS. As mentioned earlier, UNTG is the mechanism for enhancing UN co-ordination at country level. UNTGs are expected to assist countries in expanding their

HIV/AIDS responses to include multiple governmental sectors and a wide range of civil society actors. There is no single model for the UNTG and many variations have developed depending on the level of involvement of other UN agencies, the government, bilateral donors, NGOs and the private sector.

Programme focus

UNAIDS has identified three priority areas for the Programme. They are: 1) increasing awareness and commitment; 2) expanding capacity and knowledge and 3) co-ordination and better use of resources.

The capacity building at country level is aimed at enhancing the national capacity to overcome stigma and discrimination; develop national HIV/AIDS strategies; create new spaces for dialogue; encourage increased national resource mobilisation; strengthen a multisectorial response; as well as support monitoring and evaluation activities.

UNAIDS works for greater involvement of people living with HIV/AIDS. Priority is given to social mobilisation and collaboration between various sectors of society in the struggle against HIV/AIDS.

Evaluation of UNAIDS

An external evaluation of the first five years of UNAIDS was finalised in 2002. The conclusion of the evaluation was that the most successful role of the Secretariat is that of advocacy and leadership at the global level. Data collection and dissemination are other examples where the Secretariat has been successful. On the other hand, UNAIDS was criticised for its weak structure at country level. Consequently, the influence of UNAIDS was considered stronger at the global level than at the country level.

In its response to the evaluation the Secretariat proposed an action plan consisting of 29 action points that were adopted by the PCB in June 2003. The action points can be divided into the following five categories where the performance and functions of UNAIDS is to be improved at global, regional and national level:

- Leadership and advocacy for effective action
- Strategic information to guide the efforts of partners

- Monitoring and evaluation of the epidemic and the response
- Civil society and engagement and partnership development
- Financial, technical and political resource mobilisation and tracking.

Resources

Financial resources

Global HIV/AIDS spending in low- and middle-income countries has increased from less than US\$ 300 million in 1996 to an estimated US\$ 6.1 billion in 2004.

In 2002, the UN System provided US\$ 245 million in direct support to HIV/AIDS programmes at country level. This made UN the third largest external source of programmable funding for HIV/AIDS interventions, after the Multi-country HIV/AIDS Programme of the World Bank and bilateral funding from the UK and the USA.

At the request of developing countries UNAIDS initially set aside Special Programme Development Funds (SPDF) at country level. This was in order to maintain core financial support to national AIDS programmes after the demise of the GPA. This direct financial support was eventually phased out and replaced by a more strategic funding modality. A revised modality, referred to as Programme Acceleration Funds (PAFs) was introduced for the 2000–2001 biennium. PAF for 2004/05 has been revised in response to new demands and new environment. Three major changes have been made: first, PAF monies have been divided into three distinct parts to meet different needs; second, more authority has been delegated to countries to increase efficiency; and third, there is now enhanced emphasis on reporting and accountability. PAF is mainly a budget for co-sponsors to cover innovative and gap-filling activities at country level.

Following co-ordinated appeals by the Secretariat in 1998, the CCO asked the Secretariat and the co-sponsors to jointly develop a Unified Budget and Work plan (UBW) for the biennium 2000–2001. The budget was made up of 13 programme components divided among the co-sponsors, the Secretariat and an ‘interagency’ category. It also included re-

gional activities. The total budget amounted to US\$ 140 million for the biennium. The UBW set out activities and planned expenditure of the co-sponsors and UNDCP (at that time not a co-sponsor). Subsequently, a UBW was prepared for 2002–2003 with a budget of US\$ 190 million. UNAIDS works with biennial budgets. UNAIDS total budget per biennium, 1996 to 2005, is shown in the following figure:

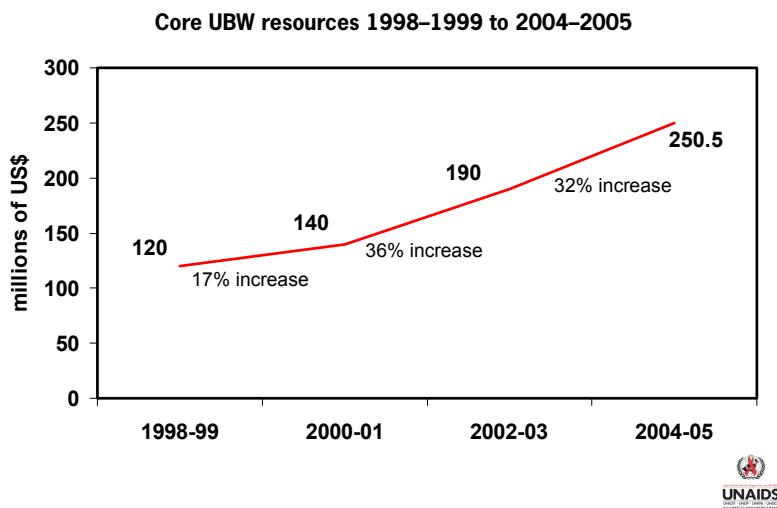


Fig 1. The budget increase of 36% from 2000/01 to 2002/03, was mainly for expanded activities at country level and co-sponsor activities at global and regional level. The proposed budget for the 2004–2005 biennium is US\$ 250.5 million. The increase of 32% is intended to cover an increase in the inter-agency budget for country level work.

The UBW includes a breakdown of expected results and resource needs of each co-sponsor, the Secretariat and interagency initiatives. The activities of each of these entities relate to their specific mandate and work areas. The UBW also includes agreed principles and processes to further harmonise the work of co-sponsors and the Secretariat, together with a framework for the monitoring and evaluation of the UBW.

Starting from the biennium 2004–2005, the UBW includes the following four components:

- Core budget for UNAIDS, which includes funding of the Secretariat, co-sponsoring organisations, and inter-agency activities. Donors are requested to give priority funding to the core budget.
- Additional core inter-agency budget, identifying additional resources required to implement fully the PCB decisions.
- Supplementary budgets of the co-sponsoring organisations that would be implemented once the funding of the core is ensured.
- Global and regional HIV/AIDS activities of each co-sponsoring organisation funded from their respective budgets.

Human resources

The UNAIDS Secretariat has 95 professional level staff and 56 general service staff at its headquarters in Geneva (November 2004). In addition, there are 59 people working under short term contracts and four Junior Professional Officers (JPO) at the Secretariat.

The UNAIDS country and regional offices have 110 professional level staff of whom approximately 14 are JPOs. In addition, there are 24 National Professional Officers.

UNAIDS has established a Global AIDS Monitoring and Evaluation Support Team housed at the World Bank. There is a unit with three staff members based in Copenhagen. UNAIDS also has a liaison office in New York with six staff members and an office in Washington D.C. with two staff members.

Sweden and UNAIDS

Sweden was instrumental in the creation and development of UNAIDS and has remained a strong supporter of UNAIDS as the lead advocate in the fight against HIV/AIDS. Sweden has seen UNAIDS as an example of UN reform in practice in its efforts to maximise co-ordination among various UN agencies. UNAIDS and the establishment of the PCB was in line with the recommendations of the Nordic UN Project (1990).

After the finalisation of the Swedish HIV/AIDS strategy, “Investing for Future Generations” in 1999, the Swedish response to HIV/AIDS increased both in terms of financial contributions to UNAIDS and to HIV/AIDS activities in general.

The Swedish support to UNAIDS has developed year by year as follows:

Year	MSEK
2001	45
2002	72
2003	60
2004	125

Sweden has taken an active role at the PCB and has also been instrumental in the increased Nordic collaboration. The Nordic countries deliver common Nordic statements at the PCB and hold joint consultations with the senior management of UNAIDS. Sweden also holds regular bilateral consultations with the Secretariat. The Foreign Ministry and Sida work closely together and are actively involved in this work.

Assessment

This chapter contains an assessment by Sweden on UNAIDS, and its strengths and weaknesses.

Background

The ECOSOC resolution by which UNAIDS was created did not clearly define its role, mandate and functions. This has created complications which affect the performance of UNAIDS. It has also added to the confusion about what UNAIDS is. Sometimes UNAIDS is perceived as the Secretariat and its representatives at country level, other times UNAIDS includes the co-sponsors as well.

UNAIDS will celebrate its tenth anniversary in 2006. There have been major challenges for the Programme over these years, but UNAIDS has adapted well to the rapidly changing environment and is gradually finding a more efficient structure. The implementation of the 29 action points in response to the external evaluation are starting to show some results.

With the creation of UNAIDS the HIV/AIDS programme of the WHO nearly collapsed. In 2001 however, WHO increased its HIV/AIDS efforts with the establishment of a HIV/AIDS programme with approximately 40 staff members. WHO has now fully taken on its mandate in relation to treatment and care.

As a joint UN programme UNAIDS is a prominent example of UN agencies working together in a coherent manner. This requires enhanced coherence and active response by the co-sponsors of UNAIDS as well as increased accountability and collaboration within the UN Country Teams. This is in line with the concepts of the UN reform and the idea of UNDAF.

Comparative advantages

The UNAIDS Secretariat, with its Executive Director, and the ten co-sponsors, is undoubtedly perceived as the leading advocate and knowl-

edge base for HIV/AIDS globally, regionally and at country level. As a direct result of strong advocacy and lobbying, the Secretariat has played a key role in achieving political endorsement by governments, development agencies and civil society. Both the Global Strategy Framework and the UNGASS Declaration are testimony to that. Another important result is the successful global resource mobilisation which reflects an increased commitment to the fight against HIV/AIDS through UNAIDS.

The relatively limited size of the Secretariat and the fact that it is not mandated to be operational makes it more flexible and adaptive to the ever-changing environment. This is absolutely necessary in the area of HIV/AIDS. An important challenge is that more organisations want to join as co-sponsors. The co-ordination capacity of the Secretariat is however already overstretched and not yet sufficient to take on additional co-sponsors.

At country level the UNAIDS Secretariat has the advantage of being able to focus on joint programming and collaboration among UN organisations. However, a challenge lies in the ability to obtain political recognition for UNAIDS at the country level where the roles of UNAIDS co-sponsors and of the UNAIDS secretariat are often confused and poorly understood.

The fight against HIV/AIDS requires involvement of all sectors of society. The Secretariat has mustered important partnerships with the private sector and the civil society, including People Living with HIV/AIDS, at all levels. It has played an important role in the advocacy and partnership building of antiretroviral treatment. UNAIDS also has the comparative advantage of being able to act as a broker within the UN system and between the UN family and governments.

A constant challenge to UNAIDS is that it must simultaneously focus on the acute emergency and the long-term development threat by combining an urgent humanitarian response with efforts to mitigate the long term development impact of AIDS.

Organisational capacity

Global level

The Secretariat

Previously policy formulation at the technical level was led by the UNAIDS secretariat. However, this task has now largely been transferred to the co-sponsoring agencies. The “new” role of the Secretariat is more related to co-ordination, planning, strategic analysis and communication. There is still a need for the Secretariat to pursue policy formulation on a political level and integrate it into the development agenda.

The Committee of Co-sponsoring Organisations

The CCO has previously served as a forum for policy co-ordination and a testing ground for proposals put forward by the Secretariat before these are taken and presented to the PCB.

The Secretariat has made efforts to improve the links between the Secretariat and the co-sponsors as well as with the board of directors/management committees. There are signs of progress. **Joint ownership** has developed slowly at the global level and is becoming more effective. The Focal Points of the co-sponsors of UNAIDS are now more senior staff members and increased recognition is given to UNAIDS. Annual meetings of the heads of co-sponsoring organizations are organized.

Regular rotation of chairpersons has been helpful in enhancing the ownership of UNAIDS among the co-sponsoring organisations. In addition, it has led to empowering of the chairing organisation.

Governance of UNAIDS

The Programme Co-ordinating Board (PCB) was established to exercise a governance role in relation to UNAIDS as a whole. In practice, however, the role of PCB has in the past been largely limited to overseeing the activities included in the budget and work plan of the Secretariat with limited possibilities to analyse the activities performed by the co-sponsors. This has gradually changed and efforts are made to transform the PCB into more of a decision-making body, and establish the PCB as the prime global HIV/AIDS policy forum. This is a very positive development.

An improved reporting system on country level activities was approved by the PCB in 2002. This will give the PCB a better possibility to analyse the joint programme.

The PCB has no formal authority over the co-sponsoring organisations and their boards, and there is no frequent formal communication. The boards of the co-sponsors do not systematically discuss the PCB recommendations and rarely adopt resolutions passed by the PCB. While PCB guidance eventually reaches co-sponsor boards through indirect channels, these matters are often surpassed by other priorities more closely related to the mandates of the co-sponsors. The links between PCB and the board of the co-sponsoring organisations need to be strengthened.

Regional level

UNAIDS has correctly focused more on building strong country secretariats than on establishing a regional presence. It is important for UNAIDS to have a regional structure to inter alia collaborate with other regional entities. There is a need for UNAIDS to further develop a strategic approach to its regional role and the establishment of Regional Support Teams is a positive step.

Country level

UNAIDS Country Co-ordinators (UCCs) are not present in all the relevant countries and the country secretariats have remained small. Certain flexibility is required however, so that representations can be adapted to the severity of the epidemic as well as to the socio-economic situation and size of the country.

UNAIDS shall continue to focus its work on support to national HIV/AIDS structures, strategies, priorities and policies at country level.

Through the establishment of Expanded Theme Groups the UCC has increased the collaboration between the co-sponsors and other UN organisations, as well as between other actors working with HIV/AIDS.

National ownership and participation are key components in translating strategies into action. Where there has been local ownership and local determination in responding to HIV/AIDS, impressive results have followed. UNAIDS is playing an important role in supporting governments

in strengthening national ownership. The UN Theme Groups on HIV/AIDS have advocated for and provided support to national AIDS councils in order to strengthen national leadership and co-ordination.

The UN Theme Groups have also been instrumental in assisting countries to develop multisectorial plans and integrate HIV/AIDS into mainstream development planning instruments, such as UNDAFs, PRSPs, and bilateral development assistance strategies.

UNAIDS represents one of the most successful efforts by the UN of a joint programme. Yet at country level, practical expression through Integrated Work Plans have not been successful. The absence of real progress towards joint programming is notable. This is not unique to UNAIDS but a general problem of the UN system.

The co-sponsors

UNAIDS Secretariat has been instrumental in motivating and engaging the co-sponsoring organisations. The co-sponsors of UNAIDS have significantly reinforced HIV/AIDS within their own work programmes. Co-sponsoring organisations include HIV/AIDS as a corporate priority in its own right, with dedicated staff, strategies, targets and indicators integrated into strategic plans.

A number of UNAIDS policy and operational guidelines are a result of the efforts of the Secretariat and the co-sponsors. Examples are the education strategy led by UNESCO, guidelines on HIV treatment in resource limited settings developed by WHO, case studies from three continents on scaling-up young peoples HIV prevention by UNFPA, benchmark global data on orphans and young people developed under the leadership of UNICEF, and the increasing use of the ILO code of practice on HIV/AIDS and the world of work. This is an excellent example of how UNAIDS as a joint program stimulates and builds on the competence of the co-sponsoring organisations.

Coordination and co-operation have improved gradually over the years. The UBW has been an important instrument in strengthening the co-ordination among co-sponsors.

Programme development

UNAIDS has given high priority to support countries in developing national HIV/AIDS strategic plans. These have been achieved or are under way in 94 countries. The planning follows a process designed to bring together actors from government, civil society, populations at risk of infection and private sector.

The integration of HIV/AIDS into development instruments and processes such as Poverty Reduction Strategies, Sector Wide Approaches and Highly Indebted Poor Countries (HIPC)s Initiative is still uneven. AIDS initiatives are often confined to health sector planning. Integration into other sectors of government is urgently needed. UNAIDS should therefore increase its efforts to have HIV/AIDS responses included in these processes.

Strategic alliances and partnerships

Global initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Clinton Foundation, the Bill and Melinda Gates Foundation, the International AIDS Vaccine Initiative (IAVI), the Multi-country HIV/AIDS Programme of the World Bank and the US President's Emergency Plan for AIDS relief (PEPFAR), have changed the environment within which the Secretariat functions and created an increased demand on participation and contribution from the Secretariat. It is important that the Secretariat has resources to meet this demand. The Global Fund is an independent entity from the UN system, but the Secretariat has played a vital role in providing support services to the Global Fund and will continue to do so. UNAIDS has devoted significant resources and provided invaluable support to countries seeking to access funds and implement HIV/AIDS programmes. Furthermore, UNAIDS has been at the forefront in integrating and co-ordinating activities with the civil society.

Financial resources

The UNAIDS Secretariat has successfully managed to obtain 100% funding for its United Budget and Workplan.

Programme Acceleration Funds (PAF) were originally supposed to be used for specific purposes of the organisation. However, these funds have primarily been used to fill gaps or for sensitive areas of work. PAF have not really fulfilled the criteria of being a strategic funding source and have often ended up funding regular activities of the co-sponsors. Besides PAF, UNAIDS has limited amounts of funds available at the country level. PAFs are needed in order to carry out innovative catalytic initiatives and can also contribute to strengthening the collaboration between the UCC and the co-sponsoring organisation. However, PAF should not be a major mechanism for programme or project implementation at country level.

Sweden fully supports the “Three Ones” initiative in promoting national AIDS plans as a common framework within which all external assistance should be co-ordinated. This is even more important today with the perspective of an increase of funds for HIV/AIDS programmes.

The UBW has previously only dealt with global and regional HIV/AIDS activities, but the new UBW for the biennium 2004–2005 is showing co-sponsor country spending, which makes it easier to analyse and assess the entire joint programme.

Proposal: Towards a Strengthened Partnership with UNAIDS

Motives for Swedish support

The Epidemic and its implications

HIV/AIDS is unravelling the social fabric in the worst affected nations and presents a major threat to development. Its impact on health and family and community life continues to pose a substantial threat to the economic and social development of nations around the world.

The problem of HIV/AIDS is highlighted in the Millennium Development Declaration, the Declaration of Commitment on HIV/AIDS from the UN General Assembly Special Session on HIV/AIDS, and declarations adopted at major international conferences. The MDGs can not be achieved if the HIV/AIDS pandemic is not halted and reversed.

Swedish Policy

The Policy for Global Development³ passed by the Swedish Parliament in December 2003 establishes that its overarching goal is to contribute to an equitable and sustainable global development. Two perspectives are to permeate all parts of the policy: a rights perspective based on international human rights conventions; and the perspective of the poor. This Policy for Global Development also sets a new goal for Sweden's development co-operation: to contribute to an environment supportive of poor people's own efforts to improve their quality of life.

The policy states that the spread of HIV/AIDS is one of the greatest threats to development in our time. The Government of Sweden has further identified HIV/AIDS as one of four priority areas in its Budget Bills for 2004 and 2005. Sida has declared HIV/AIDS as one of its three strategic priority areas for the period 2005–2007.

3 Gov. Bill 2002/03:122

Multilateral development co-operation is an increasingly vital part of Sweden's Official Development Assistance (ODA). The strong support given to UNAIDS is in line with Sweden's policy of promoting a strong UN and is based on the view that the UN system has a key role to play in the fight against HIV/AIDS. The fact that the UN system belongs to the countries themselves, places the UN in a unique position to assist countries in strengthening their response to HIV/AIDS. This is done primarily through advocacy, normative work and direct support.

Sweden stands firm in the commitments undertaken at the International Conference on Population and Development in Cairo in 1994 and at the Conference on Women in Beijing in 1995.

The Swedish strategy for HIV/AIDS "Investing for Future Generations", establishes four strategic objectives:

- Enabling people to protect themselves against HIV infection (HIV prevention)
- Encouraging greater political commitment to HIV prevention programmes (political commitment)
- Enabling people infected and affected by HIV/AIDS to pursue their lives with quality and dignity (care and support)
- Developing coping strategies to alleviate long-term effects (coping strategies)

The strategy describes how the Swedish government will contribute to the attainment of each one of these goals. It also highlights the relationship between the spread of HIV and AIDS on one hand and poverty, gender inequality, human rights and sustainable development on the other.

The mandate, principles and priorities of UNAIDS are consistent with the objectives of Swedish development co-operation and more specifically with the Swedish HIV/AIDS strategy "Investing for Future Generations", Sida's Poverty strategy "Perspectives of Poverty", and Sida's health policy "Health is Wealth". Sweden recognises that UNAIDS has

a key role in mobilising a coherent and co-ordinated UN response to the epidemic. UNAIDS can in fact be seen as a successful example of UN reform in practice.

Objectives

From the Swedish viewpoint, the overall objective of the development co-operation activities of the United Nations system is:

to support Member States in their efforts to achieve the Millennium Development Goals and to realise commitments made in relation to international human rights treaties and at major international conferences.

The objective of the Swedish support to UNAIDS 2005–2008 is to:

further strengthen the Joint UN Programme on HIV/AIDS (UNAIDS) as an innovative venture in the UN system for the mobilisation of adequate and effective response to the realisation of the 2001 UN Declaration of Commitment on HIV/AIDS.

Through its partnership with UNAIDS, Sweden intends to take full advantage of the competence and expertise of UNAIDS to scale up its response to HIV/AIDS.

Swedish positions

The Swedish positions presented below are based on the assessment made of UNAIDS strengths and weaknesses. The positions refer to a selected number of development-related issues on which Sweden has taken firm stand.

UNAIDS and the UN system

Through its Secretariat and co-sponsors UNAIDS is in a unique position to ensure that the response to HIV/AIDS is multisectorial in nature and that a balance between prevention, treatment, care and mitigation is established and maintained. This is a role for the UNAIDS Secretariat not

only vis-à-vis the co-sponsors but also in relation to the UN system as a whole, and in interaction with other actors such as national governments, NGOs and global initiatives.

The co-sponsoring organisations have increased their response to HIV/AIDS over the last years. This development is welcome but more efforts are needed by them and by the UN system as a whole.

The present co-sponsors represent a large part of the co-ordinated UN response to HIV/AIDS, but the rest of the UN system must also be increasingly engaged. The coordinating mechanisms between UNAIDS and other parts of the UN need to be further developed, and stronger mechanisms than the present Memorandums of Understanding are needed.

The structure of the Programme with co-sponsors and a secretariat is complex. Also for the co-sponsors themselves it is difficult to fully grasp the implications of this structure. The fact that the Secretariat sometimes is seen as separate UN organisation contributes to the difficulties for the Secretariat to assume a co-ordinating role.

The Resident Co-ordinator System is the lynchpin of field co-ordination, and shall continue to serve as the foundation of the UN system response to HIV/AIDS at country level. Resident Co-ordinators need to further prioritise HIV/AIDS in their co-ordination role. The Secretariat and the UCCs should monitor this in a systematic way.

Sweden shall:

- promote an increased integration of the work of the UN system in the fight against HIV/AIDS.
- support early and full financing of the UBW as approved by the PCB, first and foremost for its core components but also for the supplemental parts at global and country-levels under the immediate responsibility of co-sponsors.

Co-ordination and harmonisation

Today, many countries face enormous challenges in responding to HIV/AIDS. The dramatic increase in financial resources for HIV/AIDS, in

particular in scaling up treatment, presents an unprecedented opportunity. At the same time countries face a challenge of co-ordinating the various actors within the framework of national strategies and maintaining strong national leadership and ownership.

The UN system has a particularly important role and a responsibility in supporting countries in this respect. The Three Ones concept developed by UNAIDS; 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 and one agreed country level monitoring and evaluation system, is a way to support national co-ordination and should be encouraged. The challenge now is to implement this concept at the country level.

The UN Theme Groups on HIV/AIDS shall be the forum to plan, manage and monitor a co-ordinated UN response at country level. While there is need to expand the UNTG to include other actors working in the field of HIV/AIDS, it must always be clear that the overall responsibility for co-ordination lies with the host government and that the role of UNAIDS is to support governments to assume this responsibility.

The primary role of the UNAIDS Country Co-ordinator (UCC) is to facilitate and support a joint UN response at country level. From a strong UN platform the UCC shall strive to strengthen the links between the UN system, governments, bilateral agencies, civil society and people living with HIV/AIDS. The UCC shall also support effective management and use of resources.

The UCC shall continue to operate within the Resident Co-ordinator system to support the work of the UN country team. The UN country team shall use key UN system development instruments, such as the CCA and the UNDAF, to ensure that its support on HIV/AIDS is strategic, effective and focused on meeting UNGASS and MDGs.

Sweden shall:

- support UNAIDS, inter alia through the UN Theme Group, and within the framework of the Resident Co-ordinator system, in its

role to strengthen co-ordination and harmonisation at country level, ensuring national leadership and ownership.

- in partnership with UNAIDS, actively promote “the three ones principle”, at all levels and for all partners, including Sweden as a bilateral partner; recognising the role of UNAIDS in monitoring and evaluation of the epidemic and the response.

Capacity strengthening, technical support and normative role

An important component of the UN System’s support to countries is through capacity strengthening and technical support. This will be strengthened through the establishment of four regional technical resource facilities.

With its Secretariat and co-sponsors, UNAIDS also has a normative role which includes:

- monitoring the development of the epidemic, including epidemiological surveillance;
- analysing country and context specific developments, particularly for certain groups and populations at higher risk of infection;
- tracking of resources;
- setting standards for the respective areas of responsibility of the co-sponsors;
- developing and disseminating best practices;
- identifying emerging policy issues and providing input into relevant policy processes; one example is the issue of budget ceilings linked to increased resources for HIV/AIDS.

This normative role of the UN system is important. It is a role that cannot be taken over by other actors, such as bilateral donors or global initiatives. It is sometimes challenged and not always recognised and needs to be continuously defended. This normative function of the UN is of particular importance to countries with limited resources to develop their own stand-

ards and norms. They need to be able to rely on a neutral body which they are in a position to influence. Such an example is WHO's prequalification project of medicines.

The dissemination of knowledge, norms, standards and best practices to all relevant actors needs to be further strengthened. UNAIDS is an important partner for the global initiatives in this field.

Sweden shall:

- make use of strategic information, technical guidance, policy formulation and best practices provided by UNAIDS in Swedish development co-operation;
- recognise and further strengthen the normative role of the co-sponsors within their respective mandates;
- encourage that UNAIDS continues to work with the whole chain of interventions; prevention, treatment and care, and impact mitigation, with prevention as the mainstay of the response.

Advocacy and leadership

Advocacy and leadership are other key roles of UNAIDS. In particular the Secretariat, shall continue to be a strong global advocate in order to influence the international agenda. Global advocacy is recognised as a one of the most successful activities of the UNAIDS Secretariat. The co-sponsors must take the lead in relation to their respective mandates.

UNAIDS works for a multisectorial response to HIV/AIDS including the whole chain of interventions: prevention, treatment and care, and impact mitigation.

Sweden shall:

- recognise and support the leadership role of UNAIDS in advocacy and the provision of strategic information on the epidemic and its impact;
- support UNAIDS politically and financially as a lead advocate for an increased effective global response to the HIV/AIDS pandemic;

- encourage UNAIDS to further deepen and expand its role in mobilising public, private and non-governmental support for a more effective multisectorial response;
- support UNAIDS advocacy role at country level for an enhanced national response in accordance with the Declaration of Commitment;
- support UNAIDS in its efforts to ensure a multisectorial response to HIV/AIDS.

Important issues

An important area for advocacy is the particular challenges that face women. AIDS intensifies the feminisation of poverty. Girls and young women are twice as likely to be HIV infected as young men with up to six times the infection rate of their male peers in part of the sub Saharan region. Gender dynamics, such as power structures between men and women, play a pivotal role in driving the epidemic. Women remain to large extent dependent on male co-operation to protect themselves from infection. Gender based violence is also a contributing factor to HIV infections. Sweden encourages UNAIDS and the co-sponsors to be more open about these facts and highlight gender equality, sexuality and sexual behaviour, and welcomes the establishment of The Global Coalition of Women and AIDS.

There are close links between HIV/AIDS and the broader Sexual and Reproductive Health and Rights (SRHR) agenda. Today, when many of the important recommendations from the Cairo International Conference on Population and Development (ICPD) in 1994 and the Beijing Declaration and Platform of Action of 1995 are under attack, it is important that these links are recognised and strengthened. UNAIDS has a vital role in supporting the implementation of decisions taken at these conferences.

Safeguarding human rights and fundamental freedoms is key to the fight against HIV/AIDS.

Sweden shall:

- in partnership with UNAIDS, assist countries to realise the commitments made at international conferences in particular ICPD 1994,

Beijing 1995, The UN Millennium Summit of 2000, and the Declaration of Commitment on HIV/AIDS of 2001;

- stress the importance that analysis and interventions of UNAIDS address underlying gender inequalities and societal norms affecting both causes and consequences of HIV/AIDS;
- encourage and work with UNAIDS to further strengthen issues of rights, such as the right to participation and non-discrimination of people living with HIV/AIDS, property and inheritance rights, and in particular the links between HIV/AIDS and Sexual and Reproductive Health and Rights;
- promote a rights-based and gender-sensitive approach encouraging UNAIDS, in partnership with all stakeholders concerned, to further develop the involvement of people living with HIV/AIDS in all aspects of the response.

Governance of UNAIDS

Sweden encourages and supports the ongoing process of improving the functioning of the PCB, including discussions on introducing high-level meetings, a working group on governance, and the creations of closer links between the PCB and the boards of co-sponsoring organisations.

The PCB should be a forum for active discussion on all HIV/AIDS-related work of the UN. The PCB must therefore have clear links to the country programmes. Mechanisms for country reporting to the PCB must be further developed.

Sweden shall:

- work towards strengthening the effectiveness of the governance of UNAIDS at all levels, from ECOSOC to the PCB and the individual governing bodies of the co-sponsors, with a view to achieving coherence, consistency and complementarity in the governance of the multisectorial UN response to HIV/AIDS;
- support the development of a better reporting system from the co-sponsors and other parts of the UN system to the PCB;

- strengthen the dialogue with co-sponsors and other parts of the UN system, including Resident Co-ordinators and UCCs; discussions and decisions by the PCB shall be reported to the boards of the co-sponsors when HIV/AIDS issues are discussed;
- in the relevant governing bodies (GA, ECOSOC, PCB and boards of the co-sponsors) act in such a way as to promote a strong, coherent and co-ordinated UN contribution in the fight against the pandemic.

Organisational structure and management

UNAIDS needs to develop its regional structure. The Regional Inter Country Teams must continue to develop closer links to the regional offices of the co-sponsors and to regional initiatives.

Sweden shall:

- encourage UNAIDS to formulate a strategic regional approach.

Instruments

Sweden's ability to express well-founded opinions in terms of development issues, particularly in operational terms, depends to a high degree on the quality of input received from the field. Therefore, it will be necessary for Swedish embassies and other representations to be well informed about the work and performance of UNAIDS, including the co-sponsors, at the country level and to report regularly to the Ministry for Foreign Affairs and Sida. There is also a need for Swedish field representatives to understand the mandate and role of UNAIDS, and to be familiar with the Swedish policy vis a vis UNAIDS as expressed in this document.

Sweden shall initiate and maintain an active dialogue with the UNAIDS Secretariat and the co-sponsors. Sweden should promote donor co-ordination and look into the possibilities of joint consultations. Sweden intends to continue to give strong financial support to UNAIDS, but at the same time work towards better burden-sharing.

Sweden shall:

- strive towards increased co-ordination among bilateral donors and consider the possibility of future joint consultations with the UNAIDS secretariat;
- continue to be an active participant in the “Friends of UNAIDS” group in Geneva, and continue with annual consultations with the Nordic group;
- work for increased burden sharing among donors;
- continue to be an active participant in the PCB through the Nordic group and the constituency group;
- encourage embassy staff to maintain a dialogue with UNAIDS and the co-sponsors at country level;
- work towards, the UBW and its supplemental parts, as well as the UN Strategic Plan, provide a sound and comprehensive overview of the collective efforts of the UN system on HIV/AIDS.

Sweden is by tradition a strong supporter of the United Nations recognising the potential of the world organisation to serve the interests of smaller and less developed nations. A significant part of Sweden's international development co-operation is channelled through the United Nations funds, programmes and specialised agencies whose task it is to combat poverty and promote human development. In Sweden's view, the UN system has some definite comparative advantages in terms of supporting partner countries in their efforts to achieve the Millennium Development Goals and to realise the commitments they have made in human rights treaties and at mayor international conferences.

To ensure that Sweden has a coherent and co-ordinated Swedish policy approach the Government of Sweden has adopted a strategy framework for the Joint UN Programme on HIV/AIDS (UNAIDS), which will guide Sweden's support to and relations with this Programme for the next few years.



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