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OTHER MATTERS

The role of UNDP in combating the human immunodeficiency virus
infection (HIV) and AIDS

Report of the Administrator

SUMMARY

The present document is being presented to the Council at its special session in 1990 in order to: (a) update the Council on the HIV/AIDS global epidemic; (b) report on steps that have been taken, in collaboration with the World Health Organization (WHO), to assist in the struggle against HIV/AIDS; and (c) indicate future actions which it is envisaged that UNDP will undertake to assist in the HIV/AIDS global epidemic. The report is also presented at this time to the Governing Council based on the firm conviction that no complacency in this struggle can be permitted and that UNDP should further expand its activities in dealing with HIV/AIDS.

INTRODUCTION

1. The Administrator has reported to each session of the Governing Council of the United Nations Development Programme (UNDP) since 1987 on the subject of the disease known as acquired immunodeficiency syndrome (AIDS) and the human immunodeficiency virus infection (HIV) and its importance to development. Decisions on this subject have been taken by the Governing Council at its thirty-fourth session (decision 87/28 of 19 June 1987) and at its special session in February 1988 (decision 88/5 of 17 February 1988).

2. The global epidemic of HIV infection is in its infancy. Since the last written report to the Governing Council on the subject of HIV/AIDS in February 1988 (DP/1988/1 and Add.1), the number of AIDS cases, i.e., people in whom the disease has seriously progressed, has continued to increase. By 31 December 1989, a cumulative total of 203,599 cases of AIDS had been reported from 152 countries to WHO. Taking into account the effects of less than complete case detection and reporting, as well as reporting delay, the world-wide cumulative total of AIDS cases at the end of 1989 is thought to be closer to 600,000. WHO has estimated that by the end of 1991, this cumulative global total of AIDS cases could reach one million or more. It has been estimated that some six to eight million persons are infected with HIV as of the end of 1989. It is also estimated that over one third of those infected are women and that the gap between infection rates in women and men is narrowing rapidly in almost all areas. Over half of these individuals are thought to be in developing countries. In sub-Saharan Africa alone, around 600,000 children have been born to HIV-infected women. One third or more of these children will be HIV infected but all of them will have at least one infected parent.

3. While some advances have been made in the treatment of persons infected with AIDS, there is still no cure. Education for changes in lifestyle continues to be the key to prevention. This, therefore, involves not only an intensification of research, but also the mobilization of a multiplicity of disciplines and resources in dealing with the prevention of the spread of infection and disease. Effective means must be found to bring about the required behavioural changes within groups and communities. Virtually no country and no region of the world is free from the HIV/AIDS pandemic. Its geographical spread has reached countries that were previously unaffected or only slightly affected. Efforts have been undertaken to attempt to quantify the social, economic, cultural and political implications of the complex HIV/AIDS pandemic, all of which point to massive dislocations in many countries - possibly affecting the very fabric of society. The already known and potential implications of HIV/AIDS for UNDP call, therefore, for even greater efforts by UNDP to combat this massive problem.

I. UNDP RESPONSES TO DATE

4. UNDP has provided assistance at the country and intercountry levels, in response to the global epidemic and has also provided direct support to the WHO Global Strategy for the Prevention and Control of AIDS. A fundamental advance in strengthening this assistance was the creation of the "WHO/UNDP Alliance to Combat

AIDS" (the Alliance) signed by the Director-General of WHO and the Administrator on 29 March 1988. This unique undertaking seeks to ensure co-ordinated, complementary and harmonious actions to combat HIV/AIDS by combining the strength of WHO as international leader in health policy as well as in scientific and technical matters relating to health and of UNDP as a leader in socio-economic development. In addition, advantage is being taken of the strength of the UNDP field establishment and, in particular, the role of its Resident Representatives as United Nations Resident Co-ordinators. The principal importance of the Alliance, therefore, essentially deals with action at the country level, but it also makes provision for practical regional and global UNDP support to the WHO Global Programme on AIDS (GPA). In addition to its responsibilities under the Alliance, UNDP is a member of the GPA Management Committee; a member of the United Nations Steering Committee on AIDS (convened by the Under-Secretary-General for International Economic and Social Affairs) and serves as Convenor of its subsidiary body, the United Nations Standing Committee on AIDS; actively participates in the GPA Inter-Agency Advisory Group on AIDS; and, at the request of the Administrator, has played a prominent role in many countries in World AIDS Day (1 December). Within UNDP headquarters, a number of senior staff members serve as focal points on AIDS for their individual bureaux or divisions. The Administration has designated the Division for Global and Interregional Programmes to assist in co-ordinating this management arrangement. UNDP has also actively participated in several international forums on this subject, including such global meetings as the First International Conference on the Global Impact of AIDS (London, March 1988) and the International Conference on the Implications of AIDS for Mothers and Children (Paris, November 1989) as well as numerous national and regional conferences under the sponsorship of governmental and non-governmental organizations (NGOs).

5. Although the WHO/UNDP Alliance to Combat AIDS was officially proclaimed on 29 March 1988, on an informal basis collaboration between GPA and UNDP field offices had begun at an earlier stage in several countries. During the summer of 1988 and 1989, two workshops took place at WHO headquarters, specifically devoted to the implementation of the Alliance. Included in each of the two workshops were national AIDS Co-ordinators, WHO Country Representatives and UNDP Resident Representatives from some 30 countries who, working together, analysed the practical application of the Alliance in their countries, and mapped out country strategies for its implementation. From the point of view of participants in these two workshops, they were considered useful in ensuring better co-ordinated action at the country level and in assisting Governments in more effectively implementing national AIDS prevention and control activities.

6. Approximately eighteen months after the proclamation of the Alliance, a comprehensive questionnaire was sent in October 1989 to all UNDP field offices, not only to obtain an assessment on a country-by-country basis of the effectiveness of the Alliance and to obtain information about ongoing or planned HIV/AIDS related activities in country programmes, but also to obtain an analysis of the potential impact of HIV on social and economic development.

7. Responses to these questionnaires have been received from almost all field offices and while they have, in general, reported that the Alliance has been an effective instrument in combating HIV/AIDS, there have been variations in the degree to which UNDP has been involved in ensuring the integration of national AIDS plans into overall development policies and priorities at the country level, in resource mobilization, in supporting programme development and delivery, and in minimizing the impact of HIV/AIDS on social and economic development. In almost all countries, there have been established, sometimes with UNDP assistance, multisectoral national AIDS committees. Generally, UNDP field offices have actively participated in monitoring and evaluating short- and medium-term plans and there has been active participation and, in some cases, clear leadership by UNDP field offices in round-table meetings at the country level to mobilize resources and to help ensure donor co-ordination. The provisions in the Alliance which call for administrative support by UNDP to GPA have also generally worked well in all instances where such support has been required. In some countries which have until recently been unaffected or only slightly affected by HIV, it was reported that it was too early to make an assessment of the Alliance, but even in these countries there was considerable awareness of the potential impact of HIV/AIDS.

8. In an increasing number of countries, country programmes have included HIV/AIDS components as either self-standing UNDP projects or as a component of ongoing UNDP health or education programmes. In many others, according to responses to the questionnaire, there are ongoing or planned country indicative planning figure (IPF) inputs to short- and medium-term plans for national HIV/AIDS control. According to information from WHO based on pledges by UNDP at the country level, during the course of in-country resource mobilization meetings during the period 1987-1989, UNDP has committed over \$10.8 million either through the WHO Trust Fund or directly to the following countries: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Ethiopia, Gambia, Ghana, Guinea-Bissau, Jamaica, Kenya, Lesotho, Liberia, Malawi, Mauritius, Mozambique, Rwanda, Senegal, Sudan, Swaziland, Thailand, Turkey, Uganda, Zaire, Zambia and Zimbabwe. In addition, responses to the questionnaire indicated that in these countries, as well as in another 10 countries, an amount of approximately \$5.3 million in national IPFs for projects or project components dealing with HIV/AIDS had been earmarked or already committed. The questionnaire also revealed that in a number of countries projects were envisaged during the course of the next 12-18 months. These figures, while quite modest in comparison with the overall financial implications for Governments themselves in dealing with HIV/AIDS, indicate that the central planning authorities of a number of countries and UNDP have identified HIV/AIDS as having significant implications for economic and social development and that UNDP support is considered an appropriate method to deal with HIV/AIDS prevention and care. In addition, one innovative project, valued at \$854,560, has been undertaken by the United Nations Capital Development Fund (UNCDF) in Rwanda to assist that country's Ministry of Health to strengthen its capacity to prevent HIV transmission through unscreened blood. This project will construct and equip a blood transfusion centre and supply HIV prevention medical supplies to NGOs, including sterilizable needles, sterilizers and rubber gloves.

9. The types of UNDP-supported activities referred to in the preceding paragraph differ from country to country, but they are all directed at supporting the short- or medium-term plans for HIV/AIDS prevention and control which Governments have established. In a number of countries, specific activities supported by national IPFs include: assistance in blood screening/transfusion, health education and communication, supplying consultants, support to NGOs, and support to Governments in the enhancement of management capacity to deal with HIV/AIDS. The questionnaire responses also indicated that even in those countries where, to date, UNDP national IPF resources had not been committed to HIV/AIDS prevention and control activities (either because of the lack of government requests, or the unavailability of resources at the current stage of many country programmes), UNDP offices had, in several instances, worked closely with WHO Country Representatives in providing logistical and other support to GPA in the preparation of short- and medium-term plans.

10. At the intercountry level, the Regional Bureau for Africa, the Regional Bureau for Asia and the Pacific and the Regional Bureau for Arab States and European Programmes have provided \$620,000, \$1,400,000 and \$400,000 respectively through GPA. This money is being utilized to assist Governments in the respective regions to develop and initiate national short- and medium-term plans, to strengthen national planning capacities, and to conduct regional or subregional education and training activities. The Division for Women in Development has identified the epidemic as one of the emerging critical issues for women and children in the next decade. It has begun circulating relevant material and initiating discussions within UNDP on the nature of the global epidemic, on the way it has and will affect women and children and on appropriate responses to the situation. The UNDP global programme has provided \$300,000 (\$150,000 from the global IPF and \$150,000 from Special Programme Resources (SPR)) to the GPA for unrestricted support and \$700,000 (\$350,000 from the global IPF and \$350,000 from SPR) to GPA for support to initiate the Global Blood Safety Initiative. This endeavour, which is sponsored by GPA in association with the League of Red Cross and Red Crescent Societies, the International Society of Blood Transfusion, the Health Laboratory Technology Unit of WHO and UNDP, has as its overall objective the establishment of blood transfusion systems capable of employing quality assurance procedures (including screening) on a routine and sustained basis which will be able to reduce and eventually virtually eliminate the spread of HIV (and several other diseases) through blood transfusion. In addition, as foreseen in the Alliance, a reimbursable global IPF project of \$2 million was approved by the Governing Council in February 1988 for a facility to bridge the time between firm pledges for external support (in particular, the point between the end of the support to national short-term plans and the beginning of medium-term plans) and the actual receipt of funds as pledged. This facility has been utilized by GPA in nine countries for a total of \$1,987,800 and has proven to be a useful instrument in helping to ensure quicker implementation of programmes than might otherwise have been possible.

II. FUTURE DIRECTIONS

11. As was noted in the introductory paragraphs to this brief report, HIV/AIDS is expanding rapidly, it has no geographical or social boundaries, and its effects are bringing about devastating impacts on many developing countries. By the same token, HIV/AIDS is a global phenomenon and must be approached from a global perspective with broad strategic objectives. It is for this reason that UNDP is fully committed to the WHO Global Strategy for AIDS and to the purpose of ensuring a well co-ordinated response at the country, regional and global levels. It is also the view of both the Director-General of WHO and the Administrator that the Alliance has already provided an important policy framework for collaborative action. In the light of the growing magnitude of the HIV/AIDS pandemic, intensified support is both possible and necessary, particularly at the national level. Among the actions which UNDP has already initiated or will initiate during 1990 are the following:

(a) Seek to further sensitize both Governments and Resident Representatives to the developmental implications of HIV/AIDS, with a view to incorporating additional support to Governments in this area as new country programmes are prepared. The development imperatives are to minimize further transmission of the virus, to lessen the personal and social ramifications of HIV-infection and to assist Governments in forecasting and planning for the future social and economic impact of the global epidemic. The Administrator has already contacted all Resident Representatives to urge that, wherever possible, HIV/AIDS prevention and care activities be considered in fifth cycle programmes;

(b) Undertake a training programme in collaboration with GPA to ensure that UNDP staff are fully aware of the development implications of HIV/AIDS, including economic, sociological, cultural and humanitarian factors, as well as the variety of areas where UNDP can most effectively assist Governments. In many cases, such areas could include education and training, securing safe blood supplies, social welfare programmes, impact assessment, national planning, maternal and child health, reductions in occupational transmission of HIV/AIDS in health and other sectors, and of great importance, support within the framework of national AIDS programmes to community-based organizations that are engaged to assist in the prevention of further transmission of HIV and to provide care, support and treatment of affected individuals. On the basis of responses to the questionnaire mentioned above, another area where UNDP support has been useful has been in support to Governments in strengthening their national capacity and machinery to deal with HIV/AIDS. This includes increasing assistance to the health sector in which HIV/AIDS components could be included as part of other primary health care initiatives, such as maternal and child health and family planning. In this connection, efforts will be made, where necessary, to provide additional support to UNDP field offices to enhance their ability to assist in dealing with the pandemic;

(c) Encourage, wherever possible, additional UNCDF projects, such as that referred to in paragraph 8 above, as well as the use of United Nations volunteers who can provide appropriate and cost-effective assistance in a wide range of sectors and programmes;

(d) Collaborate with the Inter-Agency Advisory Group on AIDS and other organizations of the United Nations system in the preparation of a booklet on HIV/AIDS, intended, inter alia, for distribution to all United Nations system employees and their families. The same inter-agency body is also in the process of examining the many administrative and personnel-related policy issues raised by HIV and AIDS within the United Nations system for the purpose of achieving a position on these issues to be transmitted for consideration by the Administrative Committee on Co-ordination later this year for adoption and/or further action as appropriate;

(e) Pursue plans already initiated to commission an anthology of contributions of individuals from a number of developing countries about the HIV/AIDS epidemic in order to bring about a greater understanding of the economic, social and cultural implications of HIV/AIDS. It is hoped that this publication, which will be produced in collaboration with GPA, will have a broad public audience. It is also intended to assist in the sensitization process mentioned above for UNDP staff members. Contributors will be asked to reflect upon the possible future impact of the epidemic on their societies and to identify the implications of these consequences for development assistance. Preliminary discussions about the production of a film to accompany this publication have also taken place. If the foregoing plans materialize, extrabudgetary financial support will be required to support this endeavour.

12. In conclusion, it is the view of the Administrator that, while UNDP has made a contribution to the struggle against HIV/AIDS, much more should be done and advantage should be taken of every opportunity to assist Governments and, through them, institutions, organizations and individuals in meeting this challenge.

