



I. THE CHALLENGE

Twenty years on, the HIV/AIDS epidemic continues to spread without respite, with nearly 70 million persons infected since it began. More than 42 million people are living with HIV and AIDS — half of them women — and 25 million have already died. The epidemic is quickly becoming the biggest obstacle to achieving the Millennium Development Goals.

HIV/AIDS is a complex epidemic that necessitates a complex understanding and intensified response to ignite hope, generate transformation and produce results. Increasingly the impact of HIV/AIDS extends beyond the health care costs and loss of life traditionally associated with it. With the rapid expansion of the pandemic, action on a much larger scale is needed, not only to assist the hardest-hit nations, but also to curtail the explosive spread in parts of the world where it is now emerging. To achieve this, only an extraordinary multi-sector commitment and response can be considered, embedded in the values and principles of human rights and gender equality. The devastating effect of HIV/AIDS on development goals requires innovative and effective responses championed by dynamic and committed leadership at all levels of society — responses that address HIV/AIDS for enhanced development effectiveness.

HIV/AIDS strikes at the heart of development. The epidemic is a reflection of societal dysfunctions at the levels of the individual, families, communities, systems and structures. In order to effectively address the epidemic, it is necessary to understand, and work towards results in, multiple realms — individual attitudes and behaviours that fuel the epidemic; societal values, norms and practices that result in denial and discrimination; and the systems and structures that organise society in ways that result in an inadequate environment for an effective response.

Addressing HIV/AIDS is therefore core development practice.

Given that AIDS most often kills in the 15-49 age group, it is depriving families, communities and entire nations of their 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. Lack of access to drugs threatens survival for the vast majority of those living with HIV/AIDS. Responses to the epidemic must address issues of equity and human rights.

Education: As teachers die and orphans drop out of school, gains in literacy and enrolment ratios are quickly being 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 lose their breadwinner to AIDS and spend most of their remaining income on health care and funeral costs. Responses must address the needs of the poor, who are particularly devastated by the impacts of the epidemic.

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. Women and girls are also likely to bear the burden of caring for those who are ill or vulnerable. An effective response requires addressing the unequal burden and negative consequences on women and girls.

Individuals: The spread of the epidemic begins with individual attitudes and behaviour. An effective response must include actions that take into consideration and address the behaviour and values that feed the spread of the epidemic. A new paradigm of leadership at all levels is essential to achieve breakthroughs in responding to HIV/AIDS — leadership that is innovative, courageous and committed, challenging norms and advocating for human rights and gender justice.

People living with HIV/AIDS: Individuals living with HIV/AIDS and their families often face stigma and marginalisation in their daily lives, along with the realities of reduced income and lack of access to healthcare. Responses to the epidemic must address individual attitudes, and the lack of understanding and intolerance that feed denial and fuel the spread of the epidemic.

Governance: Responses to HIV/AIDS must also include strategies to address the governance challenge of the epidemic. Governance is about participation, rule of law, transparency, equity, effectiveness and efficiency. The response must strengthen systems and structures to ensure that they have the capacity to plan, manage, and implement effective responses to the epidemic, and are informed by individuals whose behaviour fosters equality, empowerment and good governance.

Social cohesion: HIV/AIDS poses a threat to the very fabric of society and is increasingly recognised as a risk factor for social and political instability. The response to the epidemic requires an understanding of social contracts that guide relations between men and women and within families; between people living with HIV/AIDS and those who are not; between generations; and between rich and poor. The response must address societal values, norms and practices that aid the spread of the epidemic and hinder effective actions. The response must also break the silence surrounding the epidemic, and address issues of denial, stigma and discrimination, and gender power relations.

Worst affected countries: HIV/AIDS has a disastrous impact on the capacity of governments, and especially on the delivery of basic social services. In the worst affected countries, the epidemic reduces public revenues and budgets are often diverted towards coping with the impact. Similarly, survival of civil society institutions is under threat, with a corresponding impact on democracy. Strategies must address the loss of human resources and reduced capacity.

HIV/AIDS and the Millennium Development Goals

The sixth Millennium Development Goal (MDG) aims at halting and reversing the spread of HIV/AIDS by 2015. Without reaching this goal, MDG targets relating to poverty, hunger, education, gender equality, child mortality, maternal health, environmental sustainability and global development partnerships — could be jeopardised. Responses to the HIV/AIDS epidemic contribute directly to the achievement of the MDGs.

The magnitude and impact of the HIV/AIDS epidemic demands a groundbreaking vision for development actions. To successfully reverse the spread of the pandemic requires a critical shift in perspective, to generate innovative responses for enhanced development effectiveness.

II. UNDP'S CONTRIBUTION AS A CO-SPONSOR OF UNAIDS

The Declaration of Commitment, adopted by acclamation by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001, is an unprecedented achievement. It recognises 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 (UNDP), as a 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. UNDP's core mandate is capacity development. Distinct from the roles of other UNAIDS co-sponsors and other UN agencies, UNDP focuses on actions aimed at creating an enabling policy, legislative and resource environment essential for effective development planning, and for a truly multi-sectoral response to the epidemic. Further, UNDP's actions aim at building an enabling environment for achieving UNGASS goals by developing and popularising cutting edge transformative methodologies for enhanced development effectiveness. Taking into account the crucial interface between human development and HIV/AIDS strategies, ensuring that UNDP is fully mobilised at country level to meet its obligations as UNAIDS co-sponsor is now of utmost urgency. Concurrently, the full authority and power of the state need to be brought to bear on the HIV/AIDS crisis, recognising that it poses a major governance challenge for developing countries.

UNDP works in partnership with other cosponsors on the ground, coordinating and collaborating in joint activities for measurable results. UNDP's strategies generate synergies with the work of other agencies, and – by creating an enabling environment and developing capacity – help them in achieving their goals. UNDP's Leadership Development Programme for example has helped to increase voluntary counselling and testing, care for orphans and youth mobilisation.

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

- Promoting leadership at all levels, and developing the capacity of governments, civil society, development partners, communities and individuals to effectively respond to the epidemic;
- Strengthening development planning and systems to comprehensively respond to HIV/AIDS at the national, district and community levels;
- Generating a society-wide response that is gender-sensitive and respectful of the rights of people living with HIV/AIDS through advocacy and communication.

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 a presence in 166 countries, as well as specialised regional and global advisers.

III. COUNTRY-LEVEL SERVICES IN SUPPORT OF NATIONAL HIV/AIDS STRATEGIES

UNDP actions, as defined in this document, contribute towards the broader objectives set out in the UNGASS Declaration of Commitment, as well as the United Nations System Strategic Plan for HIV/AIDS for 2001-2005, namely:

- Prevention of new infections – HIV prevalence in persons aged 15-24 should be reduced by 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 for infection;
- Mitigation of the social and economic impact of HIV/AIDS;

Ö Research and Development.

The work of UNDP specifically contributes to the achievement of the national commitments of UNGASS, including:

- Ö Strategic planning: UNDP supports development of multi-sectoral strategies to combat HIV/AIDS; integration of HIV/AIDS into development plans; and national HIV/AIDS bodies.
- Ö Prevention: UNDP implements policies and strategies to promote information, education and communication on HIV/AIDS, including for vulnerable groups and migrants.
- Ö Human rights: UNDP advocates for laws and regulations that protect against discrimination of people living with HIV/AIDS and vulnerable groups; and promotes equal access for men and women to prevention and care.
- Ö Care and support: UNDP advocates for comprehensive HIV/AIDS care and support.

Specific achievements are measured through the Strategic Results Framework (SRF) and Results-Oriented Annual Report (ROAR) process that monitor all of UNDP's work.

UNDP contributes towards creating an enabling environment to achieve UNGASS goals by developing and popularising cutting edge transformative methodologies for enhanced development effectiveness. This includes halting and reversing the spread of HIV/AIDS, alleviating negative impacts on individuals, families, communities and systems, and unleashing the highest human potential for hope, transformation and results. UNDP also works to create an enabling policy, legislative and resource environment for successful implementation of national and local strategic HIV/AIDS plans and effective use of donor funding.

A core group of human rights principles form the foundation to inform and guide all work in response to HIV/AIDS. These principles include human dignity; equality and equity; non-discrimination; participation and inclusion; responsibility and accountability; and non-violence. These principles help to focus attention on areas of concern and issues key to the sustainable success of HIV/AIDS programmes and initiatives.

UNDP services are 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), where the priority is providing urgent assistance in mitigating the disastrous impact on governance structures, poverty reduction efforts, and provision of essential services, (ii) countries with lower prevalence rates but with alarming rates of increase, (iii) 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 is 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 coordinated through the UN Theme Group on HIV/AIDS and UNDAF.

UNDP's Strategy on HIV/AIDS focuses on three types of services that are complementary and intertwined: (1) Leadership and Capacity Development; (2) Development Planning, Implementation and HIV/AIDS Responses; and (3) Advocacy and Communication. These services reinforce one another and are implemented as a set of strategies, for maximum effectiveness and synergy.

SERVICE 1: LEADERSHIP AND CAPACITY DEVELOPMENT

Promoting leadership at all levels, and developing the capacity of governments, civil society, development partners, communities and individuals to effectively respond to the epidemic

UNDP supports national HIV/AIDS strategies that mobilise unprecedented social and political leadership and action across all sectors, and promote a deep transformation of norms, values and practices that aid the spread of the epidemic. Strategies are guided by principles of participation, gender equality and human rights. UNDP helps governments, community organisations, civil society and the private sector build capacity to address the underlying causes of the epidemic. UNDP supports breakthrough approaches that foster deep transformation of individuals and societal norms and values to halt and reverse the spread of the epidemic. Activities also aim to strengthen the capacity of communities for action, social mobilisation, and change. Specific activities include:

- Developing 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;
- Promoting leadership development and institutional development of organisations and networks, including networks of people living with HIV/AIDS;
- Setting up leadership coalitions for transformative development, with government, civil society, people living with HIV/AIDS, women’s groups, youth groups, the private sector, academic institutions, trade unions, consumer organisations, religious groups, etc.;
- Developing capacity to understand and use cognitive maps and mental models to

address the deeper causes that fuel the epidemic and achieve results in addressing HIV/AIDS;

- Developing capacity of individuals and communities to understand how their interconnectedness and individual attitudes and practices influence the spread of the epidemic, and linking communities to the national response;
- Developing and implementing workplace programmes on HIV/AIDS that promote awareness and reduce vulnerability of UNDP staff and their dependants;
- Monitoring national progress of the HIV/AIDS MDG.

These actions achieve the following results:

- 2 Effective and committed leadership at all levels to reverse the epidemic, and address the underlying causes that fuel the epidemic, including stigma, discrimination and gender inequality;
- 2 Committed leadership that develops multi-sectoral strategies to combat HIV/AIDS, integrates HIV/AIDS into development plans, and promotes interaction among government, the private sector and civil society;
- 2 Greater mobilisation of communities, youth and women’s groups, people living with HIV/AIDS, other civil society movements, and the private sector;
- 2 Increased participation of associations/groups of people living with HIV/AIDS in the national response, and effective leadership of people living with HIV/AIDS;
- 2 Strengthened leadership capacity for national and local planning and implementation using appropriate transformational methodologies for sustained results, including active communities;

2 Strengthened community and civil society leadership to support the response to HIV/AIDS at the local level, with equal participation of men and women;

2 Community decisions and actions taken to reverse the epidemic.

SERVICE 2: DEVELOPMENT PLANNING, IMPLEMENTATION AND HIV/AIDS RESPONSES

Strengthening development planning and systems to comprehensively respond to HIV/AIDS at the national, district and community levels

UNDP stresses the urgent need to tackle HIV/AIDS not only as a health concern, but as a complex development and governance issue that is actively integrated into national planning and implementation processes. The objective is for countries to undertake truly multi-sector and multi-level implementation of strategic HIV/AIDS responses using holistic methodologies to address the root causes that fuel the epidemic. Implementation focuses on integrating responses into national development plans, poverty reduction strategies, financing modalities, UN Country Team action and decentralised planning processes. Using these methodologies, priority is given to the worst affected countries. Strategies also address the loss of human resources and institutional capacity resulting from the epidemic, and factors that make individuals particularly vulnerable to HIV infection.

ö Providing support to governments to integrate HIV/AIDS into the core of development policy formulation and development planning instruments, including National Development Plans and budgets, Poverty Reduction Strategies, Medium Term Expenditure Frameworks and HIPC processes;

ö Reorienting CCA/UNDAF and Country Cooperation Frameworks to respond to the HIV/AIDS crisis, ensuring that transformational approaches – that take stock of societal norms, practices and

values and that recognise the importance of individual attitudes, behaviours and actions – form a new basis for national assessment and development assistance frameworks;

ö Mainstreaming HIV/AIDS into sector Ministries, including planning, finance, information, and judiciary and law to scale-up multi-sectoral responses, and assisting public and private sectors to mainstream HIV/AIDS into their operations;

ö Policy recommendations responding to the impact of HIV/AIDS on sectors such as education, health, manufacturing, agriculture, and environment;

ö Support for national strategic planning and wide-scale implementation of HIV/AIDS responses through the use of visionary and innovative frameworks and instruments, consistent with national policies, priorities and local experiences, and strengthening the capacity of National AIDS Councils to respond effectively;

ö Supporting sub-national and district level responses to HIV/AIDS by providing provinces, regions and districts with the relevant leadership development skills, frameworks and tools to harmonise and implement development and HIV/AIDS initiatives, and support to the sub-national responses to intensify and open-up national opportunities for scale-up of prevention, care and support activities;

ö Supporting communities to develop their own strategies to operationalise national priorities, and linking communities to national policy formulation and planning processes;

ö Integrating HIV/AIDS into global and regional development cooperation initiatives;

ö Developing the capacity of governments and civil society to implement HIV/AIDS related aspects of the Convention on the Elimination of Discrimination Against

Women (CEDAW) for a rights-based, gender sensitive approach to HIV/AIDS;

- Ö Developing strategies that address the loss of human resources due to HIV/AIDS.

These actions achieve the following results:

- 2 National development plans, poverty reduction strategies, sectoral plans, and budgets that integrate HIV/AIDS and use new leadership frameworks and transformative methodologies;
- 2 National poverty reduction strategies that address the impact of HIV/AIDS on poor people, with special emphasis on the impact on women;
- 2 Percentage of national budget (and debt relief savings in HIPC countries) devoted to HIV/AIDS programmes;
- 2 Country cooperation frameworks, CCA and UNDAF documents developed using new leadership frameworks and transformative methodologies;
- 2 National coordinating bodies receiving transformational capacity development inputs, and strengthened capacity of National AIDS Councils for an effective response;
- 2 New or revised national strategic frameworks for HIV/AIDS incorporating leadership development approaches;
- 2 Operational provincial, regional and district level HIV/AIDS plans formulated and implemented with community and local stakeholder participation;
- 2 Progress in the implementation or adoption of provisions in CEDAW, and measurable change in attitudes and behaviour towards girls and women in critical areas related to sexuality and power-relations;

SERVICE 3: ADVOCACY AND COMMUNICATION

Generating a society-wide response that is gender-sensitive and respectful of the rights of people living with HIV/AIDS, and to ignite hope, foster transformation and produce results

All UN agencies must be involved in HIV/AIDS advocacy and communication specific to their mandate. UNDP engages in a variety of advocacy and communication activities to promote society-wide mobilisation in response to the epidemic, and to scale-up that response. Advocacy messages are intended to achieve the goals set out by the UNGASS Declaration of Commitment, as well as address gender relations that render women and girls vulnerable to infection, and protect the rights of people living with HIV/AIDS. Activities include promoting leadership at all levels, and supporting the design and implementation of communications strategies for a deeper understanding of the epidemic and its underlying causes, and to position HIV/AIDS as a human development issue. UNDP supports arts and media to depict new types of committed leadership necessary to reverse the epidemic, and to make visible the face of women in the global response to HIV/AIDS. UNDP also supports the media and artists to create images and words to replace stereotypes, celebrate the lives of women and people living with HIV/AIDS and recognise them as productive members of society. Activities under this service line include:

- Ö Assisting in the preparation of National and Regional Human Development Reports focusing on HIV/AIDS — powerful, country-owned, advocacy tools for providing input into government policy-making processes;
- Ö Promoting multi-stakeholder national policy dialogue to achieve UNGASS objectives and create an enabling environment, addressing issues related to prevention, treatment and care, socio-economic impact mitigation, mobile and migrant populations, and reduction of vulnerability and vulnerable groups;

- Round Table meetings, bringing together government, donors and UN agencies to mobilise resources for the implementation of national strategic AIDS plans, and high level seminars on HIV/AIDS;
- Advocacy for legal reforms and formulation of anti-discrimination legislation for people living with HIV/AIDS and gender equality;
- Communication strategies to address stigma and discrimination to protect the rights of people living with HIV/AIDS and promote gender equality;
- Designing transformational programmes for communication for deeper understanding and response, to address underlying causes, ignite hope and produce results;
- Workshops with arts and media to promote a deeper understanding of the issues fuelling the epidemic, for generating hope, transformation and results, and icons and symbols that are culturally valid;
- Building and nurturing networks of individuals standing for the vision and mission of transformational development practice, including strategies and actions for HIV/AIDS;
- Advocating for increasing the visibility of HIV/AIDS in the MDG campaign.

These actions achieve the following results:

- 2 Measurable change in norms, values and traditions that fuel the epidemic, especially those that perpetuate gender inequalities and discrimination against people living with HIV and AIDS;
- 2 Adoption or existence of legislation and associated administrative measures to prevent discrimination against individuals living with HIV/AIDS;

- 2 Measurable change in attitudes and behaviour on women's human rights and towards people living with HIV and AIDS;
- 2 A well designed, powerful, co-ordinated UN information and communication response at country level;
- 2 Mobilisation of communities, civil society organisations and the private sector;
- 2 Significant change in quantity and quality of sustained media and arts action and services related to the HIV/AIDS crisis and ways of addressing the problem.

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 enables 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 and partnerships 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;

- ö Knowledge networking and dissemination of best practice experiences;
- ö Technical backstopping and programming services coordinated at the global and regional levels;
- ö Participatory methods and tools for raising awareness and promoting social transformation, including changing gender relations and enhancing women's control of their lives;
- ö 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 overall national strategic HIV/AIDS plans as determined by the host government and through multi-stakeholder dialogue. UNDP, as coordinator of the UN System activities at country level, can effectively perform this role through the UN Theme Group on HIV/AIDS, the Resident Coordinator system, and the overall UN Development Assistance Framework, 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 emphasizes the critical role of the Resident Coordinator System for action in the following areas:

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

- ö 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;
- ö 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;
- ö Develop HIV/AIDS advocacy and communications strategies in support of national efforts with the help of other partners;
- ö 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;
- ö 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 expected results, and tracking progress and results in the RCS Annual Reports; 3) strengthening the 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 Declaration of Commitment has challenged us to optimise our existing strategic initiatives through a critical shift in perspective on the dynamics that sustain the epidemic, intensifying our response to achieve specific goals.

Reversing the epidemic requires an unswerving 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.

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