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2008-2009 UBW Performance Monitoring and Evaluation Framework
Status of Development

This paper outlines the purpose, functions, elements and the progress in the finalization of the Performance Monitoring and Evaluation Framework for the proposed 2008-2009 Unified Budget and Workplan (UBW), (PCB (20).07.3). A draft summary matrix of indicators for Principal Outcomes and Key Outputs appears as Annex I and a more detailed matrix of individual indicators with baselines, data sources and reporting frequency appears as Annex II. Within the increasing scope, budget and impact of the Joint Programme, the need to strengthen performance monitoring, evaluation and reporting is imperative.

The 2008-2009 UBW Performance Monitoring and Evaluation Framework is designed to support results-based management, strengthen accountability, promote transparency, and improve reporting. It provides a framework for monitoring and assessing outcomes of the work by UNAIDS Cosponsors and the Secretariat, promotes cohesiveness in tracking and reporting outcomes and outputs, and facilitates access to information on progress across the UNAIDS Programme. It provides a mechanism for evidence-informed decision-making and for improving organizational learning.

Background

A Performance Monitoring Framework has always been closely linked to the UBW. As the UBW is restructured and improved for each biennium, the Performance Monitoring Framework must be revised to reconcile with these changes. The Performance Monitoring and Evaluation Framework should mirror and support the evolving content, priorities, and changed structure of the Unified Budget and Workplan. However, every attempt needs to be made to maintain consistency of indicators to allow for time trend analyses.

The 2008-2009 UBW is strongly oriented towards supporting countries' efforts towards Universal Access to HIV prevention, treatment, care and support and other commitments stated in the 2006 Political Declaration on AIDS. Specific roles and contributions within the Joint Programme are based on the five cross-cutting functions and the Global Task Team recommendations.

In terms of structure, the 2008-2009 UBW elements are aligned with the OECD-DAC¹ guidelines for results-based management and evaluation. This allows the use of a common terminology and facilitates harmonization with other institutions.

History of monitoring the UBW since the 2000-2001 biennium

The Performance Monitoring and Evaluation Framework for the 2008-2009 UBW takes into account the monitoring, evaluation and reporting experience since the first biennium, 2000-2001. The 400 and 600 indicators for the biennia of 2000-2001 and 2002-2003 respectively were developed within the Secretariat with limited input from Cosponsors. The 2004-2005 UBW indicators were developed by Cosponsors and the Secretariat for their individual workplans. This resulted in more than 1220 indicators, which were not well integrated across the various organizations of the Joint Programme.

For the 2006-2007 UBW, the number of indicators in the Performance Framework was reduced, and the new indicators were better integrated, which strengthened the results-based structure of the UBW. These indicators consisted of 35 indicators for 16 Principal Results and 126 indicators for 49 key results at the level of the individual Cosponsors and the Secretariat. This represented a major improvement, however weak links between the indicators for the Principal and Key Results remained and made monitoring and analysis of progress difficult.

¹ See OECD Development Assistance Committee, *Glossary of Key Terms in Evaluation and Results Based Management*, available at <http://www.oecd.org/dataoecd/29/21/2754804.pdf>.

For the 2008- 2009 Performance Framework, there are now only 14 indicators for Principal Outcomes and 52 draft indicators for Key Outputs.

Lessons learned from current biennium

By implementing the previous UBW performance monitoring systems and conducting the mid-term review through the 2006-2007 UBW Framework, it was confirmed that:

- both joint and individual accountability need to be strengthened;
- data sources and baselines for each indicator must be identified;
- the monitoring and evaluation system needs to be simple, intuitive and support the programme management demands;
- Cosponsors are able to provide both performance and financial data with a level of detail that allows good reporting;
- monitoring is required at all levels.

Development of the Performance Monitoring and Evaluation Framework

The design and development of the Framework is closely linked and depends on the progress in the development of the UBW. It is difficult to create a performance framework without the completion of key elements of the UBW, including principal outcomes and outputs. Technical consultations for the development of the Framework were convened following the main milestones in the development of the unified workplan.

In late 2006, at meetings of the UNAIDS Global Coordinators and of the Cosponsor Evaluation Working Group (CEWG), the basic concept of the performance framework was discussed. The CEWG is composed of specialists in monitoring and evaluation and programme development from the ten cosponsors and the Secretariat. At the end of December, 2006, the Principal Outcomes were finalized, resulting in the convening of a meeting of the CEWG in early March 2007 to develop the indicators for each Principal Outcome. In March, 2007, the Key Outputs were finalized and in April, the Activities for each Cosponsor were presented. During these months, the Secretariat was also obtaining data from the Cosponsors for the first performance report on the 2006-2007 UBW. Analysis of this data provided further information for the development of the 2008-2009 Performance Framework.

Throughout this time period, the CEWG focused on:

- elaboration of the concept and structure of the Framework;
- development, review and validation of indicators;
- identification and agreement on baseline information;
- definition of the source of monitoring information;
- assignment of responsibilities and roles; and
- agreement on coordination mechanisms.

Current Status of Performance Monitoring and Evaluation Framework

Core principles

The UBW is a unique tool in the UN system for both programming and operations, which unifies in a single two-year framework the coordinated HIV-related activities of 10 Cosponsors and the UNAIDS Secretariat, fostering joint programming and collaborative implementation. The joint programming model is reflected in the Performance Monitoring Framework where UNAIDS performance will be measured for common Principal Outcomes and joint Key Outputs. The Key

Outputs are defined as joint, as they will be delivered through collective effort of several Cosponsors and the Secretariat, except for one Key Output on *Strengthened capacity to ensure equitable access to HIV testing and counseling*. This collaborative model of work translates into the principle of collective accountability for joint delivery of outputs and achievement of outcomes. This is in line with the UN reform principle of “delivering as one”.

Aligning the UBW to the OECD-DAC terminology

Effective performance monitoring of the Joint Programme requires at least two levels of indicators. As outlined in Table 1 below, under the overarching goal to halt and reverse the AIDS epidemic and jointly aspired impact at country level on the decrease in HIV prevalence, the Joint Programme requires information about the outcomes of its support over the two-year period supplemented by the monitoring information on the delivery of outputs by the Joint Programme. With the strong UBW emphasis on supporting countries in their progress towards Universal Access, the outcome and output indicators mainly focus on UNAIDS actions and resulting changes at country level.

Table 1 Tiers of the UBW elements aligned to OECD-DAC
(With examples at each level)

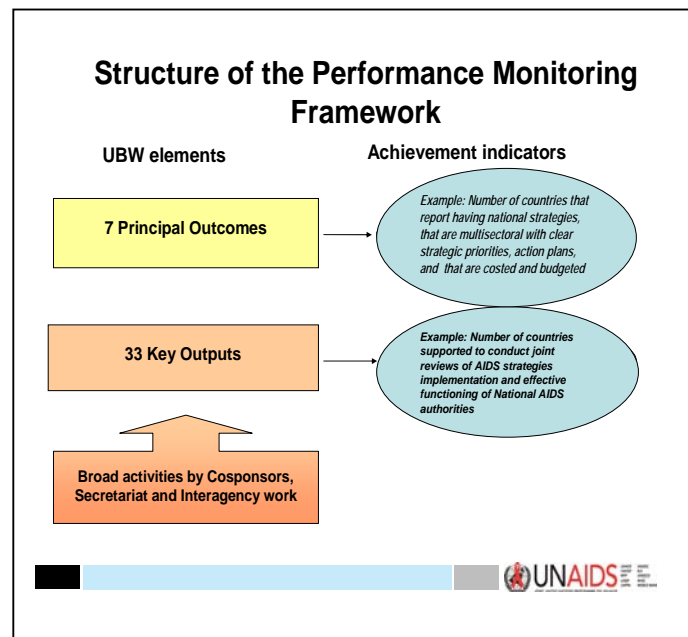
Goal	MDG 6, target 7 Halt and reverse the AIDS epidemic and increase quality and life expectancy of persons with AIDS
Impact	Decrease in HIV prevalence, averted infections, longer survival on ART
Principal Outcome	Increased coverage and sustainability of programmes addressing vulnerability of and impact on women and girls, young people, children, and emergency affected populations and uniformed personnel.
Key Output	Strengthened capacities at country level to prevent HIV among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking.
Input	Funds, staff, material, supplies
Activity	Development of tools, provision of technical advice



There are 14 outcome indicators for 7 Principal Outcomes, ranging in number from one to three per Principal Outcome. The outcome indicators focus on the changes occurring mainly at country level in priority areas of UNAIDS support. The 33 Key Outputs will have output-level indicators, tracking the progress in delivery of UNAIDS services, production of guidelines, advocacy efforts, etc. The links between the two levels of indicators mirror the links between the Principal Outcomes and Key Outputs. Specific contributions by Cosponsors and the Secretariat are presented through broad activities. Activities will have no specified indicators; however, the output indicators are tightly linked to broad activities.

The number of indicators for joint Key Outputs will be limited, with the following factors taken into consideration:

- For the Key Outputs that will be delivered through the efforts of several Cosponsors, there will be one indicator per each agency that contributes to the achievement of this Key Output.



- In cases, where the activities of several agencies are similar, the agencies may agree to have one indicator for the joint Key Output (for example Number of countries supported in building capacities of the M&E systems) and the agencies' information will be aggregated.
- The outcome and output indicators are selected on the basis of the following criteria:
- Consistency in data collection; when and as appropriate the 2006-2007 UBW indicators are used for the Framework
- "Performance " of indicators from the previous reporting cycle
- Cost of collecting data
- Links to programmatic priorities
- Links with other global monitoring efforts (UNGASS, GTT, Universal Access).
- Links between the 2008-2009 UBW and the 2007-2010 Strategic Framework

The indicators will provide information at two levels:

- Contribution - information on the changes in the AIDS epidemic in countries as measured through the outcome indicators. Measuring progress for an outcome indicator reflects the contributions that UNAIDS has made, along with other partners;
- Attribution - monitoring the provision of Joint Programme technical support to countries and relevant normative work through the output indicators. Measuring progress for an output indicator can be directly attributed to the actions of UNAIDS.

Linking the UBW to the UNAIDS Strategic Framework

The Strategic Framework for UNAIDS' support to countries' efforts to move towards Universal Access has five broad, cross-cutting strategic directions, which guided the development of the Principal Outcomes of the 2008-2009 UBW. It is difficult to establish a linear correlation between the five strategic directions and the seven Principal Outcomes, as each strategic direction guides and influences a number of UBW elements across the board. At the same time, it is possible to draw links of thematic and programmatic interrelation between the UBW and the Strategic Framework as shown schematically in Table 2.

Table 2. Schematic links between the 2008-2009 UBW and the 2007-2010 Strategic Framework (*These are primary correlations between Strategic Directions and Outcomes*)

<p>Strategic Direction 1: Guiding the global agenda, monitoring global progress</p> <ul style="list-style-type: none"> ▪ UBW Principal Outcome 1 - <i>Leadership and resource mobilization</i> ▪ UBW Principal Outcome 3 - <i>Strengthened evidence base and accountability</i>
<p>Strategic Direction 2: Technical support and capacity to "make the money work" for Universal Access</p> <ul style="list-style-type: none"> ▪ UBW Principal Outcome 2 - <i>Planning, financing, technical assistance</i> ▪ UBW Principal Outcome 4 - <i>Enhanced capacity to implement comprehensive AIDS responses</i>
<p>Strategic Direction 3: Human rights, gender equality, reduced vulnerability, most-at-risk populations</p> <ul style="list-style-type: none"> ▪ UBW Principal Outcome 5 - <i>Human rights, gender, stigma and discrimination</i> ▪ UBW Principal Outcome 6 - <i>Most-at-risk populations</i> ▪ UBW Principal Outcome 7 - <i>Women and girls, young people, children, populations of humanitarian concern</i>
<p>Strategic Direction 4: Re-emphasizing HIV prevention, treatment and care</p> <ul style="list-style-type: none"> ▪ UBW Principal Outcome 1 - <i>Leadership and resource mobilization</i> ▪ UBW Principal Outcome 4 - <i>Enhanced capacity to implement comprehensive AIDS responses</i>
<p>Strategic Direction 5: Strengthening harmonization and alignment to national priorities</p> <ul style="list-style-type: none"> ▪ UBW Principal Outcome 2 - <i>Planning, financing, technical assistance</i>

Thus, the UBW Performance Monitoring and Evaluation Framework links with the Strategic Framework and enables monitoring of UNAIDS support to countries along the five strategic directions.

Status of indicators development

The UBW performance monitoring system aims to be realistic in its scope and content. It avoids the formulation of new indicators and development of new methods for data collection. Thus, in the process of developing outcome indicators for the 7 Principal Outcomes it was ensured that, whenever appropriate, core indicators for the Declaration of Commitment on HIV/AIDS² would be used. As a result, out of the 14 indicators for Principal Outcomes, 10 coincide with the core indicators for the Declaration of Commitment on HIV/AIDS and 11 indicators were the same ones as used in the 2006-2007 UBW Performance Monitoring Framework to ensure consistency in data collection. For the output indicators, as appropriate, the use of the 2006-2007 UBW indicators for the 49 Key results was considered.

Annexes I and II provide the matrices of indicators that are in the final stages of development. Annex I offers a summary of all the outcome and output indicators, while Annex II represents a draft of detailed performance monitoring matrix for the 2008-2009 UBW embracing details on the outcome and output indicators, baselines, sources of data, reporting frequencies. The draft of the performance monitoring framework in Annex II represents the current status of the CEWG work on the finalization of the monitoring matrix.

Linking the accountability for performance and for finances

The Fund of UNAIDS, which is financed exclusively by voluntary contributions, provides resources for the core budget for Cosponsors, for the core and supplemental budgets for the Secretariat and interagency activities and for the Supplemental Contingency budget.

Cosponsors also provide funding for AIDS through their own budgetary and planning mechanisms. Depending on the operations and budgeting practices of individual Cosponsors, these include:

- Global and regional resources provided through each Cosponsor's regular budget;
- Cosponsor "supplemental" resources, which are funded by voluntary contributions, raised by the organization and channeled through the organizations' own budgetary mechanisms;
- Cosponsors' country-level resources, which are provided through a combination of regular budget and voluntary contributions, according to the nature and practice of each organization (or, in the case of the World Bank, through its lending programmes).

The Core UBW component is raised by the UNAIDS Secretariat, and primarily funds the components identified by the UBW. In addition it acts as 'seed monies' for Cosponsor's Supplemental and Global, Regional and Country Budgets. The Cosponsor's Supplemental Budget is raised directly by the Cosponsors from voluntary contributions and is part of the UBW.

² UNAIDS (2007). Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators. Geneva.

The Cosponsors Global & Regional Budget is allocated from the Cosponsors' own regular budgets and is part of the UBW. Finally, the Cosponsor's Country Budget is raised by Cosponsors from voluntary contributions and their regular budget but is not part of the UBW. Table 3 describes the accountability for the different budget components.

Table 3. Type and size to 2005-2006 UBW budgets and accountable organizations.

Budget component	Accountability
Core UBW = \$469m	Secretariat directly accountable. Included in audited accounts to PCB Performance monitored, evaluated and reported to PCB through Framework Cosponsors also through their own boards.
Cosponsor Supplemental = \$247m	Cosponsors file financial reports with Secretariat and through their own boards. Performance monitored, evaluated and reported to PCB through Framework
Cosponsor Global & Regional = \$184m	Cosponsors file financial reports with Secretariat and through their own boards. Performance monitored, evaluated and reported to PCB through Framework
Cosponsor Country = \$1.9b	Cosponsors report to own Boards RC Annual Reports on joint programmes of support on AIDS and Joint Programme Reviews

The use of targets to measure progress and accountability

Establishing targets for specific indicators provides a benchmark against which progress can be measured and achievements documented. Targets will be identified in the Performance Framework for selected indicators, but not for all. It is important that UNAIDS not establish targets when this would pre-empt national target setting (e.g. Percentage of women and men with advanced HIV infection receiving ART) or when there is little data available for estimating ambitious, but realistic, scale up of services (e.g. Number of technical support person-days provided by UNAIDS Technical Support Facilities).

The contents of the Performance Monitoring and Evaluation Framework

The 2008-2009 UBW Performance Monitoring and Evaluation Framework will contain the following information and will be finalized in November after review by the CEWG and the UNAIDS international Monitoring and Evaluation Reference Group:

- objectives and rationale for the Performance Monitoring and Evaluation Framework
- matrixes of indicators with data sources, baselines, targets for selected indicators, reporting frequency
- use of evaluations and qualitative data
- data analysis and reporting
- assessing data quality
- roles and responsibilities
- reporting schedule

What the Framework can and can't do.

The Performance Monitoring and Evaluation Framework is set up to provide in a structured way information about:

- implementation of broad activities by Cosponsors and the Secretariat;
- expenditure incurred per each broad activity;
- delivery of the planned Key Outputs in line with defined output indicators;
- information about the outcomes in priority areas to which UNAIDS contributes through monitoring data against outcome indicators.

The Framework will serve as an accountability tool for the collective work of UNAIDS to its governing board and all its stakeholders. The Framework will enable the generation of information for analysis and identification of areas where in-depth assessments of progress or lack of such must be conducted.

The Framework will not serve as a tool to provide information on all the achievements and activities conducted by the ten Cosponsors and the Secretariat at country level. The Framework will not be drawing conclusions on the attribution of the Joint UNAIDS Programme's support to specific outcomes, unless supported by additional targeted evaluation studies.

Innovative use of mid-term review and the 2nd Evaluation of UNAIDS (10 Year Evaluation)

The 2008-2009 UBW now includes a mid-term review. A mid-term review of the UBW will be carried out during the final months of the first year of operation of the biennium. The review will be coordinated by the Secretariat and will take into account developments since the UBW was approved by the PCB including emerging priority issues, actual and anticipated fundraising, and implementation. Preliminary information on the performance of the UBW implementation will advise the mid-term review.

The implementation of the UBW Performance Monitoring and Evaluation Framework is also connected with the second external evaluation of the Joint Programme, scheduled to take place in 2008-2009, possibly 2010. Some of the considered key questions of the forthcoming evaluation will be about review of the key roles of UNAIDS, assessment of the level of the UN partners coordination in their response to AIDS, as well as effectiveness of the Performance Monitoring and Evaluation Framework.

The Performance Monitoring and Evaluation Framework will provide structured information on the achievement of the 7 Principal Outcomes, 33 Key Outputs and implementation of the broad activities. This information will feed into the planned desk reviews for the 10 year evaluation.

Next Steps

The CEWG will finalize the output indicators in September 2007. This step will include considerations for the establishment of a few targets for selected indicators. A draft document of the UBW Performance Monitoring and Evaluation Framework will be available for review in September and then be finalized in October 2007 and forwarded for review by the UNAIDS Monitoring and Evaluation Reference Group (MERG) in November 2007. This will enable the submission of the Framework to the CCO and PCB by December 2007.

Possible Recommendations for Improving Process for Next Biennium

Four Year UBW would allow more time to synchronize UBW with Monitoring Framework

The current two-year cycle of the UBW has tight schedules for the workplan development which involves eleven different UN entities operating at global, regional and country level. This in turn imposes an even tighter schedule for the elaboration of the performance monitoring system.

Every effort is made to reduce the time and effort for the UBW development. The development of the 2008-2009 UBW took nine months, the shortest time since the 2004-2005 UBW development. However, nine months against the two-year life of the UBW remains significant. Given a high-level, strategic nature and functions of the UBW that is operationalised by ten Cosponsors and the Secretariat through their internal corporate workplans, it is appropriate to consider a longer cycle of the UBW, for example four years. The introduction of the mid-term review will help ensure continued relevance of the four year strategic plan of UNAIDS.

Maintain the same core structure and objectives for the UBW so that there would not be a need for radical changes of the Framework

New approaches should be given time for their complete implementation and assessment. The learning from doing will not happen unless a new approach or new structure is maintained over at least two biennia. Too rapid a change may be counterproductive and in the partnership of eleven different UN entities, the workplanning may become unnecessarily labour-intensive and expensive.

Annex I**2008-2009 Unified Budget and Workplan: Summary of Principal Outcomes and Key Outputs Indicators**

(Indicators and selected targets to be finalized through reviews by CEWG and MERG)

Principal Outcomes/Key Outputs	UBW Core (in US\$)	Supple- Mental (in US\$)	Cosponsor Global and Regional Resources (in US\$)	Indicators
Principal Outcome 1: Strengthened leadership and resource mobilization	184,744,548	31,213,178	10,499,342	<ol style="list-style-type: none"> 1. Number of countries that report on targets for Universal Access 2. International funding for prevention, treatment and care; and social mitigation and support
Key Output 1: Global agenda for an effective AIDS response	30,899,185	5,344,517	1,500,000	<ol style="list-style-type: none"> 1. Number and type of global policies and guidelines issued by UNAIDS 2. Type, extent and level of government and non-government sector involvement 3. Examples of high level events that shape the AIDS agenda
Key Output 2: Political commitment and leadership	32,683,740	5,341,714	2,455,748	<ol style="list-style-type: none"> 1. Examples of convening and of resulting recommendations from the major forums on AIDS in priority areas
Key Output 3: Financial resources mobilized	1,741,400	2,082,664	3,318,594	<ol style="list-style-type: none"> 1. Number of donor and partner forums convened on AIDS resource mobilization
Key Output 4: Strengthened capacity of PLHA and civil society	36,046,600	4,860,000	1,250,000	<ol style="list-style-type: none"> 1. Number of countries where PLWH and CBOs are supported by UNAIDS 2. Level of involvement of the global and regional groups of people living with HIV in the AIDS response.
Key Output 5: Coordinated leadership by the UN system on AIDS	83,373,623	13,584,283	1,975,000	<ol style="list-style-type: none"> 1. Number of functioning Joint Teams on AIDS 2. Number of Joint UN Programmes of Support in operation.
Principal Outcome 2: Improved planning, financing, technical assistance	97,075,165	45,345,018	34,577,216	<ol style="list-style-type: none"> 1. Number of countries that report having national strategies on AIDS
Key Output 1: Strengthened capacity on “three ones”	22,975,276	10,076,365	11,694,000	<ol style="list-style-type: none"> 1. Number of countries supported to develop AIDS Strategies and Action Plans. 2. Number of countries supported to conduct joint reviews
Key Output 2: National AIDS priorities integrated into broader planning and budgetary processes.	5,921,000	8,682,000	7,405,000	<ol style="list-style-type: none"> 1. Number of countries supported for HIV integration into Poverty Reduction Strategy Papers 2. Number of member states supported to integrate principles of the ILO code of practice on HIV/AIDS
Key Output 3: Increased and aligned technical and financial support	57,599,289	14,394,957	1,350,000	<ol style="list-style-type: none"> 1. Number of technical support person-day provided by UNAIDS Technical Support Facilities 2. Number of countries helped by GIST processes to

Principal Outcomes/Key Outputs	UBW Core (in US\$)	Supple- Mental (in US\$)	Cosponsor Global and Regional Resources (in US\$)	Indicators
				<ul style="list-style-type: none"> 3. Unblock implementation bottlenecks 3. Number of Country Implementation Support Teams (CIST); 4. Number of countries that use the CHAT
Key Output 4: Inclusion of the needs of the most-at-risk and vulnerable groups in National AIDS Strategies	5,829,600	7,491,696	8,201,216	<ul style="list-style-type: none"> 1. Number of countries where the involvement of most-at-risk populations into the development of National Strategic Frameworks was supported; 2. Forthcoming suggestion related to implementation of the Framework on HIV and sex work 3. Number of Joint UN Programmes of support that address HIV and sex work
Key Output 5: Strengthened capacity to assess and develop programmes to mitigate AIDS impact.	4,750,000	4,700,000	5,927,000	<ul style="list-style-type: none"> 1. Number of supported country socio-economic studies, assessments of AIDS impact
Principal Outcome 3: Strengthened evidence base and accountability	29,430,600	26,394,976	22,183,096	1. Number of countries that produce HIV surveillance estimates and report on UNGASS indicators
Key Output 1: Improved harmonization of AIDS monitoring and evaluation.	13,458,300	9,972,424	11,929,404	<ul style="list-style-type: none"> 1. Registry of AIDS indicators developed and made available to all countries.
Key output 2: Reliable data, information and analyses.	13,572,300	11,422,552	8,153,692	<ul style="list-style-type: none"> 1. UNAIDS Global reports, AIDS Epi fact sheets, estimates and projections produced 2. Number of National AIDS Spending Assessments conducted
Key Output 3: Biomedical, socio-behavioral and operational research.	2,400,000	5,000,000	2,100,000	<ul style="list-style-type: none"> 1. Number of countries reporting implementation of research agendas with support from UNAIDS
Principal Outcome 4: Enhanced capacities for comprehensive AIDS responses	45,536,600	108,135,551	65,684,001	<ul style="list-style-type: none"> 1. Percentage of women and men with advanced HIV infection receiving ART 2. Percentage of HIV-positive pregnant women provided with any antiretroviral prophylaxis for PMTCT 3. Condom use at last sex with non-regular partner
Key Output 1: Strengthened capacities to scale-up HIV prevention	6,300,000	13,900,000	9,900,000	<ul style="list-style-type: none"> 1. Number and percentage of women living with HIV who want to delay or avoid another birth who are provided with contraceptive methods
Key Output 2: Enhanced capacities to scale up comprehensive PMTCT programmes	8,054,400	13,541,439	11,026,824	<ul style="list-style-type: none"> 1. Number of countries supported to develop and implement PMTCT guidelines and strategies 2. Number of PMTCT and paediatric HIV care training activities 3. Number of countries supported with Joint Missions on PMTCT and paediatric HIV care and treatment.

Principal Outcomes/Key Outputs	UBW Core (in US\$)	Supple- Mental (in US\$)	Cosponsor Global and Regional Resources (in US\$)	Indicators
Key Output 3: Enhanced capacities to scale up provision of AIDS treatment and care services	8,823,400	16,859,704	15,803,059	<ol style="list-style-type: none"> Guidance, tools for the provision of AIDS treatment and care services Number of countries supported to scale up of AIDS treatment and care services
Key Output 4: Strengthened capacity to ensure equitable access to HIV testing and counselling	3,800,000	9,500,000	4,200,000	<ol style="list-style-type: none"> Number of countries supported to scale up testing and counselling
Key Output 5: Improved capacity to scale up harmonized HIV/TB services	2,323,000	7,555,000	3,054,000	<ol style="list-style-type: none"> Number of adults who are currently receiving ART and who started TB treatment in the reporting year as a proportion of the estimated number of TB cases in PLHA
Key Output 6: Strengthened national systems for procurement and supply management for HIV commodities	7,485,800	27,009,408	13,060,118	<ol style="list-style-type: none"> Number of countries with a comprehensive Procurement, Supply Management and Distribution plan for HIV commodities
Key Output 7: Strengthened capacity to utilize the global trade rules flexibilities for affordable HIV-related commodities	1,450,000	1,650,000	1,400,000	<ol style="list-style-type: none"> Number of legal reviews and training on the use of trade rules (TRIPS) flexibilities
Key Output 8: Improved capacities at country level for human resource planning, training, and retention measures.	4,950,000	10,100,000	6,200,000	<ol style="list-style-type: none"> Number of countries with sound strategic plans for the health workforce.
Key Output 9: Enhanced capacities to provide HIV prevention, treatment and care services through the workplace	2,350,000	8,020,000	1,040,000	<ol style="list-style-type: none"> Number of countries in which formal or informal workplaces provide HIV prevention, treatment, care and support services to workers
Principal Outcome No. 5 Strengthened human rights-based and gender-responsive policies and approaches.	25,411,370	21,363,565	11,954,000	<ol style="list-style-type: none"> Number of countries with laws that protect people living with HIV against discrimination. Number of countries that have a policy to ensure equal access to prevention, treatment and care.
Key Output 1: Coordinated promotion of human rights-based, gender-responsive AIDS policies.	4,043,000	3,837,000	1,600,000	<ol style="list-style-type: none"> Number of countries where advice is provided on the promotion of human rights-based, gender
Key Output 2: Strengthened capacity to address AIDS-related stigma and discrimination	9,998,642	6,086,965	3,150,000	<ol style="list-style-type: none"> Number of countries supported to address stigma and discrimination Number of countries with most-at-risk populations on the bodies of national AIDS programmes
Key Output 3: Strengthened capacity to overcome legal and policy barriers to equitable access to HIV prevention, treatment, care.	7,159,728	6,432,600	2,600,000	<ol style="list-style-type: none"> Number of countries supported to review, change and implement policies that address barriers to equitable access to HIV prevention, treatment, care and support services and commodities
Key Output 4: Strengthened capacity to address gender inequality, gender-based violence, and discrimination against women and girls	3,210,000	2,107,000	3,604,000	<ol style="list-style-type: none"> Forthcoming suggestion on the gender inequality and discrimination against women and girls

Principal Outcomes/Key Outputs	UBW Core (in US\$)	Supple- Mental (in US\$)	Cosponsor Global and Regional Resources (in US\$)	Indicators
Key Output 5: Strengthened human rights and gender competencies among parliamentarians, judges, and other relevant actors	1,000,000	2,900,000	1,000,000	1. Technical advice, workshops, tools to address human rights and gender competencies among parliamentarians, judges, law enforcement officials
Principal Outcome 6: Increased coverage of programmes for those engaging in injecting drug use, sex between men and sex work	15,470,000	24,420,000	11,730,000	1. Percentage of most-at-risk populations reached by prevention programmes 2. Percentage of total national AIDS spending for most-at-risk populations
Key Output 1: Accelerated support to scale up HIV prevention, treatment, and support services for those engaging in injecting drug use, sex between men, sex work, in prison settings	7,500,000	21,200,000	9,350,000	1. Number of countries supported to scale up HIV prevention, treatment, and support services to people engaging in injecting drug use, sex between men, sex work, in prison settings
Key output 2: Support for programmes to address the vulnerabilities and needs of most-at-risk populations	7,970,000	3,220,000	2,380,000	1. Number of reports disseminated by UNAIDS that address vulnerabilities and most-at-risk populations (disaggregated by drug users, MSM, and those engaged in sex work)
Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel	31,151,717	25,790,712	28,108,345	1. Percentage of young women and men aged 15-24 who both correctly identify ways of preventing HIV 2. Ration of current school attendance among orphans to that among non-orphans, aged 10-14 3. Number of countries in conflict affected regions that implemented HIV programmes for populations of humanitarian concern
Key Output 1: Strengthened capacities to prevent HIV among women and girls, reduce vulnerability of women and girls	6,967,200	7,787,900	4,200,000	1. Forthcoming suggestion on the work of the Global Coalition on Women and AIDS. 2. Number of countries supported to address the needs women and girls 3. Forthcoming suggestion on the gender-based violence
Key Output 2: Enhanced capacities to prevent infections among young people	5,944,000	7,280,000	6,591,000	1. Technical support on the implementation for HIV programmes for young people 2. Number of countries with programmes focusing on vulnerable adolescents
Key Output 3: Strengthened capacities to provide protection, care and support for children affected by AIDS	4,083,000	5,912,320	7,235,345	1. Number of new or updated guidelines for children affected by AIDS developed and disseminated.
Key Output 4: Strengthened capacities to implement AIDS programmes for populations of humanitarian concern	14,157,517	4,810,492	10,082,000	1. Number of countries that are supported to integrate emergency-affected communities in National AIDS policies, programmes and strategic plans

Annex II

Principal Outcome 1: Strengthened leadership and resource mobilization for a broad-based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.

Indicators	Baseline	Data source	Frequency	Comments
1. Number of countries that perform annual or biennial reporting on the established targets for Universal Access in the three programmatic areas: prevention, treatment, care and support ³	<p>2006 UNAIDS country reports</p> <p>78 country offices responded;</p> <p>57 reported that universal access process resulted in the establishment of clear targets within the National AIDS Action Framework</p>	UNAIDS country reports	Annual	Accepted, this is a modified 2006-2007 UBW PR 3 indicator a; the previous version was "Number of countries that set targets for Universal Access in prevention, treatment and support.
2. International funding for prevention, treatment and care; and social mitigation and support (disaggregated)	<p>2006: National AIDS spending assessments:</p> <p>US\$8.9 billion was available for AIDS-related activities.</p>	UNGASS report on the amount of bilateral and multilateral financial flows (commitments and disbursements) for the benefit of low- and middle-income countries	Annual	Accepted, this is the 2006-2007 UBW PR 15 indicator a.

Key Output 1

Key Output 1: Global agenda for an effective, comprehensive AIDS response clearly defined and supported by global policies, standards and guidelines.

<ul style="list-style-type: none"> Number and type of global policies, standards and guidelines issued by UNAIDS Type, extent and level of government and non-government sector involvement Examples of high level events that shape the AIDS global and regional agendas, e.g. 2008 GA comprehensive review, Global and Regional Conferences) that are supported by UNAIDS and produce recommendations/declarations on priority areas of AIDS response. <i>(Secretariat)</i> 	UNAIDS support to the High Level Meeting on AIDS in 2006 and resulting Political Declaration AIDS.	<p>Cosponsors, Secretariat reports</p> <p>UNAIDS country reports</p>	Annual	Review indicators for Key Output 1 and Key Output 2
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Activities

WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen the health sector's contribution to scaling up HIV/AIDS prevention, treatment and care towards universal access.

³ Definition of care and support from the resource needs estimates module – forthcoming.

Secretariat: Coordinated development of policies and guidance responding to the evolving demands of the AIDS epidemic, development of scenarios of and options for a long-term response to AIDS, including specific responsibility for overall policy and coordination on prevention.

Interagency: Interagency action on key strategic issues, the International AIDS Conference (including the Global Report on AIDS), and the 2008 UN General Assembly comprehensive review of the realization of the Declaration of Commitment on AIDS.”

Key Output 2

Key Output 2: Political commitment and leadership among government, civil society, non-state partners, private sector, labour and other stakeholders at all levels galvanized to ensure inclusive, multisectoral and sustainable AIDS responses.

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| <ul style="list-style-type: none"> ▪ Examples of convening and of resulting recommendations and declarations from the major forums on AIDS in priority areas – children, labour, other themes and sectors, with UNAIDS support. <i>(Secretariat)</i> | Cosponsors and Secretariat reports | Annual | Review indicators for Key Output 1 and Key Output 2 |
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Activities

UNICEF: Convene the IATT and Global and regional Partners Forums on children and AIDS to track implementation progress and define recommendations for accelerated scale up around children and AIDS.

ILO: Advisory services, policy guidance and technical support for ILO constituents (ministries of labour, employers and workers) to enable them to play an active role in national AIDS planning and programme implementation, ensuring full involvement of people living with HIV.

UNESCO: Building political commitment and advocating for comprehensive education responses to HIV and AIDS that are fully integrated into national action plans.

Secretariat: Advocacy and mobilization of political commitment for a targeted, comprehensive AIDS response integrated with other relevant programmes within the framework of UN reform and effectively utilizing the work of the Special Envoys of the Secretary General on AIDS.

Interagency: Collective UN action in the framework of UN reform, to provide enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.

Key Output 3

Key Output 3: Financial resources mobilized in a more timely and effective manner to match projected resource needs for a scaled up response.

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| <ul style="list-style-type: none"> ▪ Number of donor and partner forums convened on AIDS resource mobilization - <i>UNICEF suggestion</i> | 2006: to be provided | Cosponsor reports | Annual |
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Activities

UNHCR: Advocacy for increased resources and mainstreaming conflict affected and displaced populations into national HIV and AIDS policies, strategic plans and programmes and donor proposals.

UNICEF: Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.

WFP: Advocacy and technical assistance to mobilize resources for food and nutrition security as an essential element of the AIDS response by working with key civil society and national partners at all levels.

Key Output 4

Key Output 4: Strengthened leadership and capacity of people living with HIV and groups of people living with HIV, civil society and community-based organizations to meaningfully engage in AIDS responses at all levels.

	<u>2006 UNAIDS country reports</u>	UNAIDS country reports	Annual reports
<ul style="list-style-type: none"> ▪ Number of countries where local and national groups of PLWH and CBOs are supported by UNAIDS with technical guidance, resource mobilization advice and training and extent of this support. ▪ Level of involvement of the global and regional groups of people living with HIV in the AIDS response. 	<p>91 country offices responded;</p> <ul style="list-style-type: none"> ▪ 64 reported full participation of people living with HIV in national AIDS planning and reviews ▪ 25 reported insufficient yet increasing participation 		

Activities

UNDP: Implementation of leadership programmes and capacity building for groups and networks of people living with HIV, civil society and community-based organizations to strengthen partnerships, organizational capacity, and engagement in AIDS response.

Secretariat: Convening of innovative partnerships, promotion of multisectoral approaches to AIDS and support for mobilizing resources and the building of sustainable management, advocacy and service delivery capacity for, and with, non-state actors.

Key Output 5

Key Output 5: Coordinated and harmonized leadership by the UN system on AIDS, with strengthened capacity and AIDS competence at global, regional and country levels.

	<u>2006 UNAIDS country reports</u>	UNAIDS country reports	Annual reports
<ul style="list-style-type: none"> ▪ Number of functioning Joint Teams on AIDS 	<p>90 country offices responded,</p>		

66 countries reported having a Joint UN Team on AIDS in place

- Number of Joint Programmes in operation, i.e. used as basis for joint planning, resource mobilization, implementation assessment and reporting

89 country offices responded;

40 countries reported that a Joint Programme of Support has been developed as per the UNDG Guidance Paper and endorsed by the UN Country Team/Theme Group on AIDS

Activities

UNHCR: Coordination and collaboration with UNAIDS cosponsors, other UN-agencies, governments, humanitarian organisations, the civil society, sub-regional / regional initiatives, other relevant coordination and planning systems, and the beneficiaries to effectively address HIV and AIDS among people of concern to UNHCR.

UNDP: Advocacy and support through Resident Coordinator System for establishment and strengthened functioning of Joint UN Teams on AIDS at country level and joint programmes of support

UNESCO: Strengthening coordinated action among education stakeholders at all levels through key inter-agency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.

Secretariat: Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.

Interagency: Effective and coordinated action by UNAIDS and broader UN system, including through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.

Interagency: Support and facilitation of a joint response to AIDS at country level- especially through the UN Theme Groups on HIV/AIDS, Joint UN Teams on AIDS and UN Joint Programmes of Support on AIDS- and strengthening the links among stakeholders, including through implementation of the country support funding, using the comparative advantages of Programme Acceleration Funds (PAF), and Programme Support Funds (PSF).

Interagency: Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.

Principal Outcome 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.

Indicators

Baseline

Data source

Frequency

Comments

Indicators	Baseline	Data source	Frequency	Comments
1. Number of countries that report having national strategies on HIV and AIDS, that are multisectoral ⁴ , with clear strategic priorities with action plans that are costed and budgeted.	<p>2006 UNAIDS country reports</p> <p>78 country offices responded:</p> <p>75 reported having a National AIDS Framework that spell out national priorities;</p> <p>38- National AIDS Action Framework has been translated into a costed and budgeted operational plan and/or annual priority action plan.</p>	UNAIDS annual country reports	Annual	Accepted, this is the 2006-2007 UBW PR 5 indicator a)

Key Output 1

Key Output 1: Strengthened capacity of single inclusive national AIDS authorities to lead and coordinate a broad-based multisectoral and multi-partner response on AIDS, to convene participatory processes to develop National AIDS Strategies and Annual Action Plans that are costed, inclusive, credible, and informed by scientific evidence and social and epidemiological data; and to oversee the development and implementation of one agreed national monitoring and evaluation framework for AIDS.

1. Number of countries supported to develop costed and evidence-informed AIDS Strategies and Action Plans	2006:	ASAP service data	Annual
	1. 30 countries		
2. Number of countries supported to conduct joint reviews of the implementation of AIDS action plans and effective functioning of National AIDS authorities	2. 39 countries (to be confirmed)		

Activities

UNDP: Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.

ILO: Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.

World Bank: Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including in mainstreaming AIDS in key sectors (ii) improving financial management and disbursement, (iii) providing policy advice, technical and financial support at all levels including the public and private sector and in civil society.

⁴ Definition of multisectoral nature of national plans

World Bank: Advocacy, technical support, policy advice and capacity building to countries for the development of prioritized, costed and evidence-based national AIDS strategies and action plans.

World Bank: Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programs.

Interagency: Support to joint review processes and efforts to improve institutional design and functions of the national AIDS authorities for improved management, coordination, planning, alignment, scaling up, monitoring and evaluation of national AIDS responses, including through the use of improved tools for data management (Country Response Information System).

Key Output 2

Key Output 2: National AIDS Strategies, Annual Action Plans and priorities integrated into broader planning and budgetary processes, such as PRSPs, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans.

1. Number of countries supported for HIV integration into Poverty Reduction Strategy Papers (<i>UNDP and ILO work on it</i>)	1. forthcoming	Annual
2. Number of member states supported to integrate key principles of the ILO code of practice on HIV/AIDS and the world of work in AIDS workplace policies – <i>ILO suggestion</i>	2. ILO reports, ILO 2008-2009 Programme Budget, indicator for outcome 3.d.)	

Activities

WFP: Advocacy and technical assistance to include costed, evidence-based HIV food and nutrition programmes in National AIDS Strategies, Action Plans and Poverty Reduction Plans by working with governments and key stakeholders.

UNDP: Development of technical guidance and tools and provision of technical support for integrating AIDS priorities into national development and MDG plans, poverty reduction strategies and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes (including through joint PRSP mainstreaming programme with World Bank and UNAIDS Secretariat.)

UNFPA: Advocacy and technical assistance for the incorporation of inter-linkages of population dynamics and gender equality, sexual and reproductive health, young people's needs and HIV/AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.

ILO: Integration of HIV in Decent Work Country Programmes, including the development and implementation of sector-specific policies and programmes, as appropriate, and an outreach strategy for the informal economy.

WHO: Development of technical guidance and costing tools and provision of technical support for sustainable financing of HIV/AIDS services in the health sector.

World Bank: Development of tools and guidelines, and training to integrate AIDS into broader planning and budgetary processes including costing manual for PRSPs, guidelines for integrating HIV in MTEFs. (Includes the joint initiative on integrating AIDS in PRSPs in partnership with UNDP and the UNAIDS Secretariat.)

Key Output 3

Key Output 3: Increased, harmonized and aligned technical and financial support to scale-up funding and implementation of national AIDS programmes.

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| <ul style="list-style-type: none"> ▪ Number of technical support person-day provided by UNAIDS Technical Support Facilities; ▪ Number of countries helped by GIST processes to unblock implementation bottlenecks; ▪ Number of Country Implementation Support Teams established ▪ Number of countries that use the CHAT. | <p>2006 UNAIDS Country Reports</p> <ul style="list-style-type: none"> ▪ 2000 days of technical assistance provided in 2006 to over 49 countries <p>87 country offices responded: 65 countries reported that the UN Theme Group on HIV/AIDS and the UN Country Team are aware of the existence of the GIST (Global Joint Problem-Solving and Implementation Support Team)</p> | <p>UNAIDS country reports</p> <p>CHAT reports</p> | <p>Annual</p> |
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(Secretariat works on the options)

Activities

UNDP: Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.

World Bank: Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with GFATM, PEPFAR and others.

Secretariat: Guidance and support to strengthen capacity of national AIDS responses to scale up towards universal access targets; harmonization and alignment of donor funding to national priorities and implementation of other GTT recommendations at country level.

Interagency: Technical support to national partners, through joint UN team on AIDS, Technical Support Facilities and the Global Implementation Support Team and the Technical Assistance Funds, to overcome critical obstacles in scaling up comprehensive AIDS programmes and in securing funding, including through the Global Fund, World Bank, and other funding mechanisms.

Key Output 4

Key Output 4: Inclusion of the needs of the most-at-risk, affected and vulnerable groups in National AIDS Strategies and Action Plans with appropriate resources allocated.

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| <ul style="list-style-type: none"> ▪ Number of countries where the involvement of most-at-risk | <ul style="list-style-type: none"> ▪ Forthcoming | <p>UNAIDS country</p> | <p>Annual</p> |
|---|---|-----------------------|---------------|

populations into the development of National Strategic Frameworks was supported; <i>(Secretariat works on it</i>	▪ Forthcoming	reports		
▪ Implementation of the Framework on HIV and sex work; <i>and UNFPA works on it)</i>				
▪ Number of Joint UN Teams on AIDS programme of action which address HIV and sex work – <i>UNFPA suggestion.</i>	Need to gather in 2007	UNAIDS country reports	Annual	Will need to ensure consistency relative to the three pillars

Activities

UNICEF: Contribute to advocacy, promotion and technical assistance through harmonized interagency approaches with Government and partners to ensure that comprehensive national plans support a mix of evidence-based interventions to prevent HIV among adolescent up to the age of 18, including prioritized attention to especially vulnerable and most at risk adolescents

UNFPA: Support for institutional strengthening and technical capacity building of UNFPA COs, UNCTs, regional and national key population organizations (e.g., youth serving and youth led; sex work networks; women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate relevant HIV programmes and services.

UNODC: Provision of technical assistance to relevant government agencies, including, health, law enforcement, judiciary and social services, and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking (PVHT) and prisoners in the development and implementation of HIV/AIDS policies and programmes.

Key Output 5

Key Output 5: Strengthened capacity of country partners to assess and develop programmes to mitigate the socio-economic impact of AIDS.

▪ Number of supported country socio-economic studies, assessments of AIDS impact:	<u>2006 UNAIDS country reports</u>	UNAIDS country reports	Annual
<ul style="list-style-type: none"> • at national level • at sector level • at community level 	<p>90 country offices responded:</p> <ul style="list-style-type: none"> ▪ 31 countries evaluated the socio-economic impact of AIDS at the national level; ▪ 25 countries evaluated the socio-economic impact of AIDS on key sectors; ▪ 19 countries evaluated the socio-economic impact of AIDS at the community and/or household level. 		

(World Bank and ILO work on it)

Activities

UNDP: Advisory services and provision of technical support to develop methodologies conduct studies and implement strategies to assess and mitigate socio-economic impacts of AIDS.

ILO: Policies, mechanisms and technical support to develop coping strategies for workers affected by HIV and their families, including income-generation, (re)training, the extension of micro-finance and health insurance, and protection against child labour.

UNESCO: Promotion and support for implementation of broad multisectoral approaches to national HIV and AIDS programming that assure sufficient resources and attention to education and related sectors within overall development efforts.

World Bank: Contributing to improved knowledge in HIV/AIDS prevention, care and treatment through program and policy research and epidemiological synthesis.

Principal Outcome 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance, and resource tracking.

Indicators	Baseline	Data source	Frequency	Comments
1. Number of countries that produce complete and up-to-date data on country HIV surveillance estimates and are reporting on selected UNGASS indicators.	<p>2005 UNAIDS country reports</p> <p>88 country offices responded</p> <ul style="list-style-type: none"> ▪ 64 countries with surveillance reports ▪ 47 countries reporting on UNGASS indicators <p>2006 data UNAIDS country reports</p> <p>83 countries responded</p> <ul style="list-style-type: none"> ▪ 51 countries with surveillance reports ▪ 28 countries with country estimates ▪ 29 countries with surveillance reports with standard UNGASS indicators 	UNAIDS country reports and country UNGASS reports	Annual	<p>The completeness and accuracy of the reports is checked against the criteria established by the UNAIDS Reference Group on Epidemiology - quality assessment tool.</p> <p>This is the 2006-2007 UBW PR 14 indicator a.</p>

Key Output 1

Key Output 1: Improved coordination and harmonization of AIDS monitoring and evaluation approaches and systems.

Registry of AIDS indicators developed and made available to all countries

Secretariat report

(World Bank and Secretariat work on finalization)

Activities

UNICEF: Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.

UNICEF: Contribute to advocacy and technical assistance to generate data on age, sex and other specific background characteristics on HIV risk behaviour and vulnerabilities among adolescents up to the age of 18, as part of national, regional and global monitoring and evaluation systems.

WFP: Coordination with stakeholders to develop and integrate monitoring systems into food and nutrition components of care, treatment and support programmes in order to identify cost-effective best practice.

World Bank: Development of harmonized capacity building approaches to support partner coordination and accountability (11 components of a fully functional HIV M&E system and results scorecard).

Secretariat: Harmonization of global and country indicators, guidelines and tools and support to countries and regions for the development of data collection, analysis, and dissemination systems that include both monitoring of progress and evaluation of impact.

Key Output 2

Key Output 2: Reliable data, information and analyses made available on global, regional and national trends and impact of AIDS epidemic, and national responses, as well as improved estimation of global and country AIDS resource needs and tracking of financial flows.

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| <ul style="list-style-type: none"> ▪ UNAIDS Global reports, AIDS Epi fact sheets, estimates and projections produced ▪ Number of National AIDS Spending Assessments (NASAs) conducted <i>(Secretariat work on the finalization.)</i> | <p>2006 UNAIDS country reports</p> <p>17 countries reported to have completed at least one NASA (or similar exercises) in recent years; 7 countries performed a NASA for 2006; several others will produce a NASA for 2006 in 2007; Preliminary estimates for 2006 for AIDS public domestic spending (i.e. governmental) in low and middle income countries in 2006 was \$2.5 billion.</p> | <p>UNAIDS country reports</p> | <p>Annual</p> |
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Activities

UNHCR: Implementation of HIV information system and conducting standardized assessments, biological and behavioural surveillance, monitoring and evaluations, and programmatic research in conflict affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.

UNICEF: Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditure on children and AIDS.

ILO: Gathering and analysis of labour and employment data to clarify the impact of AIDS on the world of work and the national economy, in collaboration with UNAIDS.

UNESCO: Development and dissemination of evidence-based policies and practices in education on HIV prevention, care, support and treatment by strengthened and broadly-inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV.

WHO: Conduct and report on global surveillance of HIV, related risk behaviors, STIs, and HIV drug resistance and toxicity; estimate the resource needs of the health sector's response; monitor and report on progress on the health sector's contribution to scaling up towards universal access; and assist countries to strengthen capacity for operational research, surveillance of HIV, and monitoring and evaluation of the health sector's response to the epidemic.

Secretariat: Building capacity of countries for estimates and projections of HIV and AIDS, for resource needs estimation and for tracking of AIDS financial flows; improvement of related analytic tools; technical support for the collection, analysis and dissemination of data; improved access to information on trends of the AIDS epidemic, its impact, national responses, on resource needs and national, regional and global spending for AIDS.

Key Output 3

Key Output 3: Biomedical, socio-behavioral, and operational research agendas developed and promoted to foster scaling up of the response through improved programmes, practices and policies in prevention, treatment, care and support.

- Number of countries reporting implementation of research agendas with support from UNAIDS WHO: 5 UNAIDS country reports Annual

Activities

WHO: Stimulate, facilitate and coordinate biomedical, socio-behavioural and operational HIV/AIDS research relevant to the health sector response; monitor, analyze and report on major new research directions and findings; and provide advice on policy and programmatic implications of such research, including research on new prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis.

Principal Outcome 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.

Indicators	Baseline	Data source	Frequency	Comments
1. Percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy – by region.	2006 UNGASS reports: 28% of estimated 7.1 million people in need of treatment	UNGASS reports WHO progress reports on Global Access to HIV ART Therapy	Annual	This is the 2006-2007 UBW PR 14 indicator a.
2. Percentage of HIV-positive pregnant women provided with any antiretroviral prophylaxis to reduce the risk of mother-to-child transmission.	UNICEF Stocktaking report UNGASS Report: 2005: 9% 2006: 11%	UNGASS reports UNICEF stocktaking report; WHO progress reports on Global Access to HIV ART Therapy	Annual	This is the 2006-2007 UBW PR 10 indicator c.
3. Condom use at last sex with non-regular partner	2005 UNGASS reports	UNGASS reports	Annual	There was an agreement to have one non-medical indicator, maybe on primary prevention, to reflect all elements of the comprehensive response under this Principal Outcome. This is the 2006-2007 UBW PR 6 indicator b. This indicator is problematic for aggregation.

Key Output 1

Key Output 1: Strengthened capacities at country level for the provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies.

- Number and percentage of women living with HIV who want to delay or avoid another birth who are provided with modern contraceptive methods during the postpartum visit – *UNFPA suggestion*
 - forthcoming
 - Population based surveys such as DHS surveys
 - Facility level registers
- Indicator is draft and not finalized. IATT on PMTCT is discussing indicator and hopefully will have stronger conclusions after the IATT meeting; there is a possibility to use this for the two outputs – one on PMTCT and the on preventing sexual transmission etc.

Activities

UNFPA: Strengthening linkages between sexual and reproductive health and HIV/AIDS by promoting linkages using evidence base, providing technical support to countries, and disseminating guidance tools and promising practices to identify and implement key policy and programme actions, particularly focusing on rights-based sexual and reproductive health of people living with HIV, prevention of mother to child transmission, STI management, and integrating family planning and HIV.

WHO: Development of technical guidance and tools and provision of technical support for health sector interventions to prevent transmission of HIV, including prevention of sexual transmission and condom standards and quality assurance, treatment and control of sexually transmitted infections, prevention for people living with HIV/AIDS, safe blood supplies, prevention of transmission in health care settings, and implementation of new HIV prevention technologies, including male circumcision.

World Bank: Support efforts to scale-up access to essential HIV prevention services including for vulnerable and marginalized populations through analytical work, review of public expenditures and ensuring that obstacles to prevention services are addressed in national development agendas and Bank lending programs.

Key Output 2

Key Output 2: Enhanced capacities at country level to scale up comprehensive programmes for the prevention of mother-to-child transmission.

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| <ul style="list-style-type: none"> ▪ Number of countries supported to develop and implement PMTCT guidelines and strategies for scale up of PMTCT | 2005: 2 | UNICEF/WHO reports | annual | UNICEF and WHO play a key function in the scale up of PMTCT services and have spent significant amounts of resources to strengthen country structures and systems for implementation. These Cosponsors will lead for the elaboration of the indicators, related collection and validation of the monitoring data. |
| <ul style="list-style-type: none"> ▪ Number of PMTCT and paediatric HIV care training activities done to support national programs | 2006:10 | | | |
| <ul style="list-style-type: none"> ▪ Number of countries supported with Joint Missions technical assistance on PMTCT and paediatric HIV care and treatment for policy dialogue, harmonization and coordination of efforts | 2005: 3 | | | |

UNICEF suggestions

Activities

UNICEF & WHO: Provision of financial and materiel support, as well as technical assistance for acceleration of PMTCT implementation at national level including the development of supportive policies and costed, evidence-informed scale up plans, capacity development in the form of training of health care workers and direct support for management capacity at country level.

UNICEF & WHO: Advocacy and development of technical guidance and tools for the prevention of mother to child transmission (PMTCT) - through synthesizing evidence, identifying research priorities and collating global level service

delivery statistics – and support for countries' efforts to foster national level coordination and planning, provision of training materials for national level capacity building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate PMTCT interventions.

WFP: Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefiting patients and their families.

UNFPA: Provision of technical support, dissemination of existing and development, as required, of new guidance, and support for capacity building to implement the Global Strategy for Accelerating PMTCT scale up, particularly focusing on a basic package of HIV/AIDS services in maternal health care settings, sexual and reproductive health for women living with HIV, and linking maternal health services with other sexual and reproductive health services.

Interagency: Effective and coordinated action by UNAIDS and broader UN system to advocate, to forge partnerships and to mobilize resources and technical support for scaling-up programmatic actions on prevention of mother-to-child transmission of HIV.

Key Output 3

Key Output 3: Enhanced capacities at country level to scale up provision of AIDS treatment and care services, including antiretroviral therapy, prevention and management of opportunistic infections and other HIV related conditions, prevention for HIV positive people, nutrition, and palliative and end-of-life care and related education services.

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| <ul style="list-style-type: none"> ▪ Guidance, tools for the provision of AIDS treatment and care services, including antiretroviral therapy, prevention and management of opportunistic infections; ▪ Number of countries supported to scale up provision of AIDS treatment and care services, including antiretroviral therapy; | <p>WHO reports</p> | <p>Annual</p> |
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(WHO works on the finalization)

Activities

UNICEF: In collaboration with relevant partners, contribute to financial support and technical assistance for strengthened capacity to ensure appropriate and integrated approaches to care and treatment for pregnant women, HIV infected women, and HIV-exposed and infected children, as well as support for capacity development and adoption of policies promoting paediatric HIV care and treatment.

WFP: Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.

WHO: Synthesis of evidence, development of technical guidance and tools, and provision of technical support for scaling up antiretroviral therapy, improving HIV/AIDS care, and managing opportunistic infections for children and adults living with HIV/AIDS, strengthening laboratory capacity for monitoring treatment, and monitoring, evaluating and reporting on progress in the scale up of treatment and care.

World Bank: Support efforts to scale-up access for AIDS treatment and care services including development of innovative strategies through analytical work, review of public expenditures and ensuring that obstacles to treatment and care services are addressed in national development agendas and Bank lending programs.

Key Output 4

Key Output 4: Strengthened capacity of countries to ensure equitable access to HIV testing and counselling that ensures confidentiality, informed consent and counselling.

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| <ul style="list-style-type: none"> ▪ Number of countries supported to scale up testing and counselling (with informed consent and confidentiality assured) through a rights-based approach – <i>WHO suggestion</i>. | 2007 so far :

(2 direct, 1 workshop with 10 countries) | WHO Biannual |
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Activities

WHO: Synthesis of evidence, technical guidance and provision of technical support for the development and implementation of integrated policies and tools on HIV counseling and testing, including client -and -provider initiated testing and counseling for adults, children and families, and development of quality HIV diagnostics.

Key Output 5

Key Output 5: Improved capacity of countries to scale up joint HIV/TB planning, training, procurement and delivery of harmonized HIV/TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis.

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| <ul style="list-style-type: none"> ▪ Number of adults with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with national TB programme guidelines) in the reporting year as a proportion of the estimated number of incident TB cases in people living with HIV (<i>Taken from the UNAIDS Guidelines on indicators for UNGASS</i>) - <i>WHO suggestion</i>. | TBA WHO Annual | Original ideas: <ul style="list-style-type: none"> ▪ Guidance, tools, provision of technical assistance ; ▪ Number of countries supported to scale up joint HIV/TB planning, training, procurement and delivery of harmonized HIV/TB services; |
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Activities

WFP: Technical assistance and programmes for nutrition and food support in HIV/TB programmes.

UNODC: In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools, and provision of technical support in strengthening the capacity of countries to scale up joint HIV/TB planning, training, and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV-related tuberculosis in prison, drug dependence treatment and immigration detention settings.

WHO: Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV/AIDS and tuberculosis services.

Key Output 6

Key Output 6: Strengthened national systems for procurement and supply management for high quality HIV medicines, diagnostics, condoms, and other essential HIV commodities.

UNFPA works on the suggestion on the procurement of condoms, STD kits;

<ul style="list-style-type: none"> ▪ Number of focus countries with a comprehensive Procurement, Supply Management and Distribution plan for HIV medicines, diagnostics, condoms and other essential HIV commodities - <i>UNICEF suggestion.</i> 	2006: TBC	UNICEF reports	Annual	This activity also has to strengthen the 3-ones and the intention is that the indicator should reflect this. The main thrust of UNICEF's advocacy is to have a comprehensive procurement, supply management and distribution plan that is linked with the one national plan for scaling up. There is a need to define focus countries.
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Activities

UNICEF: Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of HIV pregnant women and their children. This includes supporting the development of procurement and supply management plans and capacity building as well as advocating for more appropriate formulations for PMTCT and paediatric HIV and adaptation of tools and instruments to assist in strengthening PSM.

UNFPA: Implementation of the Global Condom Initiative to intensify comprehensive condom programming (CCP) for HIV prevention and dual protection with emphasis on: (a) scaling-up female condom programming; (b) strengthening male condom programming; (c) increasing access and use of male and female condoms by women, young people, sex workers and populations in humanitarian settings; (d) building national capacity including through workshops, training of programme managers and service providers, condom branding, mass media campaigns, advocacy, and support for national coordination; (e) support for country level procurement of male and female condoms (MCs and FCs), STI drugs and diagnostics test kits including through training and support for the implementation of a low cost computer augmented LMIS system and (f) development of monitoring and evaluation (M&E) tools to assess progress and evaluate impact.

WHO: Provision of normative guidelines, quality standards including prequalification of HIV medicines and diagnostics, strategic information and technical support to strengthen national procurement and supply management systems.

World Bank: Provision of workshops, knowledge generation and dissemination to improve procurement and supply chain management of AIDS medicines and diagnostics in partnership with UNICEF and the Global Fund/PEPFAR/WB procurement working group.

Key Output 7

Key Output 7: Strengthened capacity of national and regional authorities in developing countries to utilize the flexibilities in the global trade rules in promoting wider access to affordable HIV-related pharmaceuticals and prevention commodities.

Number of legal reviews and training on the use of trade rules (TRIPS) flexibilities provided by UNAIDS worldwide. *(UNDP works on the finalization)*

Activities

UNDP: Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines.

WHO: Provision of normative guidance and technical support to enable countries to make full use of the flexibilities in the TRIPS agreement, and to promote wider access to affordable HIV commodities, including HIV medicines and diagnostics.

Key Output 8

Key Output 8: Improved capacities at country level for human resource planning, training, compensation, and retention measures in all sectors relevant to the response to HIV/ AIDS.

Number of countries with sound strategic plans for the health workforce, including policies and management practices on incentives, regulation and retention, with attention to specific issues raised by HIV/AIDS – *WHO suggestion, agreed with ILO., taken from the WHO MTSP indicator 2.2.2.*

To be established through a survey in 2007
WHO biannually

Activities

ILO and WHO: Policy guidance and technical support to strengthen human resources for health, including health workers access to prevention, care and treatment, with a particular focus on workplace policies, occupational health services, training and retention issues (in particular, occupational safety and health, working conditions, compensation).

UNESCO: Capacity development in designing, implementing and assessing efficient and rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support.

WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen human resources for health for the scaling up of HIV/AIDS prevention, treatment and care towards universal access, including a focus on HIV prevention, treatment and care for health workers, health workforce planning, certification and training of health workers, retention of health workers and expanding the health workforce through task-shifting.

Key Output 8

Key Output 9: Enhanced capacities at country level to provide equitable access, through the workplace, to comprehensive HIV prevention, treatment and care services.

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| <ul style="list-style-type: none"> Number of countries in which at least 20 formal or informal workplaces provide HIV/AIDS prevention, treatment, care and support services to workers through bipartite HIV/AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring, or through partnerships with national AIDS authorities – <i>ILO suggestion</i>, based on ILO's programme and budget for 2008-2009. | <p>ILO
Implementation
report</p> | <p>ILO biannually</p> |
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Activities

UNHCR: Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and / or implement and expand HIV workplace programmes.

ILO: Policy guidance, tools and technical support to employers, workers and ministries of labour for the planning and implementation of comprehensive, gender-aware and sustainable workplace programmes, building on existing structures such as occupational safety and health committees and including VCCT, PMCT and TB treatments as appropriate.

Principal Outcome No. 5: Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination, increase knowledge of sero-status, and improve equity in access to services in all settings.

Indicators	Baseline	Data source	Frequency	Comments
1. Number of countries that have laws and regulations that protect people living with HIV against discrimination ⁵ .	2005 UNGASS report	UNGASS indicator/ NCPI/part b: Number of countries that have laws and regulations that protect people living with HIV against discrimination.	Biennial	Accepted.
	2005 UNAIDS country reports 87 country offices responded: 44 reported that the country has such laws and regulations	UNAIDS country reports on the number of countries with national laws and regulations that specifically protect people living with HIV against discrimination.	Annual	This is the 2006-2007 UBW PR 2 indicator a.
2. Number of countries that have a policy to ensure equal access, between women and men, to prevention, treatment and care.	2006 UNAIDS country reports 85 country offices responded; 58 reported having laws and regulations that protect people living with HIV against discrimination	UNGASS indicator: National Composite Policy Index Part B on gender in relation to prevention, treatment, care and support.		Accepted. This is a new indicator for the UBW.
	2005 UNGASS report (NCPI)			

Key Output 1

Key Output 1: Coordinated promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes, and improved government adherence to human rights treaties and other related international obligations.

- Number of countries where advice is provided on the promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes: *(Secretariat and UNDP work on the finalization.)*

Activities

UNHCR Advocacy for HIV related protection and rights based approach for people of concern to UNHCR to be included in HIV policy, proposals and programmes at all levels and to have a non-discriminatory access to comprehensive HIV and AIDS response packages.

⁵ Such laws and regulations will include general non-discrimination provisions or those that specifically mention HIV with a focus on schooling, housing and employment

UNDP: Advocacy, policy support and development of normative and strategic guidance, to strengthen coherent and coordinated UN action in the area of HIV-related human rights and gender programming

UNODC: Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT) in line with human rights treaties and other related international standards.

ILO: Policy and technical support to ministries of labour and their authorities – in collaboration with employers and workers – to ensure that labour laws and policies include HIV, protect rights, combat discrimination and violence, and promote workplace programmes.

Secretariat: Support leadership and advocacy on human rights and gender equality in the global AIDS response, and development of human rights-based and gender-responsive policies and programmes, including the costing of necessary programmatic actions, mobilization of required resources, and increased capacity to track progress.

Key Output 2

Key Output 2: Strengthened capacity of government and civil society to address AIDS-related stigma and discrimination and other human rights issues especially in relation to most-at-risk populations.

- Number of countries supported to prioritize targeted actions to address stigma and discrimination and other human rights of most-at-risk populations in national AIDS plans, sector strategies or plans, *UNESCO suggestion*, or *forthcoming* *UNAIDS country reports* *Annual* On of the original suggestions:
 - Number and type of media communication campaigns supported by UNAIDS
- Number of countries with at least one representative from the most-at-risk populations on the advisory boards, governing bodies of national AIDS programmes, *UNESCO suggestion*,

Activities

UNDP: Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, CSOs, media, women's groups, the private sector and religious leaders to address HIV-related stigma and discrimination.

UNESCO: Strengthen rights-based, gender-responsive and culturally appropriate educational, health and information services, particularly for most-at-risk populations, with a particular aim of reducing stigma and discrimination

UNODC: Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking (PVHT).

Interagency : Support joint UN work to stimulate and support programmatic action on human rights and gender equality, especially in relation to most-at-risk populations, identify and build leadership capacity and forge partnerships on human rights and gender across sectors.

Key Output 3

Key Output 3: Strengthened capacity of government and civil society to overcome legal and policy barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities, including those designed specifically for vulnerable and most-at-risk populations.

- Number of countries supported to review, change and implement policies that address barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities. *(UNDP, UNODC, UNHCR work on the finalization)*

Activities

UNDP: Advisory services and support for undertaking legislative reviews and reform, promoting enforcement of laws that protect HIV-related rights and equality of women, and strengthening links between parliamentary, judicial and law enforcement structures.

UNODC: Legal and policy reviews as they relate to prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT), and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities.

Interagency : Collective UN action to support populations most-at-risk to HIV infection, including provision of technical support towards identified needs of capacity building, e.g. on resource mobilization, management and advocacy, to enable full engagement of these populations in AIDS responses.

Key Output 4

Key Output 4: Strengthened capacity of governments and civil society to address gender inequality, gender-based violence, and discrimination against women and girls in responding to AIDS and to engage men and boys in this response.

UNDP works to provide with UNIFEM to provide suggestion on the gender inequality, gender-based violence, and discrimination against women and girls

Activities

WFP: Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support.

UNDP: Advocacy, advisory services and technical support for planning and implementation of strategies to address gender dimensions of AIDS, reduce vulnerability of women and girls, mitigate impact, and strengthen networks of men and boys working to address gender and AIDS.

UNFPA: Advocacy and capacity building to mainstream gender equality into sexual and reproductive health programmes to address women's and girls' vulnerabilities, mitigate the impact of HIV, including gender-based violence, and involve men and boys in HIV prevention programmes.

Key Output 5

Key Output 5: Strengthened human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors.

Technical advice, workshops, tools on the capacity to address human rights and gender competencies among parliamentarians, judges, law enforcement officials *(UNDP, ILO and UNHCR work on the finalization)*

Activities

UNODC: Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drugs users, or living in prisons, or vulnerable to human trafficking (PVHT).

ILO: Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.

Principal Outcome No. 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.

Indicators	Baseline	Data source	Frequency	Comments
1. Percentage of most-at-risk populations reached by prevention programmes	2005 UNGASS reports: less than 20% Service coverage : IDUs – 8% MSM – 9% Engaged in sex work – n/a	UNGASS reports data Population surveys and health facilities data (BSSs)	biennial	Accepted. This is the 2006-2007 UBW PR 9 indicator b. A possibility to have percentage of most-at-risk populations reached by AIDS treatment for IDUs was discussed, but currently these data are not available. However, in the narrative we can put information from the regions (ECA) where have such data are collected.
2. Percentage of total national AIDS spending for most-at-risk populations.	to be established	National AIDS spending assessments	Annual - selected countries	Accepted. This is a new UBW indicator.

Key Output 1

Key Output 1: Accelerated support to governments and civil society to scale up effective HIV prevention, treatment, care and support services for those engaging in injecting drug use, sex between men, sex work, including in prison settings.

Number of countries supported to develop and/or implement programmes to scale up provision of HIV/AIDS prevention, treatment, care and support services to people engaging in injecting drug use, sex between men, sex work, including in prison settings. <i>WHO suggestion, agreed with UNODC</i>	UNODC, WHO, UNFPA reports	UNGASS reports, data	Biennial	Indicator measures the number of countries supported in the biennium 2008-2009. It is possible, however, to maintain a progressive aggregate from 2008 onwards.
	UNAIDS country reports	UNODC, WHO, UNFPA reports	Annual	
		UNAIDS country reports	Annual	

Activities

UNFPA: Advocacy and provision of technical support for implementation of policies and programmes addressing HIV and sex work, including through the greater and meaningful involvement and participation of sex workers as individuals

and through their organizations and networks- at national, sub-regional and regional and global levels.

UNODC: Provision of support and technical assistance to countries for resource mobilisation, establishment of multi-sector working groups, assessment of programmatic needs and capacity building towards the development, implementation and monitoring of effective HIV/AIDS prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking (PVHT).

WHO: Synthesis of evidence, provision of policy guidance, development of normative tools and guidelines and provision of technical support for strengthening of health services to deliver effective HIV prevention, treatment and care and STI services for injecting drug users, (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.

Key Output 2

Key Output 2: Expanded dissemination and support for the use of evidence-informed policies and practices as well as improved coordination and harmonization of approaches among all partners to address the vulnerabilities and needs of most-at-risk populations.

	Analysis of/by UNAIDS members	UNAIDS members	Annual	Original ideas:
Number of reports disseminated by UNAIDS members that address the vulnerabilities and most-at-risk populations (disaggregated by drug users, MSM, and those engaged in sex work) - <i>UNESCO suggestion.</i>				Data-collection and analyses, training & monitoring tools Number of countries that documented their work with vulnerable and most-at-risk populations in the Best Practice Collection/ exchange of information fora at regional or global level Clearing houses of HIV materials on effective programming for vulnerable and most-at-risk populations

Activities

UNFPA: Development, documentation and upscaling of models to strengthen the evidence base to support programming in the context of HIV and sex work.

UNODC: In collaboration with relevant national and international partners, including civil society organizations, develop, adapt, and disseminate evidence-based guidelines and best practices related to HIV/AIDS prevention and care for injecting drug users, people vulnerable to human trafficking (PVHT) and in prison settings.

UNESCO: Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalised and excluded populations, and to programmes that address specific vulnerabilities.

Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to scale up HIV prevention, treatment, care and support for men who have sex with men; and effective policies, partnerships and best practices in addressing the vulnerability of most at risk populations.

Principal Outcome No. 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.

Indicators	Baseline	Data source	Frequency	Comments
1. Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. (Target: 90% by 2005; 95% by 2010) disaggregated by sex		UNGASS reports from selected countries (annually – about 20 countries)	4-5 years	Accepted. This is a new UBW indicator
2. Ration of current school attendance among orphans to that among non-orphans, aged 10-14. <i>a new UBW indicator, core UNGASS indicator 12, every 4-5 years</i>	2005 data from the UNGASS reports	UNGASS indicator, MDG indicator, UNGASS		Original suggestions: UNGASS indicator on the number of people reached by prevention services, or MDG
<i>SUGGESTION FROM UNICEF:</i> any of the following UNGASS indicators could be used: 7, 8, 9, & 11.	2005 UNGASS reports		2-5 years	Suggested UNGASS indicators: 8 and 9 are about the most-at-risk populations 7 is collected every 4-5 years 11: Percentage of schools that provided life skills-based HIV education in the last academic year.
3. Number of countries in conflict/emergency affected and prone regions that have integrated and implemented HIV programmes for populations of humanitarian concern – <i>UNHCR suggestion.</i>	2006 UNAIDS country reports 84 country offices responded: 31 countries with National AIDS Action Frameworks that include programmes related to conflict-affected, disaster affected areas and/or other humanitarian settings; 36 countries have humanitarian action plans or similar strategies; 24 countries reported that their humanitarian action plans or strategies address the linkages between the humanitarian situation and HIV.	UNGASS data UNAIDS country reports	Annual	UNGASS reports may also be used
		UNHCR monitoring and annual reports		

Principal Outcome No. 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.

Indicators	Baseline	Data source	Frequency	Comments
	UNHCR monitoring and annual reports; data forthcoming	WFP Standard Project reports		
	WFP Standard Project reports			

Key Output 1

Key Output 1: Strengthened capacities at country level to prevent HIV among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking.

Forthcoming suggestion from the Global Coalition on Women and AIDS

Number of countries supported to address the needs of women

(UNDP and UNIFEM work on the suggestions and baselines)

Gender-based violence *(UNHCR work on the suggestion and baseline)*

Activities

UNHCR: Promotion, support and coordination of sexual and gender violence response activities within HIV and AIDS programmes in conflict, post-conflict and displacement settings and support programmes for women, girls and boys to reduce their vulnerabilities and risk behaviours to HIV.

UNFPA: Conduct advocacy to raise awareness of 'feminisation' of the epidemic, support policy dialogue to catalyse action, provide technical support, and disseminate/develop guidance and good practices to reduce vulnerability of women and girls, mitigate impact, and empower women and girls, including reducing barriers to utilisation of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas

UNODC: Development and dissemination of a Safe Mobility Toolkit for mobile and migrant populations, especially people vulnerable to human trafficking (PVHT); gender-responsive operational tools and guidelines which address the

needs of female injecting drug users, and women and young girls living in prison settings; and the provision of technical assistance to government and civil societies for their implementation.

Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to address vulnerability of women, gender inequality, involvement of men and boys, and other issues related to the feminization of the AIDS epidemic.

Key Output 2

Key Output 2: Enhanced capacities at country level to implement effective policies and programs to prevent infections among young people, including young people most at risk of HIV in line with treatment, care and support.

Technical support on the implementation for HIV programmes for young people, participation and capacity building *(UNESCO and UNFPA will provide suggestions and information in all columns)*

The number of countries with programmes specifically focusing on addressing the risk factors of especially vulnerable adolescents - *UNICEF suggestion*

2006: 73 countries	UNICEF reports	Annual	UNICEF supports a variety of activities on young people at country level and felt that we could contribute to this indicator
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Activities

UNHCR: Development and dissemination of culturally/linguistically appropriate HIV and AIDS information-education-communication materials, with particular focus on HIV, and sexual and reproductive health for people of concern to UNHCR.

WFP: Scaling-up of HIV awareness and prevention in food and nutrition support programmes among young people.

UNFPA: Increased access to comprehensive SRH/HIV information and education, skills and services for young people in and out of school, especially the vulnerable and most-at-risk through: effective coordination mechanisms at global, regional and country levels; mapping, data collection and use for the design, implementation, monitoring and evaluation of programmes; capacity building, development of policy and programme guidance tools; and support and advocacy for youth involvement and participation.

UNESCO: Implementation support for comprehensive national HIV and AIDS education programmes tailored to the gender-specific needs of groups of young people within the framework of universal access.

Key Output 3

Key Output 3: Strengthened capacities at country level to provide protection, care and support for children affected by HIV/AIDS.

Number of new or updated guidelines, including guidelines for sector-led responses on protection and support for children affected by HIV/AIDS developed and disseminated <i>UNICEF suggestion</i>	2006: 24	UNICEF reports	Annual	Original ides: Tools and technical assistance for capacities at country level to provide protection, care and support for children affected by HIV/AIDS
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Activities

UNHCR: Provision of technical support to youth and children, including separated and unaccompanied children and orphans, on basic rights awareness and life skills training to reduce their vulnerabilities to HIV and identify displaced children made vulnerable by HIV and AIDS to provide necessary support and work towards a durable solution.

UNICEF: Advocacy and provision of tools and technical assistance to develop and monitor policies, the implementation of costed, evidence-informed scale up plans for children affected by AIDS.

WFP: Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV and AIDS.

Key Output 4

Key Output 4: Strengthened capacities and coordinated approaches of government and humanitarian actors to implement internationally accepted policies and standards, and effective and sustainable multisectoral HIV and AIDS programmes for populations of humanitarian concern, including for food insecure households, migrants and mobile populations, armed and uniformed groups.

Number of countries that are supported to integrate emergency-affected and the surrounding host communities in their National HIV/AIDS policies, programmes and strategic plans and implemented specific activities for them according to the IASC Guidelines for HIV/AIDS interventions in emergency settings – <i>UNHCR suggestion</i> .	<ul style="list-style-type: none"> ▪ UNHCR forthcoming monitoring and annual reports; ▪ UNAIDS forthcoming country reports; ▪ WFP data ▪ data from forthcoming UNFPA and ILO reports 	<ul style="list-style-type: none"> ▪ UNHCR monitoring and annual reports; ▪ UNAIDS country reports; ▪ WFP Standard Project reports; ▪ Data from UNFPA and ILO reports 	UNGASS reports may also be used
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Activities

UNHCR: Support and coordination of integrated and comprehensive HIV and AIDS response programmes for emergency affected populations (refugees, internally displaced persons and other people of concern) and the surrounding

communities according to the phase of the emergency and the type of the HIV epidemic guided by the IASC Guidelines on HIV Interventions in Emergencies.

UNHCR: Provision of technical assistance to implementing partners and build their capacities to design and implement HIV and AIDS programmes in conflict, post-conflict and displacement settings, and ensure availability of sufficiently trained personnel to coordinate and monitor HIV technical support.

WFP: Integration of HIV nutrition into all WFP emergency responses through the use of specialized vulnerability assessment tools to guide the targeting and programming of food and nutrition support for affected children, people on ART, people living with HIV and their families.

UNFPA: Integration of comprehensive sexual and reproductive health and HIV services, including prevention and response to gender based violence into emergency preparedness, humanitarian response, transition and recovery with emphasis on prevention of HIV and sexual violence among high risk groups affected by continuing crisis such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations.

UNODC: In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV/AIDS and the workplace, for uniformed groups, including law enforcement, prisons, border guards and immigration detention centre staff.

ILO: Collaboration with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers which protect their rights, recognize gender differences, and ensure their access to prevention and treatment services.

ILO: Establish and maintain policy guidance, technical assistance mechanisms and M&E systems to effectively address HIV among uniformed services and armed personnel, and other issues related to AIDS and security.

Interagency: Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.