Do we need a UN agency for HIV/AIDS?



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In 1996 the Joint UN Programme on HIV/AIDS (UNAIDS) was launched. Since its inception, the Secretariat has grown in staff and budget to over 900 employees and more than 80 country offices, and it has had an effect well beyond the UN system as an advocate for increased funding and attention to the AIDS epidemic.

UNAIDS now brings together 10 UN agencies around a joint mandate to lead, strengthen, coordinate, and support an expanded response to the AIDS epidemic. A new report by the UNAIDS Leadership Transition Working Group – an independent ad hoc panel – examines what the 'value-added' of this agency is.

Scope and legitimacy are two examples in the report. Scope: AIDS is not just a health issue. It uniquely impacts on working adults and family structures, and is associated with politically sensitive topics (sex and drugs) and stigmatised groups (e.g. sex workers). An umbrella organisation like UNAIDS is more suited to tackling the wide-ranging effects of and approaches to HIV/AIDS than a purely health-focused body. Legitimacy: UNAIDS not only has the blessing of all UN Member States, it also has the potential to become the scientific expert on HIV/AIDS and thereby deliver muchneeded guidance, similar to the role played by the Intergovernmental Panel on Climate Change.

But despite its achievements, two broad concerns have been raised as to whether UNAIDS should continue in its current form.

First, the global health system is already uncoordinated, chaotic, messy and inefficient with an estimated 40 bilateral donors, 26 UN agencies, 20 global and regional funds, and 90 global health ini-

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tiatives active at the moment. Many are outside the direct purview of UNAIDS and have played a prominent and novel role in fundraising, providing policy advice and working on the ground. Examples of such programmes include the US President's Emergency Plan for AIDS Relief (PEPFAR); the Global Fund to Fight HIV/AIDS, TB and Malaria; UNITAID; and the Clinton HIV/AIDS Initiative (CHAI). The risk is that new agencies will fragment the system even more and that UNAIDS (although created to be an umbrella agency) is not resolving that problem.

The key question for UNAIDS is whether it can contribute without further adding to the problem. The working group's report proposes that it can – by taking seriously the principles of the 2005 Paris and 2008 Accra Declarations on Aid Effectiveness through the One UN reform initiative, which seeks to harmonise programmes among UN actors at the country level. The alternative, however, is for all agencies to accept that the World Health Organization (WHO) leads on international health, and to return UNAIDS to being a special programme of WHO, rather than its own body.

The second concern is about where the added value of UNAIDS lies. Some argue (persuasively) that UNAIDS should avoid an expanding in-country delivery role and instead focus on its global political work. The recently published report underlines that as a UN body, UNAIDS can bring to bear the legitimacy of speaking for all its members. UNAIDS can use this power to advocate evidence-based approaches to prevention and treatment however politically unpalatable they may be. Equally, UNAIDS could be a forum for at-risk or affected communities to hold their governments to account for pledges made in respect of prevention and treatment for all. As a UN agency, UNAIDS has a unique capacity to do this.

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This independent ad hoc group, convened by the Center for Global Development and Oxford University's Global Economic Governance Programme, has formulated a set of recommendations for the new UNAIDS executive director and governing board.

'UNAIDS: Preparing for the Future' is available at: www.globaleconomicgovernance.org

