



UNAIDS/PCB23/08.CRP.7  
21 November 2008

**23<sup>rd</sup> Meeting of the UNAIDS Programme Coordinating Board**  
Geneva, Switzerland  
15–17 December 2008

**Conference Room Paper**

**The Unified Budget and Workplan:  
monitoring implementation and planning for the future**

**2006-2007 Unified Budget and Workplan  
Performance Monitoring Report Supplement**

**UNAIDS achievements by Principal Result**



## Table of contents

<b>I.</b>	<b>Introduction.....</b>	<b>4</b>
<b>II.</b>	<b>UNAIDS achievements by Principal Result.....</b>	<b>7</b>
	1. UN system coordination.....	7
	2. Human Rights.....	9
	3. Leadership and advocacy.....	10
	4. Partnerships.....	12
	5. Country capacity - the “Three Ones” principles .....	14
	6. HIV prevention programmes.....	16
	7. Women and girls.....	18
	8. Children affected by HIV and AIDS .....	19
	9. Programmes addressing vulnerability to HIV.....	20
	10. Health-care systems for treatment of HIV and AIDS .....	22
	11. Family and community-based care.....	23
	12. National action to alleviate impact .....	25
	13. AIDS in conflict- and disaster-affected regions.....	26
	14. Strategic information, research and reporting.....	28
	15. Resource mobilization, tracking and needs estimation.....	30
	16. Human and technical resources .....	31
<b>III.</b>	<b>Performance Monitoring Matrix for Principal Results .....</b>	<b>33</b>

## I. INTRODUCTION

1. This conference room paper is a supplement to the 2006-2007 Unified Budget and Workplan Performance Monitoring Report (*UNAIDS/PCB(23)/08.26*). It describes UNAIDS' collective success in achieving the 16 principal results set forth in the 2006-2007 Unified Budget and Workplan. For each of the 16 principal results in the 2006-2007 Unified Budget and Workplan, measurable indicators were established to gauge the collective performance of the Joint Programme. The paper draws on information submitted by Cosponsors and the Secretariat on the achievements for each of their key results that are linked to specific principal results, as well as from data submitted by countries for 2006-2007 against the 25 core indicators for the Declaration of Commitment on HIV/AIDS. Case studies of UNAIDS activities in furtherance of individual principal results are highlighted.
2. The reported achievements on the principal result indicators are followed by a summary of key deliverables by the Cosponsors and the Secretariat attained through implementing the activities formulated under individual key results that are linked to the principal result. This presentation mirrors the structure of the Unified Budget and Workplan, where each of the 50 Cosponsor or Secretariat key results supports achievement of one or more principal results and is linked accordingly. The discussion of each principal result notes the members of the UNAIDS family that were responsible for specified key results in each of the 16 thematic areas of the principal results that are listed below in an abridged form:

Principal Results	Principal Result description	Agencies <sup>1</sup> with linked Key Results
1. UN system coordination	Coordinated, coherent and effective UN action, with stronger strategic positioning, greater capacity, and increased accountability to support the HIV/AIDS response at all levels.	UNDP, the Secretariat and interagency activities
2. Human Rights	Countries adopt and implement legislation, regulations and policies to address stigma and discrimination and to promote human rights and fundamental freedoms among people living with HIV and members of vulnerable groups.	UNHCR, UNDP, the ILO, UNESCO and the Secretariat
3. Leadership and advocacy	Increased awareness of the AIDS epidemic, its trends and impact, and effective approaches to curb the epidemic and mitigate its impact, as well as greater leadership among government authorities, decision-makers, and key opinion leaders to take needed action and enable an expanded response.	WFP, UNDP, the ILO, UNESCO, WHO, the Secretariat and interagency activities
4. Partnerships	Broad-based partnerships that include government, empowered civil society and nongovernmental organizations,	UNICEF, WFP, UNDP, UNFPA, the ILO, UNESCO, WHO, the

<sup>1</sup> The listed agencies (Cosponsors and the Secretariat) are those that have key results linked to corresponding principal results. This allocation of responsibilities in different areas follows the defined institutional expertise and functions and reflects the UNAIDS Division of Labour; efforts of other agencies focusing their work in other domains contributes to the achievements.

Principal Results	Principal Result description	Agencies <sup>1</sup> with linked Key Results
	women, young people, people living with HIV, faith-based organizations, the private sector, philanthropic entities, and intergovernmental organizations, and that collectively generate effective action on HIV and AIDS at global, regional and country levels.	World Bank and the Secretariat
5. Country capacity—the “Three Ones” principles	Countries able to establish or strengthen a single national AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework that drives the alignment of all partners (including at decentralized levels), and one agreed national M&E framework for AIDS programmes that is capable of producing high-quality estimates on the status and trends of the epidemic, its impact, and the response to it.	UNDP, the ILO, UNESCO, WHO, the World Bank, the Secretariat and interagency activities
6. HIV prevention programmes	Countries able to establish, implement and scale-up HIV prevention responses, addressing, in particular, the needs of children and young people.	UNHCR, UNICEF, UNDP, UNFPA, UNODC, the ILO, UNESCO, WHO and interagency activities
7. Women and girls	Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.	UNICEF, UNDP, UNFPA, UNODC, the ILO, UNESCO and the Secretariat
8. Children affected by HIV and AIDS	Countries able to adopt and implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.	UNICEF
9. Programmes addressing vulnerability to HIV	Countries able to develop, implement and scale-up strategies, policies and programmes at national and decentralized levels which identify and address factors that make individuals and communities vulnerable to, and at greater risk of, HIV infection.	UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, the ILO and UNESCO
10. Health-care systems for treatment of HIV and AIDS	National, regional and international strategies are adopted and under implementation to strengthen health-care systems to reinforce prevention and equitably deliver services for the	UNHCR, UNICEF, UNFPA, the ILO, WHO and the World Bank

Principal Results	Principal Result description	Agencies <sup>1</sup> with linked Key Results
	diagnosis, treatment and care of HIV and AIDS, including expanded capacity to procure and deliver an uninterrupted supply of HIV and AIDS medicines and diagnostics	
11. Family and community-based care	Countries able to strengthen family- and community-based care systems to provide and monitor treatment, support to people living with HIV (including treatment literacy and adherence), and equitable access to HIV-related medicines.	UNICEF, WFP, UNDP and the ILO
12. National action to alleviate impact	Countries able to integrate AIDS, as both emergency and development issues, into national and sector development processes and instruments, and implementation of sector-specific strategies to address the economic and social impact of the AIDS epidemic, including in the workplace.	UNDP, the ILO and the World Bank
13. AIDS in conflict- and disaster-affected regions	National, regional and international policies to incorporate AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural disaster situations.	UNHCR, WFP, UNDP, UNFPA and the World Bank
14. Strategic information, research and reporting	Up-to-date information and knowledge on the status, trends and impact of the AIDS epidemic and the response; operational research on effective responses; and promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.	UNHCR, WFP, the ILO, UNESCO, WHO, the Secretariat and interagency activities
15. Resource mobilization, tracking and needs estimation	Mobilization and utilization of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector, and individuals in the response to AIDS.	UNHCR, UNICEF, WFP, UNDP, the ILO, WHO, the World Bank and the Secretariat
16. Human and technical resources	All countries in need, regardless of HIV prevalence, able to identify, access and utilize human and technical resources for priority HIV and AIDS activities.	WFP, UNDP, the ILO, the Secretariat and interagency activities

## II. UNAIDS ACHIEVEMENTS BY PRINCIPAL RESULTS

### PRINCIPAL RESULT 1: UN SYSTEM COORDINATION

***Coordinated, coherent and effective UN action, with stronger strategic positioning, greater capacity, and increased accountability to support the AIDS response at all levels.***

#### Reported data for the achievement indicators

3. ***Financial and human resources allocated for AIDS by UNAIDS Cosponsors and the Secretariat.***
  - Financial resources for HIV-related activities allocated by members of the Joint Programme increased from US\$ 1.3 billion in 2004-2005 to almost US\$ 2.6 billion in 2006-2007. The number of full-time equivalent HIV staff positions employed by members of the UNAIDS family at the end of 2006-2007 totaled 2967—an increase of 72% over staffing in 2004-2005.
4. ***Number of UN Country Teams that report having UN-Implementation Support Plans (ISPs) on HIV/AIDS or other joint programming document under development, or in implementation, with reports on implementation.***
  - As of December 2007, 56 Joint Programme of Support were developed and endorsed by the UN Country Team and/or UN Theme Group on HIV/AIDS. This represents an increase over the 39 implementation support plans reported in 2005 and the 38 Joint Programmes of Support reported in 2006.
5. ***Feedback from national counterparts, e.g. National AIDS Committees, on UN coordination.***
  - Twenty countries, primarily through national AIDS coordinating bodies, used the Country Harmonization and Alignment Tool (CHAT) in 2007. The CHAT reports enabled to gauge feedback from national counterparts on the UN coordination. For example, the review in Kenya concluded that the harmonization and alignment of effort is improving visibly among multilateral agencies. Further, an independent evaluation of the implementation of the Global Task Team recommendations determined that the Joint Programme has effectively implemented the UNAIDS Technical Support Division of Labour in most countries.

#### Highlights of UNAIDS' contributions

6. The efforts of UNDP, the Secretariat and interagency activities enabled achievement of key results linked to this principal result, with all Cosponsors being involved in improving UN coordination, coherence of work, with greater capacity, and increased accountability. In the process of implementing the planned key results gearing towards principal result 1, a number of salient achievements were accomplished. Among a few highlights, the following may be cited.
7. Implementing the Secretary-General's 2005 directive to Resident Coordinators to establish Joint UN Teams and Joint Programmes of Support, UNAIDS country offices report that UN Theme Groups in 89 countries had established Joint Teams as of December 2007. Efforts to create joint teams were facilitated by the development of two guidance papers by the UN Development Group. A strategic framework for UNAIDS support to countries in 2007–2010<sup>2</sup> reaffirmed country support as a priority for the Joint Programme and established a common set of strategic directions for the UNAIDS family. During the 2006-2007 biennium, UNAIDS developed and the Programme Coordinating

<sup>2</sup> The Strategic Framework has now been reviewed and extended to 2011 pursuant to the April 2008 PCB Decision, Recommendations and Conclusions Item 12.

Board endorsed a new Unified Budget and Workplan for 2008-2009, which strengthens the Joint Programme's results-based orientation and brings the Unified Budget and Workplan into alignment with guidelines of the Development Assistance Committee of the Organization for Economic Cooperation and Development.

8. Interagency collaboration on technical support significantly strengthened in all regions in a wide variety of areas, including programmes for injecting drug users, resource

needs assessments and associated resource mobilization, partnership cultivation, human rights, and focused technical assistance to overcome implementation obstacles.

9. The UN learning strategy activities, UN Cares and its 'minimum standards' have been developed and implemented within the overall framework of the "UN HIV/AIDS Personnel Policy" and the "ILO Code of Practice on HIV/AIDS and the World of Work" agreed by UN system agencies as the common standard for the UN workplace. As part of the UN learning strategy implementation, two-thirds (66%) of UN staff members and 18% of family members reported having participated in at least one HIV-related learning activity organized by the UN system since 2003, with 90% finding such activities to be useful to their work.

10. In 2006-2007 the UN Plus group became

institutionalized as a UNAIDS initiative with an Advisory Group composed of HIV positive staff members from across the UN in different regions. The group published first position papers on stigma and discrimination, confidentiality, travel and mobility, and health insurance.

#### **Building on the UNAIDS Technical Support Division of Labour to strengthen UN coordination in thematic areas**

In addition to identifying lead agencies and primary partners in 17 thematic areas, the UNAIDS Technical Support Division of Labour has provided a platform for clarifying roles and promoting coordination within individual areas. In the case of young people, for example, each UNAIDS Cosponsor and the Secretariat have clearly identified roles and programmatic emphases. Some examples: UNICEF leads in the area of care and support for young people and children affected by AIDS, including orphans and vulnerable children; ILO focuses on ending child labour and other issues associated with the world of work; UNESCO emphasizes policy and programmatic responses in education sectors; UNFPA promotes HIV prevention among young people; and UNHCR addresses the HIV-related needs of displaced adolescents. The process of elucidating specific roles and anticipated outcomes in each thematic area increases impact, reduces overlap and duplication, and promotes a more coherent UN response.

#### **Improving UN coordination at country level**

In Zambia, the UN Country Team established the Joint UN team on AIDS to ensure a strong, coordinated and strategic UN system response in support of the national response. Following a thorough consultation process with various key stakeholders in Zambia, and based upon an agreed Division of Labour, the Joint Team together planned and developed the Joint UN Programme of Support, which was endorsed by the UN Theme Group. The programme document summarizes the entirety of the UN's support to the national response to AIDS in Zambia, whether individual, joint or collaborative between organizations and strategically prioritizes the tasks of Zambia's AIDS Strategic Framework 2006-2010, most aligned with the comparative advantages of the 13 UN organizations present. An annual review was undertaken at the end of 2007 to assess the achievements and lessons learned in the implementation of the first year of the 2007 Joint UN Annual Workplan. The outcome of the annual review showed that the overall implementation rate of the Joint UN Annual workplan for 2007 was estimated at 79% with 62 % of these completed by end December 2007 and 17% still on-going into 2008.



## **PRINCIPAL RESULT 2: HUMAN RIGHTS**

***Countries adopt and implement legislation, regulations and policies to address stigma and discrimination and to promote human rights and fundamental freedoms among people living with HIV and members of vulnerable groups.***

### **Reported data for the achievement indicators**

#### **11. *Number of countries that report having laws and regulations that protect people living with HIV against discrimination.***

- According to information reported by countries to UNAIDS on core indicators for the 2001 Declaration of Commitment, at the end of 2007 two-thirds (67%) of countries had laws and regulations in place to protect people living with HIV from discrimination. This represents a modest improvement over the 61% figure for countries reporting the existence of anti-discrimination laws as of December 2005. This increase is consistent with reports from UNAIDS country offices, which indicate that the number of countries with anti-discrimination laws rose from 44 in 2005 to 65 in 2007.

#### **Addressing women's access to land and property in the context of HIV**

In the Asia Pacific region, UNAIDS supported a programme addressing women's rights to land and property in the context of HIV. In order to bring the issue to the attention of policy makers and incorporate it into the HIV response agenda, a high impact large scale advocacy event was held in 2007—the Asia Pacific court of Women on inheritance and property rights. The Court hosted over 500 people, including 22 women testifiers who shared their personal stories from 11 countries in the region. The outcomes from the Court created demand for country specific action on increasing women's access to land and property using human rights framework. The first country level initiative started in Nepal. With the endorsement of Justice Kalyan Shrestha of the Supreme Court of Nepal, and in partnership with the Forum for Women, Law and Development, an innovative initiative involving rights holders and duty bearers, was rolled out in Nepal. The programme resulted in a renewed commitment from policy makers to give priority to women's land rights.

#### **12. *Number of countries that have a mechanism that monitors and reports on violations of human rights and discrimination in relation to HIV and AIDS and use it to influence policy reform and promote human rights.***

- Based on reports by UNAIDS country offices, the number of countries having an independent national institution for the promotion and protection of HIV-related human rights increased from 39 in 2005 to 61 in 2007. According to nongovernmental informants that participated in responses to the National Composite Policy Index, the number of countries having an independent national institution for the promotion and protection of human rights increased from 51 in 2005 to 90 in 2007. However, informants in only 47% of countries said legal services were available in 2007 to assist people living with HIV in enforcing their rights.

### **Highlights of UNAIDS' contributions**

13. UNHCR, UNDP, the ILO, UNESCO and the Secretariat were responsible for key results linked to this principal result. In the process of implementing the planned key results gearing towards principal result 2, a number of salient achievements were accomplished. The following may be cited.
14. The Joint Programme undertook 15 rights-based initiatives for key vulnerable populations, conducted numerous train-the-trainers workshops on stigma reduction, and developed and translated numerous human rights kits. UNAIDS also undertook a mapping exercise on stigma and discrimination in African cities, identifying current resources, gaps and opportunities for intervention.

15. Three-quarters of HIV-related operations undertaken by the Joint Programme in humanitarian settings include specific activities against stigma and discrimination. Staff working in humanitarian settings received training on monitoring and reducing stigma and discrimination. UNAIDS conducted policy and legal reviews in South and Central Asian countries to inform recommendations to make national frameworks more conducive to implementation of effective HIV programmes for drug users.

#### **Supporting HIV-positive teachers in east and southern Africa**

Commemorating World AIDS Day in 2006, a technical consultation co-organized by UNESCO and EI-EFAIDS (EI, EDC and WHO) aimed to share experiences and articulate common, key elements of comprehensive responses for HIV-positive teachers. The consultation brought together a range of different stakeholders including ministries of education, teachers' unions and HIV-positive teachers' networks from six countries in East and Southern Africa—the two regions in the world which are the most highly affected by HIV—namely Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe. The participants reviewed actions at global, country and community levels, examined barriers and success factors to responding to the needs of HIV-positive teachers, and made recommendations on how challenges can be overcome.

16. UNAIDS supported sound, non-stigmatizing media coverage of HIV-related issues through such activities as the training of 94 television producers in Africa and Asia and numerous television episodes that incorporated anti-stigma messages. The Joint Programme undertook analyses of media coverage to create a database regarding the major gaps and challenges associated with HIV-related coverage and to inform documentation of best media practices. Leadership trainings in Ethiopia increased the capacity of government, civil society, media and people living with HIV to address women's inheritance and property rights. More than 560 workplace HIV programmes that received technical support from the Joint Programme in 2006-2007 expressly addressed human rights, stigma and discrimination.

### **PRINCIPAL RESULT 3: LEADERSHIP AND ADVOCACY**

***Increased awareness of the AIDS epidemic, its trends and impact, and effective approaches to curb the epidemic and mitigate its impact, as well as greater leadership among government authorities, decision-makers, and key opinion leaders to take needed action and enable an expanded response.***

#### **Reported data for the achievement indicators**

***17. Number of countries that established targets for universal access in the three programmatic areas: prevention, treatment and support.***

- As of March 2008, 105 countries had developed time-bound national targets for universal access to HIV prevention, treatment, care and support, including for groups most at risk, with 76 countries having integrated universal access targets into their national AIDS strategies. Analyses indicate that universal access targets are more comprehensive for HIV treatment than for HIV prevention; while 87% of countries have developed universal access targets for HIV treatment, only about 50% have targets for key HIV prevention services.

18. ***Number of countries with national monitoring and evaluation strategies that align to national strategic frameworks, commit to the “Three Ones” principles, are costed, and are providing data for decision-making.***

- Country reports to UNAIDS on the National Composite Policy Index indicate that the percentage of countries with a single monitoring and evaluation plan rose from 41% in 2005 to 68% in 2007. The percentage of countries with a budget for HIV monitoring and evaluation increased from 48% in 2005 to 59% in 2007. The number of countries meeting the full array of monitoring and evaluation requirements—i.e. having a functional monitoring and evaluation unit, a costed plan, associated budget, and a centralized HIV database—rose from 14 to 44.

**Highlights of UNAIDS’ contributions**

19. The efforts of WFP, UNDP, the ILO, UNESCO, WHO, the Secretariat and interagency activities enabled achievement of key results under this principal result. In the process of implementing the planned key results gearing towards this principal result, there are a number of salient achievements reported.

20. UNAIDS provided staff support and guidance for the High Level Meeting on HIV/AIDS in 2006, which resulted in global agreement to move towards universal access. The UNAIDS family participated in more than 100 sessions at the 2006 International AIDS Conference, and UNAIDS was quoted or cited by more than 4600 mass media articles in 2006-2007. UNAIDS supported the work of the UN Secretary-General’s special regional envoys on HIV/AIDS.

21. Framework documents and issues papers were developed on governance of the HIV response, and a capacity assessment on governance was undertaken in five Eastern European countries, leading to development of a tool to promote effective country-level programming. Seventeen countries and one region benefited from UNAIDS-sponsored leadership programmes to strengthen and scale up multisectoral responses; these initiatives built capacity among more than 2000 individuals in Africa, Asia and the Pacific, reaching participants from government, civil society, people living with HIV, and the private sector. The Joint Programme assisted more than 30 countries in integrating HIV into development planning instruments, such as Poverty Reduction Strategy Papers and aided 17 countries in mainstreaming HIV into key sectors and ministries.

**The push towards universal access  
in Botswana**

Aspirations to achieve universal access, reflected in clear national targets, have greatly strengthened and focused the national HIV response in Botswana. By the end of 2007, nearly 80% of adults and children with advanced HIV infection were receiving antiretroviral medicines, and more than 95% of HIV-infected pregnant women received antiretroviral medicines for the prevention of mother-to-child HIV transmission. Bottlenecks to scale-up have been identified and addressed in a mid-term review of the national strategic HIV framework, and significant progress has been made in improving the coordination and harmonization of efforts by all partners and stakeholders in the HIV response.

## **PRINCIPAL RESULT 4: PARTNERSHIPS**

***Broad-based partnerships that include government, empowered civil society and nongovernmental organizations, women, young people, people living with HIV, faith-based organizations, the private sector, philanthropic entities, and intergovernmental organizations, and that collectively generate effective action on HIV at global, regional and country levels.***

### **Reported data for the achievement indicators**

**22. *Number of countries where a national periodic review of the national strategic plan was conducted in partnership with stakeholders, including civil society and key development sectors.***

- The number of countries that reported having undertaken a review of the national strategic plan with the participation of civil society rose from 42 in 2005 to 108 in 2007. In addition, according to UNAIDS country reports, participation of people living with HIV in such reviews grew from 39% of countries in 2004 to 52% in 2007<sup>3</sup>.

**23. *Number of functional subregional and regional intergovernmental multipartner bodies, forums, initiatives, partnerships and economic entities that address AIDS or mainstreamed AIDS issues into their action plans.***

- In six regions, 33 functional subregional and regional intergovernmental multi-partner bodies, forums, initiatives, partnerships and economic entities that address AIDS or mainstreamed AIDS issues into their action plans were reported, compared to 22 in 2005. This included 23 regional initiatives, for example: Horizontal Technical Cooperation Group for Latin America and Caribbean, AIDS Watch Africa (AWA), Joint Sub-Regional Programme on HIV/AIDS along Abidjan-Lagos Transport Corridor, Indian Ocean Initiative on HIV/AIDS, APLF, Asian Forum of Parliamentarian for Population and Development (AFPPD) and Commonwealth of Independent States; 6 Institutional Initiatives, for example: Asia Pacific Economic Cooperation (APEC) and Pan Caribbean Partnership on HIV/AIDS (PANCAP); 4 Key Regional bodies collaborating with UNAIDS, for example, African Union, Association of Southeast Asian Nations (ASEAN) and Economic Commission for Africa (ECA).

### **Highlights of UNAIDS' contributions**

24. UNICEF, WFP, UNDP, UNFPA, the ILO, UNESCO, WHO, the World Bank and the Secretariat were responsible for key results linked to this principal result. Through implementation of the related key results, listed agencies demonstrated a number of salient achievements.

25. More than 120 countries—most with the direct assistance of UNAIDS—convened broad-based consultation to identify strategies and addressing obstacles to scale up towards universal access. With strong support from UNAIDS, nearly 800 civil society representatives attended the 2006 High Level Meeting on HIV/AIDS independent of country delegations; most of country delegations included people living with HIV; an estimated 1000 civil society participants attended the meeting. The Joint Programme supported numerous global, regional and national networks of people living with HIV, forged partnerships with new civil society partners (including evangelical Christian and Islamic groups), supported national and regional trainings for religious leaders in the Arab states, and worked to develop or strengthen various partnerships with business and industry. All active programmes funded through the World Bank's Multicountry AIDS Programme included support to civil society and the private sector. Funding, technical

<sup>3</sup> The 2007 figure signifies full and adequate participation by PLHIV in such a national review. According to UNAIDS country reports, 76% of countries had a review that involved *some* participation by PLHIV, although participation was deemed inadequate in 21 countries.

assistance and information sharing support was provided by the World Bank to over 60 000 grassroots initiatives in Africa and the Caribbean to increase HIV awareness, reduce stigma and discrimination, and care for children affected by HIV and offer training.

26. More than 13 000 young people, peer educators and youth-focused programme staff were trained in 2006-2007, and one global and 30 country-level youth advisory panels were established to work in partnership with the Joint Programme. National strategies on HIV and young people were developed in 14 countries and new or revised policies launched in 18 countries.
27. Strategic partnerships on HIV and education were in place in 70 countries. The Joint Programme provided educational and advocacy materials on HIV and education to partners in more than 100 countries. UNAIDS supported development or strengthening of HIV and education strategies in countries in more than 50 countries in the Caribbean, the Middle East and North Africa, Eastern Europe and Central Asia, sub-Saharan Africa, and South East Asia.
28. Extensive technical support was provided to partners working to strengthen the HIV response in the world of work. For example, in 2006-2007 more than 500 companies across regions and sectors, including large corporate groups, enterprises, public utilities and government departments, were supported and worked to address HIV. Business coalitions were established in 27 countries and case studies published on corporate and trade union responses to HIV. UNAIDS mapped all of its business partners, produced a title on trade union action in the Best Practice Collection and a manual on partnering with the private sector, and assisted in the formation of the first business coalition in the Arab region. The number of international partners that include food and nutrition in their HIV-related strategies and programmes rose from 440 in 2005 to 546 in 2007.
29. Civil society recipients accounted for 41% of Programme Acceleration Funds, UNAIDS' catalytic funds for countries, in 2006-2007. Civil society networks in central and southern Africa benefited from UNAIDS-sponsored leadership trainings, and UNAIDS supported community capacity enhancement initiatives in 14 countries, in part through the development of a regional pool of consultants to provide training and technical assistance. UNAIDS helped build leadership and organizational capacity in more than 20 networks of people living with HIV.
30. UNAIDS entered into a memorandum of understanding with the Global Fund to strengthen the Joint Programme's partnership with the Fund and to support the quality and implementation of programmes supported by the Fund.

#### **Promoting public-private workplace partnerships in Barbados**

The AIDS Foundation, the national business coalition and ILO convened a high-profile summit of Chief Executive Officers in March 2007 to promote public-private partnerships for workplace HIV programmes in Barbados. Leading workers' groups pledged their support for the initiative, which was also backed by the Prime Minister, who announced that the government would offer tax and other incentives to encourage such partnerships.

## **PRINCIPAL RESULT 5: COUNTRY CAPACITY – THE “THREE ONES” PRINCIPLES**

***Countries able to establish or strengthen a single national HIV/AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral HIV/AIDS action framework that drives the alignment of all partners (including at decentralized levels), and one agreed national M&E framework for AIDS programmes that is capable of producing high-quality estimates on the status and trends of the epidemic, its impact, and the response to it.***

### **Reported data for the achievement indicators**

#### **31. Number of countries that report having national strategies on HIV with clear strategic priorities with actions plans that are costed and budgeted.**

- Nearly all (97%) countries had national multisectoral strategic HIV frameworks as of December 2007, in comparison to 90% in December 2005. In 69% of countries, national HIV frameworks have been translated into costed operational plans with programme goals, detailed programme costing, and identified funding sources; this compares to 53% of countries whose national frameworks reportedly satisfied such criteria in December 2005.

#### **32. Number of countries with established and functioning joint monitoring and evaluation country support teams (including UN system organizations, academic institutions, civil society)**

- The percentage of countries with a joint monitoring and evaluation framework endorsed by all partners increased from 54% in 2005 to 78% in 2007. In 2005, 59% of countries had some form of national monitoring and evaluation support team. By 2007, 71% of countries had a support team that included government partners, 65% involved UN system organizations, 58% involved donor agencies, and 51% involved civil society.

#### **“Making the Money Work” through support to national AIDS strategic and operational planning**

The UNAIDS AIDS Strategy and Action Plan (ASAP) service contributed to improvements in national AIDS strategic and operational planning to “make the money work” through peer reviews, direct technical support, capacity building and development of tools. Such support resulted in strengthened evidence-base to improve strategy performance. Thus, in Latvia a peer review of the national AIDS strategy identified a need to reflect a fuller picture of the epidemic and the response to date, linking planned activities to the data and assessing implementation capacity. In response, partners in Latvia decided to revisit their plan and requested financial and technical assistance from ASAP to strengthen their response based on the suggested areas of improvement. As a result, the revised strategy is driven by data on the epidemic, includes greater detail on planned activities, and costs and identifies financing sources in line with the data. It also incorporates realistic and achievable assessment indicators and targets, and describes more clearly the institutional arrangements to implement the new strategy.

### **Highlights of UNAIDS’ contributions**

33. The efforts of UNDP, the ILO, UNESCO, WHO, the World Bank, the Secretariat and interagency activities enabled achievement of key results linked to this principal result. In the process of implementing the planned key results, a number of salient achievements were accomplished.
34. The Joint Programme provided technical assistance to 57 countries to develop focused prioritized, evidence-informed and costed strategies and action plans consistent with the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Organizations and Bilateral Donors. The Joint Programme supported 32 countries with joint annual reviews of national strategies. Support for the development and review of national strategies and action plans was facilitated by establishment in 2006 of the UNAIDS AIDS Strategic and Action Plan (ASAP), service housed at the

World Bank, which provided focused assistance to 35 countries in 2006-2007. In addition, it developed a tool that countries could use for assessing their AIDS strategies and action plans, and enhanced the capacity of national programme implementers and policy makers in strategic planning.

35. Fifty countries received assistance in developing operational plans and budgets for monitoring and evaluation, and more than 80 countries received aid in setting up functional

#### **Developing tools to support validation of national AIDS strategies**

The ASAP developed Self-Assessment Tool (SAT) is a simple, excel-based program, designed to lead users through a set of questions against which to assess their strategic planning and monitoring process and strategy. It is a useful checklist and evaluation tool for planners who are either beginning the strategic planning process or who wish to assess whether their strategic plan is relevant and responsive to the epidemic in their country. As the Global Fund moves towards National AIDS Strategy applications, the SAT is being revised to produce a checklist of the elements of a good AIDS strategy—based on which countries could assess their preparedness for financing.

monitoring and evaluation systems and databases. The Global AIDS Monitoring and Evaluation Team, housed at the World Bank, provided flexible support to 45 countries in four regions. The Joint Programme produced seven publications documenting lessons learnt in operationalizing HIV monitoring and evaluation systems. According to UNAIDS country reports, the percentage of countries having a monitoring and evaluation plan integrated into the national HIV strategic framework increased from 64% (47 out of 74) in 2005 to 66% (55 out of 86) in 2007.

36. UNAIDS provided technical assistance to 75 countries in the monitoring of core indicators on the 2001 Declaration of Commitment, including 43 countries with a resident UNAIDS monitoring and evaluation specialist.

37. The Country Harmonization and Alignment Tool was developed and validated through pilot studies in seven countries, providing a new mechanism to increase country-level accountability and harmonization. Efforts focused on development of a third version of the Country Response Information System, and the system was updated to facilitate collection and reporting of information pertaining to core indicators for the 2001 Declaration of Commitment. 34% of

#### **Supporting greater aid effectiveness: The Country Harmonization and Alignment Tool (CHAT)**

UNAIDS developed CHAT to aid countries in promoting greater aid effectiveness through harmonization and alignment of efforts by diverse partners. The tool was piloted in 2006 in seven countries, and in 2007 was used in 20 countries. Countries used CHAT for a variety of purposes, including to facilitate joint reviews and to assess the quality of partnerships. Experience with CHAT in Kenya indicates that harmonization is more apparent among multilateral development partners than among bilateral agencies. An independent assessment of implementation of the Global Task Team recommendations determined that CHAT was a “valuable tool that can support Joint Annual Reviews, strengthen engagement of partners and identify stakeholders who are excluded from national coordination, and provide a basis for advocacy with partners about their role in the national response.”

Programme Acceleration Funds approved in 2006-2007 focused on implementation of the “Three Ones” key principles and improved alignment within AIDS response.

## **PRINCIPAL RESULT 6: HIV PREVENTION PROGRAMMES**

***Countries able to establish, implement and scale-up of HIV prevention responses, addressing, in particular, the needs of children and young people.***

### **Reported data for the achievement indicators**

#### **38. *Number of countries that include in their national AIDS action plan relevant essential programmatic actions for HIV prevention.***

- Almost all (93%) of UNAIDS country offices report that the countries in which they are located have a national strategy for HIV prevention. Likewise, nearly all countries (95%, according to nongovernmental informants) reporting on the National Composite Policy Index provide in their national plans for free access to essential HIV prevention services.

#### **39. *Condom use at last sex with a non-regular partner.***

- Condom use among people with multiple partners is increasing at the global level. According to recent Demographic and Health Surveys, 27% of women (ages 15–49) and 33% of men (ages 15–49) with more than one sex partner in the previous 12 months reported using a condom the last time they had sex. In 21 countries where such information was collected at two different time points, condom use increased among women in 16 countries and among men in 12 countries.<sup>4</sup>

### **Highlights of UNAIDS' contributions**

40. The efforts of UNHCR, UNICEF, UNDP, UNFPA, UNODC, the ILO, UNESCO, WHO and interagency activities enabled achievement of key results linked to this principal result. In the process of implementing the planned key results, these agencies accomplished a number of salient achievements. Among a few highlights, the following may be cited.

41. More than 1.8 million young people were reached as a result of outreach supported by the Joint Programme, and 700 000 individuals attended youth-friendly clinics in four

African countries. Of 91 countries surveyed, 65 included life skills or sexuality education in their school curricula. A peer education toolkit, translated into 21 languages, is now being used to support HIV education in 55 countries. The Joint Programme sponsored multiple workshops, trainings and consultations to build capacity for peer

#### **Accelerating scale-up of services to prevent mother-to-child transmission**

Since 2005, the Inter-Agency Task Team (IATT) on prevention of HIV infection in pregnant women, mothers and their infants conducted 15 joint technical missions across sub-Saharan Africa and in China, Cambodia, India and Myanmar. Through these missions, the IATT reviews the status of programme implementation, identifies bottlenecks, and makes recommendations on strategic programming to accelerate scaling-up. Countries benefiting from joint IATT missions have also received normative guidance from WHO and UNICEF on programme scale-up and intensive technical assistance. In a survey of seven countries that received a joint mission from IATT, all demonstrated substantial improvements in coverage for services to prevent mother-to-child transmission between 2004 and 2007.

networks in more than 60 countries, and more than 120 new staff were placed in more than 70 countries to accelerate the scaling-up of youth-focused HIV prevention services.

42. UNAIDS supported 66 countries in scaling up programmes for the prevention of mother-to-child HIV transmission, through normative guidance, focused technical support, and formation of partnerships to support procurement of essential medicines. With advocacy support from UNAIDS under the “Unite for Children, Unite Against AIDS” initiative, all

<sup>4</sup> As the core indicator on condom use for the 2001 Declaration of Commitment changed between the 2005 and 2007 reporting rounds, trend data are not available in all settings.



Latin American and Caribbean countries revised their universal access targets to call for 100% coverage for prevention of mother-to-child transmission and pediatric HIV treatment.

43. The Joint Programme procured condoms for 50 countries and supported intensification of condom programming in 32 countries, including the training of more than 2000 people in 17 countries on use of the female condom and condom programming in 23 countries affected by conflict or post-conflict conditions. UNAIDS entered into innovative memoranda of understanding in five countries with government and social marketing firms to facilitate enhanced condom promotion efforts. Condom forecasting was supported in 89 countries, and emergency supplies of condoms were delivered to 28 countries to prevent condom stockouts.
- Supporting workplace interventions in Benin**

The ILO's Strategic HIV/AIDS Responses to Enterprises (SHARE) project in Benin has helped develop a solid legal and policy framework for HIV workplace interventions in the country. The workplace was specifically addressed in the national law on Prevention, Care and Support and Control of HIV/AIDS, enacted in 2006, and integration of HIV in the world of work was identified as an objective in the HIV/AIDS National Strategic Framework for 2006–2010. Sixty labour inspectors, 14 judges, members of the National Employers' Council and officials from trade union federations have received training in the development of HIV workplace interventions. Nine enterprises in the construction, energy, cement and palm oil production sectors now have an HIV policy and workplace interventions and reached thousands of workers and their family members. Surveys found that following implementation of the workplace programmes, supportive attitudes to condom use among workers increased by more than 20%. Positive changes were also found in workers' attitudes towards colleagues living with HIV.
44. A global advocacy initiative was launched to fight human trafficking, including six regional events in 2007 to raise awareness and commitment on HIV and trafficking. UNAIDS initiated primary prevention projects on human trafficking in five countries. The Joint Programme also provided direct technical support to more than 500 workplace programmes on HIV.
45. UNAIDS provided direct support to 25 countries in the development of policies and programmes on HIV prevention, treatment, care and support and the education sector. To support integration of HIV prevention in education sectors, the Joint Programme developed training modules and curriculum implementation manuals and handbooks, and also conducted more than 20 capacity-building workshops in multiple languages. More than 60 countries are engaged in EDUCAIDS, the global initiative on education and HIV.
46. UNAIDS supported the establishment of a Joint Technical Support Group to accelerate programming for most-at-risk adolescents. Capacity-building support was provided to accelerate the scaling-up of HIV prevention programmes for young people in Latin America, South Asia, and sub-Saharan Africa.

## **PRINCIPAL RESULT 7: WOMEN AND GIRLS**

***Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.***

### **Reported data for the achievement indicators**

#### **47. Number of countries with AIDS strategies and action frameworks that address the needs of women and girls.**

- More than 80% of countries reported in the National Composite Policy Index that they address the needs of women and girls in their national AIDS strategies and action frameworks. However, only 52% of countries report having a dedicated budget allocation for programmes addressing women's issues. The percentage of nongovernmental reports indicating that national governments have laws in place to ensure women's equal access to HIV prevention, treatment, care and support increased from 69% in 2005 to 82% in 2007.
- According to UNAIDS country office reports, 84% of countries have national action frameworks that address HIV prevention for women and girls, 70% address HIV treatment for women and girls, and three countries (3%) have plans that address support services for women and girls.

#### **48. Number of countries that monitor and report on relevant Declaration of Commitment core indicators disaggregated by gender and age.**

- Among 18 core indicators for the Declaration of Commitment that require age and/or sex aggregation, 143 of 147 countries reported age and/or sex disaggregation on at least one indicator in 2007. Seventy-two countries, or almost half, report age and/or sex disaggregated data for at least nine (or 50%) of relevant indicators. This represents a significant increase over 2003, when only 21% of data submitted by countries were disaggregated by sex and age.

### **Highlights of UNAIDS' contributions**

49. UNICEF, UNDP, UNFPA, UNODC, the ILO, UNESCO and the Secretariat were responsible for key results under this principal result. In the process of implementing the planned key results, a number of salient achievements were accomplished. Among a few highlights, the following may be cited.

50. The Joint Programme supported integration of HIV and sexual and reproductive health services in 10 conflict-affected countries, published clinical guidelines on sexual and reproductive health

services for HIV-positive women, and participated in a rigorous meta-analysis of available evidence on integrated HIV and sexual and reproductive health services. Training on the clinical management of rape was conducted in 10 countries, with train-the-trainer exercises undertaken in two African regions. Standard operational procedures for sexual and gender-based violence are now in place in all refugee settings.

51. The Global Coalition on Women and AIDS aided national networks in developing strategic action plans and supported the International Women's Summit, which invited

#### **Supporting HIV-positive women**

Working with UNAIDS field offices, the Global Coalition on Women and AIDS provided funds to strengthen the institutional capacity of HIV-positive women's networks and organizations in eight countries in Africa, Asia, Eastern Europe and Latin America in 2006-2007. Activities supported included development of strategic plans to encourage national AIDS councils to address women's issues, advocacy training to increase the engagement of women in national HIV responses, and building the management, governance and financial skills of women's organizations.

high-level leaders and AIDS advocates to strengthen efforts to address the epidemic's effects on women and girls. Extensive technical support, included regional consultations and production of a practitioners guide on HIV and gender, supported HIV-related capacity development among women's organizations.

52. UNAIDS supported the development of practitioners guide on women and HIV in the Asia Pacific region, and provision of policy recommendations to the Commission on AIDS in Asia on Gender and HIV in collaboration with International Center for Research on Women (ICRW). Regional workshops on women, AIDS and traditional practices conducted for the Horn of Africa, Maghreb and Mashreq regions, the Arab states, Gulf countries, helping to mainstream HIV into women's non-governmental organizations' agendas and increase women's role in decision-making processes.
53. Knowledge and behaviour data on adolescent girls were collected in 40 countries through the Multiple Indicator Cluster Survey.
54. With extensive global consultation, UNAIDS worked with UNIFEM to develop a gender guidance on national HIV responses.

### **PRINCIPAL RESULT 8: CHILDREN AFFECTED BY HIV AND AIDS**

***Countries able to adopt and implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.***

#### **Reported data for the achievement indicators**

##### ***55. Number of countries with national strategies or integrated action frameworks addressing the additional HIV and AIDS-related needs of affected children.***

- Among 33 countries with generalized epidemics that reported information on policies relating to children, 91% said they had policies in place as of December 2007 to address the HIV-related needs of children orphaned or made vulnerable by the epidemic. This represents an increase over the 86% of such countries that reported having such policies in place as of December 2005 and over the 61% that had such policies in December 2003.
- According to UNAIDS country reports the number of countries that have national strategies or action frameworks addressing the additional HIV and AIDS-related needs of orphans and other vulnerable children grew from 48 in 2005 to 92 at the end of 2007.

##### ***56. Percentage and number of orphaned and vulnerable children whose households received free basic external support in caring for children.***

- Among households that include children orphaned or made vulnerable by HIV, the population-adjusted percentage that received any form of support (e.g. medical care, school assistance, financial support, or psychosocial services) increased from 10% in 2005 to 12 % in 2007. However, programme utilization data suggest coverage for household support services is much higher in some countries; in South Africa and Tanzania, for example, support services reach at least half of households that include one or more children orphaned or made vulnerable by HIV.

## **Highlights of UNAIDS' contributions**

57. UNICEF led collective efforts to achieve this principal result, with contributions derived from other principal and key results.

58. UNAIDS supported development of national plans of actions on children affected by AIDS in seven different regions and provided technical support to nine countries to implement social transfer pilots for children made vulnerable by HIV. The *Children and AIDS Stocktaking Report* updated information on service coverage for children affected by AIDS and generated extensive attention in the media and the field. Profiles of children orphaned and made vulnerable by HIV were developed in Southern Africa to inform programming in the region, and a regional report updated progress on children-focused programming in 14 countries in East Asia and the Pacific.

### **School-centred care and support in southern Africa**

Building on the commitment by the Southern African Development Community to strengthen the role of schools as centres of care and support for vulnerable children, a UNESCO-convened technical consultation in Botswana in 2007 emphasized the critical importance of continuing education to reduce the vulnerability of individual children and of the communities in which they live. Participants stressed the vital need to ensure students' access to psychosocial support and livelihood skills. It was noted that schools provide a potentially useful venue for educating students and teachers about HIV treatment and for addressing the basic needs of children living with or affected by HIV.

Research was also undertaken and published on the impact of HIV on child labour. Extensive advocacy, normative guidance and technical support focused on scaling up antiretroviral access among children; global paediatric antiretroviral coverage rose by 70% between 2005 and 2006.

## **PRINCIPAL RESULT 9: PROGRAMMES ADDRESSING VULNERABILITY TO HIV**

***Countries able to develop, implement and scale-up strategies, policies and programmes at national and decentralized levels which identify and address factors that make individuals and communities vulnerable to, and at greater risk of, HIV infection.***

### **Reported data for the achievement indicators**

59. ***Number of countries that have a policy or strategy to promote information, education and other preventive health interventions for injecting drug users, men who have sex with men, sex workers, and prison inmates.***

- According to the National Composite Policy Index, the vast majority (92%) of countries have policies in place for the provision of HIV-related health services to populations most at risk. However, nongovernmental informants in 63% of countries report the existence of laws or policies that impede access to HIV services among these populations.
- According to UNAIDS country office reports, 58% of countries have formal policies for injecting drug users, 72% for men who have sex with men, 88% for sex workers, and 83% for prisoners. For each of these populations, UNAIDS country office reports indicate that the number of countries with relevant policies increased between 2006 and 2007.

60. **Percentage of most-at-risk populations reached by HIV programmes.**

- Based on surveys conducted in a subset of countries<sup>5</sup>, basic HIV prevention services reached 60% of sex workers (n = 39 countries), 40% of men who have sex with men (n = 27), and 46% of injecting drug users (n = 15) in 2007. As the core indicators for the 2001 Declaration of Commitment for HIV prevention services for populations most at risk were revised between the 2005 and 2007 reporting rounds, it is not possible to quantify coverage trends for these groups, although indications suggest coverage has increased somewhat for each of these populations in recent years.

**Highlights of UNAIDS' contributions**

61. UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, the ILO and UNESCO were responsible for key results under this principal result. Through implementation of the planned work, these agencies achieved a number of important results. A few highlights are presented below.
62. Policies, strategies and programme guidance were developed in 2006-2007 for key populations, including injecting drug users, sex workers and men who have sex with men. UNAIDS supported a regional vulnerability research initiative in Eastern Europe to inform advocacy, policy formulation and programme development. UNAIDS support aided establishment of the Caribbean Vulnerable Communities Coalition to facilitate the active participation of key populations from 25 Caribbean constituencies.
63. UNAIDS convened the development of a guidance note on HIV and sex work, developed mapping tools for use by partners, and mapped current evidence on HIV and sex work globally and in 16 selected countries. The Joint Programme aided 15 countries in strengthening policy and programmes on HIV and sex work and worked with partners to train young peer educators in the Arab States, Eastern Europe and Central Asia. Support was provided for the formation of the Caribbean Coalition of Sex Workers. Intensified advocacy led to the Maputo Call to Action, which articulated priority action areas to strengthen HIV-related activities on sex work at national and sub-national levels in Botswana, Lesotho, Malawi, Swaziland and Zimbabwe.
- Mobilizing partners to address HIV and sex work in Asia and the Pacific**

Beginning in 2007, UNFPA and the Secretariat jointly convened the UN Regional Partnership Forum on HIV and Sex Work in Asia and the Pacific. UN organizations, governments, civil society organizations, donors and technical experts have begun development of a strategic plan for advocacy and on a broader joint work plan to strengthen efforts to address the epidemic's intersection with sex work. An e-discussion forum was launched to promote dialogue and information-sharing among partners, an initial partnership meeting was held, and a programme coordinator for regional efforts has been hired. Situation analyses have been conducted in select countries in the region to enhance understanding of the dynamic changes in patterns of sex work in the region and to assess access to key HIV- and STI-related services. Efforts are now underway to increase the involvement in the partnership forum of representatives of the sex worker community.
64. Extensive policy dialogue, expert input and targeted capacity-building supported the development, implementation and scaling up of evidence-informed responses to HIV among injecting drug users in multiple regions. Major service expansion and policy development occurred in a number of countries that received focused attention from the

<sup>5</sup> As stated in the UNAIDS guidelines on construction of core indicators, the obtained data may not be based on a representative sample of the national injecting drug user population and other populations at greater risk of HIV and therefore may not provide an accurate basis for coverage data. The WHO 2008 report "Towards Universal Access: scaling up priority HIV/AIDS interventions in the health sector" states that "the available data suggest that the overall coverage (HIV prevention, treatment, and care for injecting drug users) remains limited".

Joint Programme. In 11 high-priority countries, UNAIDS supported successful development of national strategies on HIV prevention and care in prisons. The Joint Programme developed an international network of drug dependence treatment and rehabilitation centres to improve service quality and build service capacity. Partnerships were forged or strengthened with numerous civil society networks in multiple regions to increase the breadth and quality of HIV-related programming for injecting drug users. To support scaling up of evidence-informed responses to HIV among injecting drug users, UNAIDS assisted the development of extensive strategic information, including toolkits, manuals, technical papers and an inventory of data on HIV and prisons.

## **PRINCIPAL RESULT 10: HEALTH-CARE SYSTEMS FOR TREATMENT OF HIV AND AIDS**

***National, regional and international strategies are adopted and under implementation to strengthen health-care systems to reinforce prevention and equitably deliver services for the diagnosis, treatment and care of HIV and AIDS, including expanded capacity to procure and deliver an uninterrupted supply of HIV and AIDS medicines and diagnostics.***

### **Reported data for the achievement indicators**

#### **65. *Number of adults and children on antiretroviral therapy.***

- The number of people in low- and middle-income countries receiving antiretroviral therapy increased from 1.3 million in December 2005 to 3 million in December 2007. Twenty-four countries achieved national treatment targets for men, women and children based on WHO guidelines.

#### **66. *Number of countries with a functional, nationally coordinated procurement and supply management (PSM) system for HIV-related commodities.***

- According to UNAIDS country reports, 60% of countries had in place a functional, nationally coordinated procurement and supply management system for HIV-related commodities in 2007. Among 66 low- and middle-income countries reporting data on antiretroviral drug stockouts, 41 reported no stockouts in 2007.

#### **67. *Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission.***

- The percentage of HIV-infected pregnant women who received antiretroviral medicines increased from 15 % in 2005 to 33% in 2007.

### **Highlights of UNAIDS' contributions**

68. UNHCR, UNICEF, UNFPA, the ILO, WHO and the World Bank were responsible for the key results linked to this principal result. In the process of implementing the planned work gearing towards principal result 10, a number of salient achievements were accomplished.

69. Normative guidance on such matters as provider-initiated testing and counselling, clinical staging and immunological classification, prophylaxis for HIV-related infections, and patient monitoring supported the delivery of scaled-up, high-quality medical services in resource-limited settings. The Joint Programme also supported scale-up of HIV treatment through focused technical assistance and mentoring, HIV drug resistance monitoring, strengthening of laboratory infrastructure, and health sector strategic planning. Twenty-six countries received UNAIDS assistance in development and implementation of health workforce plans and strategies that incorporated HIV-related needs, and 94 countries implemented integrated HIV/TB policies.

70. Extensive advocacy, normative guidance and technical support focused on scaling up antiretroviral access among children; global paediatric antiretroviral coverage rose by 70% between 2005 and 2006. More than 80 countries received support for the strengthening of health sector responses (such as worker training, laboratory services, information systems, enhanced surveillance), and 66 countries received financial support for the improvement of procurement and supply chain management. A UNAIDS-sponsored high-level meeting focused on sustainable financing for HIV treatment including second-line drugs, leading to a series of papers published in a leading peer-reviewed journal.
71. Thirty African countries benefited from UNAIDS-sponsored trainings on legislative and policy options to maximize flexibility under the Trade-Related Intellectual Property Rights (TRIPS) accord, and a mapping study was finalized on TRIPS flexibility in more than 40 African countries. UNAIDS supported 42 countries in developing trade policies to facilitate sustainable access to HIV medications.
72. UNAIDS supported initiatives related to the working people on whom health systems depend, building on the Joint ILO-WHO guidelines on health service providers and HIV/AIDS, and focusing on the working conditions and occupational safety and health workers as well as the migratory pressures in the health sector, including the Treat, Train and Retain initiative of WHO.

#### **Assessing the impact of food supplementation in Zambia**

In 2004, WFP and the Centre for Infectious Disease Research in Zambia undertook operational research to evaluate whether food supplementation improved health outcomes among food-insecure, HIV-infected people on antiretroviral medication. About a third of all antiretroviral patients receiving antiretroviral medication at the time were categorized as food-insecure.

Using an interesting design that took advantage of a planned expansion in food support, researchers assessed the intervention and control groups at six and 12 months after starting on antiretroviral medication. The study demonstrated significantly greater weight gain at 12 months, as well as superior treatment adherence, among patients who received food support compared to those who received no food. In addition to providing encouraging results that need to be confirmed through additional study, the project underscored the potential benefits of collaboration with academic researchers to expand the evidence base for effective programming.

### **PRINCIPAL RESULT 11: FAMILY AND COMMUNITY-BASED CARE**

***Countries able to strengthen family and community-based care systems to provide and monitor treatment, support to people living with HIV (including treatment literacy and adherence), and equitable access to HIV-related medicines.***

#### **Reported data for the achievement indicators**

73. ***Number of countries that have a national AIDS body that supports (capacity-building and resources) HIV-related service delivery by civil society organizations.***
- In 2007, according to UNAIDS country office reports, 53% of countries had a national body that supported the delivery of services by civil society. Information on trends in the availability of capacity-building support for civil society organizations is not available.
  - In 83% of countries responding to the National Composite Policy Index, governments report that national AIDS coordinating bodies include representatives of civil society in 2007. According to nongovernmental informants, civil society has been involved in the review of national AIDS strategies in 78% of countries; in a majority (58%) of

countries, nongovernmental informants rate civil society engagement in the national response as good. However, nongovernmental informants in only 20% of countries report that civil society organizations have meaningful access to financial resources for HIV-related activities.

**74. Number of countries where integrated and comprehensive home and community care programmes are supported by the UNAIDS Cosponsors and Secretariat.**

- In 2005, 63% of countries with UNAIDS country offices had UN implementation support plans that addressed national efforts on home- and community-based services. In 2007, 35% of UNAIDS country offices reported actual UNAIDS support for such services.

**Highlights of UNAIDS' contributions**

75. UNICEF, WFP, UNDP and the ILO were responsible for key results linked to this principal result. Through implementation of the planned work, these agencies achieved a number of important results. A few highlights are presented below.

76. Food and nutrition have been integrated in 38 national strategic HIV plans, an increase of six over 2005. Forty-one countries received technical support to address food and nutrition in the scale-up toward universal access. To support the evidence base for food and nutrition programming, 15 operational research and pilot programmes were supported. Altogether, the number of people infected or affected by HIV who received food-based support grew from 8.4 million in 2005 to 10 million in 2007.

**Supporting community-based responses**

In Burkina Faso, UNDP supports PAMAC, the national network of people living with HIV to reach out to communities across the country. PAMAC channels UNDP technical and financial resources to help groups manage HIV programmes in their communities. The project supports 142 community organizations and has trained more than 400 representatives on issues relating to voluntary counselling and testing, prevention, access to communal care and organizational management. More than 350 000 people have benefited through increased access to information and testing services. The project also offers regular support to over 20 000 people living with HIV, including home and hospital care, workshops on treatment options, and legal services.

77. Food-based programming in the context of HIV benefited from the production of extensive strategic information and normative guidance by the Joint Programme in 2006-2007. UNAIDS generated a handbook on food assistance in the context of HIV, 10 fact sheets on topics relating to HIV and food assistance, and a knowledge management strategy to support implementation of HIV-related food and nutrition programming in sub-Saharan Africa and Latin America.

78. UNAIDS supported leadership trainings and development of action plans for the civil society networks in Africa, including Central African and Southern African Networks of AIDS Service Organizations. Regional pool of 42 facilitators from 6 countries were equipped to deliver trainings in leadership and community capacity enhancement methodologies.



## **PRINCIPAL RESULT 12: NATIONAL ACTION TO ALLEVIATE IMPACT**

***Countries able to integrate AIDS, as both emergency and development issues, into national and sector development processes and instruments, and implementation of sector-specific strategies to address the economic and social impact of the AIDS epidemic, including in the workplace.***

### **Reported data for the achievement indicators**

#### **79. Number of countries that have incorporated HIV and AIDS into key development plans.**

- In 2005 67 countries reported having integrated AIDS into general development plans such as national development plans and Poverty reduction strategy papers. This number grew in 2007 to 111 countries.

#### **80. Number of workplace policies and programmes on HIV and AIDS at national and local levels.**

- The percentage of countries with HIV workplace programmes remained stable between 2005 (46%) and 2007 (45%). There was similarly little change in the percentage of countries with sectoral HIV plans (53% in 2005, 29% in 2007) or with monitoring and evaluation policies for the HIV response in the world of work (5% in 2005, 6% in 2007).
- According to the ILO study on the Law and Practice regarding HIV and the world of work, 169 (of 181 or 93%) countries have formally responded to AIDS-related needs in the world of work, typically through the adoption of national policies or strategies. Seventy-three (40%) countries have either adopted or are adopting a general HIV-related laws or regulations. Twenty-seven (about 15%) countries have adopted or are adopting, special rules or policies governing HIV in the world of work.

#### **Changing occupational health practices in Zambia**

ILO has worked with the occupational health service of the York Farms enterprise, engaging the management, occupational health and safety committee, and the farms' 3000 employees (75% of whom are women) in sensitization and education activities, including the training of 104 new peer educators. A September 2007 study found that the programme had increased HIV awareness among employees and reduced stigma and discrimination toward workers perceived to be HIV-infected. It was also found that workers carried this awareness home into the neighbouring villages and became community as well as workplace educators.

### **Highlights of UNAIDS' contributions**

81. UNDP, the ILO and the World Bank were responsible for key results linked to this principal result. Through implementation of the planned work, these agencies achieved a number of important results. A few highlights are presented below.
82. Thirty countries were aided in the integration of HIV into Poverty Reduction Strategy Papers (PRSPs) and national development plans. The support, provided through regional trainings and country-level technical support, focused on increasing the participation of AIDS stakeholders in designing and implementing HIV responses within the PRSP; providing evidence to guide PRSP through poverty and HIV diagnostics; HIV costing in macroeconomic, structural and sectoral policies; and strengthening the monitoring and evaluation of HIV responses across relevant sectors. Seventeen countries mainstreamed HIV in key sectors and ministries with UNAIDS support. Innovative economic models

were developed for measuring the epidemic's economic and social impact, and the Joint Programme aided a number of countries in assessing the socioeconomic impact of HIV.

83. HIV-related indicators were incorporated and monitored in reporting for the annual *World Development Report*. The Joint Programme supported studies on the socioeconomic impact of the epidemic in Latin America, the Caribbean, South-East Asia and the Pacific. Sectoral impacts of the epidemic were examined in such diverse fields as education, health and labour. UNAIDS-sponsored research also focused on elucidation of the socioeconomic and structural factors that increase vulnerability in different countries and regions. Nine countries in Southern Africa received support in addressing the epidemic's impact on the public sector.
84. The Joint Programme joined with partners to initiate the aids2031 project to examine long-term scenarios and strategies for the AIDS epidemic. UNAIDS Economics Reference Group provided expert economic perspective on specific AIDS policy and operational questions.

#### **Integrating AIDS responses into development planning instruments**

UNDP, the World Bank and UNAIDS Secretariat launched a joint programme to build capacities in countries for effectively integrating AIDS priorities into the formulation and implementation processes for poverty reduction strategy papers (PRSPs) and national development plans. The programme has enhanced understanding of the links between development, poverty and AIDS, and supported improved alignment of PRSPs, sector plans and national AIDS strategies. In Rwanda for example, advocacy and technical support resulted in the full integration of HIV across all 12 sectors of Rwanda's second poverty reduction strategy. In Ghana, development of mainstreaming guidelines for sectors and districts, together with the training of 33 Ministries and sector agencies, supported the integration of AIDS in sector and district plans and provision of budgetary allocations for HIV as part of the medium-term expenditure framework. In Tanzania, the programme has supported active participation of key stakeholders in the PRSP process, including through specific activities with civil society organizations, members of parliament, women and men living with HIV, young people, and the private sector, resulting in agreement on the criteria for the engagement of stakeholders in the PRSP mainstreaming process.

### **PRINCIPAL RESULT 13: AIDS IN CONFLICT- AND DISASTER-AFFECTED REGIONS**

***National, regional and international policies to incorporate AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural disaster situations.***

#### **Reported data for the achievement indicators**

85. ***Number of countries that have integrated AIDS into strategies for uniformed services, military, peacekeepers and police.***
- According to UNAIDS country reports, the percentage of countries that have HIV-related strategies for uniformed services, military, peacekeepers and police rose from 76% in 2005 to 85% in 2006. In 2007, 21% of countries had fully mainstreamed HIV into the operations of uniformed services, while 70% of countries were in the process of implementing the mainstreaming of HIV in uniformed services.

**86. Number of countries in conflict and disaster-affected regions that have integrated AIDS programming for refugees, internally displaced persons, surrounding host populations, and cross-border migrants and mobile populations into national policies, strategies, consolidated appeals and other coordinating tools and implemented them.**

- UNAIDS country reports indicate that the percentage of all countries with HIV action frameworks in conflict and disaster-affected regions rose from 33% in 2005 to 37% in 2006. In 2007, 36% of countries with UNAIDS offices had policies addressing HIV prevention in such settings, 21% addressed HIV treatment, and 5% addressed HIV-related support services. With respect to mobile populations, 78% of countries had policies for HIV prevention in 2007, 45% had treatment-related policies and 3% had policies that addressed HIV-related support services. Data from UNHCR indicate that of the 29 countries in sub-Saharan Africa that hosted more than 10 000 refugees in 2007, 15 (52%) included refugees as a focus population in their updated national HIV strategic plans—up from 43% in 2004. Roughly one-third (34%) addressed internally displaced persons in their updated national strategies. In 2007, antiretroviral treatment coverage for refugees was 75% in settings where treatment is available in host communities.

**Highlights of UNAIDS' contributions**

87. UNHCR, WFP, UNDP, UNFPA and the World Bank were responsible for key results under this principal result. Through implementation of the planned work, these agencies achieved a number of important results.

88. In 2006-2007, HIV responses were integrated in the UN-wide institutionalized approach to humanitarian and post-crisis assistance. A special task force was convened, consisting of UN agencies and humanitarian nongovernmental organizations, to revise the Inter-Agency Standing Committee guidelines on HIV interventions in emergency settings.

**Mainstreaming HIV in peacekeeping operations in Lebanon**

UNFPA has worked with the United Nations Interim Force in Lebanon (UNIFIL) and local partners to mainstream HIV and gender issues in the peacekeeping mission and the operations of the Lebanese Army. Supervisors and peer leaders have received extensive HIV training; various educational materials have been developed and disseminated; individual and group advocacy have focused on highly placed officers in the national armed forces; and needs assessments and focus groups have been conducted to assess the knowledge, attitudes, behaviours and practices of UNIFIL peacekeeping personnel with respect to HIV and gender.

89. UNAIDS provided technical and financial support on HIV-related issues regarding refugees or populations of humanitarian concern to 70 countries. Thirty-five countries affected by conflicts and disasters were assisted with food-based programming as part of their HIV response in 2006-2007. The Joint Programme supported behavioural and sentinel surveillance surveys in humanitarian settings in seven countries in Africa and one in Asia. UNAIDS sponsored the first global consultation on HIV and internally displaced persons, resulting in the identification of programmatic gaps and consensus agreement on future directions.

90. The Joint Programme supported condom programming in conflict or post-conflict situations in 23 countries and intensified advocacy focused on the prevention of sexual violence in humanitarian settings. In more than 84% of refugee operations, rape survivors reporting within 72 hours of the incident have access to post-exposure prophylaxis, and rape survivors in 95% of refugee camps have access to social, medical and legal support.

## **PRINCIPAL RESULT 14: STRATEGIC INFORMATION, RESEARCH AND REPORTING**

***Up-to-date information and knowledge on the status, trends and impact of the AIDS epidemic and the response; operational research on effective responses; and promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.***

### **Reported data for the achievement indicators**

91. ***Number of countries that produce complete, accurate and up-to-date data on surveillance reports, responses to EpiFactSheets questionnaire, and country estimates surveillance reports with standard UNGASS indicators.***
  - In 2007 55 countries reported a release of a government-published HIV surveillance report, 40 reported publishing a report on estimates based on surveillance data and using UNAIDS/WHO recommended tools; and further 36 reported publishing one or more behavioural surveillance reports using standard indicators for the 2001 Declaration of Commitment.
92. ***Amount of global financial support leveraged towards research and development of preventive HIV vaccines and microbicides.***
  - Total spending on research and development of preventive HIV vaccines rose from US\$ 759 million in 2005 to US\$ 961 million in 2007, a 27% increase. Spending on research and development for microbicides increased by 35%, from US\$ 168 million in 2005 to US\$ 227 million in 2007.
93. ***Number of operational research studies undertaken by UNAIDS that strengthen the evidence base for the scaling up of effective AIDS responses.***
  - It is not possible to precisely characterize trends in the number of UNAIDS operational research studies due to changes in indicators between 2005 and 2007. In 2005, 76% of countries with UNAIDS offices reported having a UN implementation support plan that addressed support for operational research efforts. In 2007, UNAIDS had completed operational studies in 17% of 86 responding countries, and such studies were underway in an additional 31% of these countries.

### **Highlights of UNAIDS' contributions**

94. The efforts of UNHCR, WFP, the ILO, UNESCO, WHO, the Secretariat and interagency activities enabled achieving key results linked to this principal result. A few highlights are presented below.
95. Sixty-nine countries reported using strategic information generated by UNAIDS to influence resource allocations or to develop policies and strategies in 2007. The *Report on the global AIDS epidemic* in June 2006 was published as a tenth anniversary edition and launched to coincide with the High Level Meeting on HIV/AIDS at the UN General Assembly. The *2007 AIDS Epidemic Update* published revised estimates of global HIV prevalence, including downward revisions resulting from improved surveillance and estimation methods. Twenty new Best Practice titles were published in 2006-2007, documenting such successes as rapid HIV scale-up in the Mbeya region of Tanzania and the empowerment of people living with HIV in Thailand. A variety of HIV prevalence and behavioural surveillance studies were conducted in nearly 20 refugee camps in Africa and Asia.

96. Strategic information generated by the Joint Programme contributed to the scaling-up of HIV treatment and care in 2006-2007. Through the WHO-managed AIDS Medicines and Diagnostics Service, more than 140 countries received quarterly reports on availability and prices of antiretroviral medicines. Fifty-five medicinal products for HIV and related diseases were prequalified in 2006-2007, bringing the number prequalified HIV-related products to 134 by December 2007. The Joint Programme supported operations research on the delivery of HIV-related biomedical interventions in 25 countries. More than 50 countries used WHO's Integrated Management of Adult and Adolescent Illness guidelines for HIV in 2006-2007. Sixteen countries used WHO guidelines to monitor and report on HIV drug resistance, while 88 countries used WHO's standardized methodologies for national HIV surveillance. A set of standardized indicators, tools and guidelines were developed for displacement settings to support HIV data collection and reporting, and a modular curriculum was developed to train staff working in displacement settings on HIV information systems.
- Strategic information to expand treatment access**

The WHO prequalification programme, supported by UNAIDS and other donors, was created in 2001 to assist UN agencies in their procurement decisions by publishing a list of HIV-related medicines from suppliers that meet quality assurance standards. When the programme was first created, antiretrovirals were relatively new, sources of medicines of acceptable quality were hard to find, and purchasers were often limited to expensive products available on markets in high-income countries.

The prequalification programme mobilizes medicine regulators from around the world to screen product information and perform inspections of manufacturing sites. The list has expanded to include HIV, malaria, tuberculosis and reproductive health products. The WHO website regularly publishes an updated list, which provides information on sources of branded and generic medicines and allows buyers to procure the products they need from a competitive range of prequalified suppliers. From modest beginnings, the prequalification programme has become a vital tool for any agency or organization involved in the bulk purchase of medicines at country- or international level.
97. Educational and advocacy materials on HIV and education were provided to partners in more than 100 countries; country snapshots on HIV education were produced on eight countries; and four country case studies were developed on partnerships for HIV and education. UNAIDS developed and disseminated extensive strategic information on HIV and education, including 22 training modules on HIV and education system planning and management, more than 7000 copies of booklets on sound policies for HIV and education, and 35 000 advocacy and teacher training manuals in 13 countries in Asia.
98. The Joint Programme produced and widely disseminated a guide on HIV-related policy and law reform. UNAIDS supported studies on strategies to reduce HIV-related stigma in Bangkok, Delhi and Phnom Penh. In addition, UNAIDS and partners produced guidance on community engagement in HIV prevention clinical trials.
99. The Joint Programme published research findings on the macroeconomic impact of HIV and global estimates of the epidemic's impact in the world of work. Work-related impact studies were conducted in several African countries in 2006-2007, a digest of good legislative practice on HIV and the world of work was published, and case studies were launched concerning the HIV response of trade unions.
100. The Joint Programme supported more than three dozen analytic studies on the epidemic's economic and social impact. Innovative economic models were developed for measuring economic and social impact on human capital and on the intergenerational transfer of knowledge.

## **PRINCIPAL RESULT 15: RESOURCE MOBILIZATION, TRACKING AND NEEDS ESTIMATION**

***Mobilization and utilization of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector, and individuals in the response to AIDS.***

### **Reported data for the achievement indicators**

#### **101. *International funding for prevention, treatment and care, and social mitigation and support.***

- Total financing for HIV programmes in low- and middle-income countries rose from US\$ 8.3 billion in 2005 to US\$ 10 billion in 2007, or by 20%. International disbursements for HIV/sexually transmitted infection activities rose from US\$ 3.3 billion in 2005 to US\$ 3.8 billion in 2006, a 15% increase in one year. In 2007, international spending rose again, to US\$ 4.5 billion, representing 45% of all HIV-related spending in low- and middle-income countries. In 2007, the two largest channels for HIV-related international disbursements were the U.S. Government's President's Emergency Plan for AIDS Relief (US\$ 2.1 billion, accounting for 72% of all bilateral disbursements) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (US\$ 641 million, or 71% of total multilateral disbursements). International spending on social mitigation alone increased by 70% between 2005 and 2006, from US\$ 43 million to US\$ 73 million; altogether, social mitigation accounted for about 2% of HIV/STI-related international spending in 2006.

#### **102. *Public domestic funding for AIDS prevention, treatment and research (disaggregated by health, social development, and education)***

- In low- and middle-income countries overall, per capita domestic spending on HIV activities more than doubled between 2005 and 2007. In 2006 alone, domestic outlays for HIV in 70 low- and middle-income countries amounted to US\$ 2.5 billion. The distribution of domestic spending among the various spending categories did not differ substantially by type of epidemic; roughly 60% of domestic HIV spending supported treatment and care activities, compared to 10-20% for HIV prevention and 20-30% for other interventions (including support services and programme support).

### **Highlights of UNAIDS' contributions**

103. UNHCR, UNICEF, WFP, UNDP, the ILO, WHO, the World Bank, and the Secretariat were responsible for key results under this principal result. Through implementation of the planned work, these agencies achieved a number of important results.
104. The Joint Programme supported 70 countries in developing HIV-related proposals for Round 6 of the Global Fund and developed a guidance package to strengthen technical support for development of Global Fund proposals. In 2007, UNAIDS published estimates of financial resources needed to achieve universal access to HIV prevention, treatment, care and support, worked with partners to harmonize mechanisms for tracking HIV-related spending at country level, and conducted national and regional workshops in Africa, Latin America, Eastern Europe and Central Asia to build capacity for resource tracking, with an additional global workshop held in November 2007 in Switzerland for countries not served by previous workshops. A total of 80 low and middle income countries reporting having conducted a National AIDS Spending Assessment (NASA). Of these countries, 20 delivered complete NASA reports in 2005 and 2006 while 79 countries used the NASA methodology to report domestic spending

in 2005, 2006 and 2007 for the UNGASS report. A Resource Needs Estimation has been developed in 44 countries.

105. Following advocacy by the Joint Programme, donor support for HIV-related activities in humanitarian settings increased; the U.S. government's President's Emergency Plan for AIDS Relief, for example, was supporting HIV programming for refugees in seven countries in 2007.

106. UNAIDS supported research studies on the impact of large-scale external HIV financing on macroeconomic policies. A macroeconomic literacy toolkit was developed to improve understanding of HIV financing and economic policies, and four country case studies were developed to inform the formulation of innovative macroeconomic policies to support sustainable HIV financing.

#### Tracking AIDS spending in Swaziland

UNAIDS has worked to build national capacity to undertake periodic assessments of country-level AIDS spending. A National AIDS Spending Assessment undertaken by the Kingdom of Swaziland in 2006-2007 documented total HIV expenditures of US\$ 49.4 million. Forty percent of HIV spending flowed from domestic public sources, with the remainder from international sources. The Global Fund represented the single largest source of funding for HIV programmes. Leading spending items by service category were support programmes for children orphaned or made vulnerable by HIV (31%), care and treatment (19%), and HIV prevention (17%). Based on priorities established in the 2006-2007 National Action Plan, spending on HIV prevention was somewhat higher than expected, while sums allocated to care and treatment were lower than anticipated.

### **PRINCIPAL RESULT 16: HUMAN AND TECHNICAL RESOURCES**

*All countries in need, regardless of HIV prevalence, able to identify, access and utilize human and technical resources for priority HIV and AIDS activities.*

#### **Reported data for the achievement indicators**

107. ***Number of countries that conducted a technical support needs assessment at some point during the strategic planning period.***
- According to UNAIDS country reports, the percentage of countries that conducted a technical needs assessment remained stable between 2005 and 2007 (28% in 2005, and 27% in 2007).
108. ***Number of countries supported through the Consolidated UN Technical Support Plans for AIDS (2006-2007) including through such mechanisms as established UNAIDS Technical Support Facilities and others.***
- Forty-nine countries received technical assistance through a UNAIDS Technical Support Facility in 2007.

#### **Highlights of UNAIDS' contributions**

109. The efforts of WFP, UNDP, the ILO, the Secretariat and interagency activities enabled achievement of the key results under this principal result. Through implementation of the planned work, these agencies achieved a number of important results.
110. Technical Support Facilities were established in four sub-regions—West and Central Africa, Southern Africa, Eastern Africa, South East Asia and the Pacific—covering more than 60 countries, and efforts were underway at the end of the 2006-2007 biennium to establish a facility in the Caribbean. Altogether, the Technical Support Facilities provided an estimated 10 000 days of technical assistance in priority areas, including

strategic and operational planning, monitoring and evaluation, costing and budgeting, organizational development, gender, mainstreaming and management.

111. To strengthen support to countries, UNAIDS added 54 new posts (seven UNAIDS Country Coordinators, three UNAIDS Country Officers, 10 international monitoring and evaluation staff, 14 country-based monitoring and evaluation specialists, three international social mobilization staff, seven country-based social mobilization officers, and 10 national programme officers). UNAIDS strengthened its technical support in a number of areas. Additional staff were recruited and tools developed to provide technical assistance in the integration of food-based programming in the HIV response. More than 60 monitoring and evaluation specialists have been placed in country and regional offices to provide ongoing support and build capacity in this arena. A

#### **Contributing to programme success in South Africa**

The Technical Support Facility for Southern Africa has actively and effectively supported each phase of South Africa's success grant from the Global Fund, awarded in November 2006. After swiftly linking South Africa to a local consultant for elaboration of the successful proposal, the Technical Support Facility aided in implementation of the grant. The facility sponsored workshops to educate sub-recipients on financial and monitoring reporting requirements and assisted in the harmonization of monitoring and evaluation indicators among all programme participants. The successful assistance provided to South Africa highlights the vision underlying regional Technical Support facilities—that rapid, responsive and ongoing assistance can help countries overcome implementation bottlenecks and maximize the impact of donor-funded programmes.

- number of Cosponsors increased their staffing at country and regional level to provide more timely and adequate technical assistance on AIDS. Seventy countries in all regions received technical support relating to policies and programmes on HIV and the world of work. Nearly 40 countries benefited from capacity-building assistance to accelerate scaling-up of prevention of mother-to-child transmission and pediatric HIV treatment. In addition, UNAIDS supported implementation of the Southern Africa Capacity Initiative to mitigate the epidemic's impact on the public sector in nine African countries.
112. Capacity building support by the Joint Programme facilitated implementation of Global Fund grants in nearly 40 countries and strengthened management, financial and procurement capacities associated with programme implementation. Through the Global Implementation Support Team, UNAIDS in 2006-2007 facilitated action to unblock implementation bottlenecks for Global Fund grants in more than two dozen countries. The Global Fund contracted with UNAIDS Technical Resource Facilities to build capacity to identify and address implementation bottlenecks, strengthen governance of Country Coordinating Mechanisms, and document country case studies on best practices with respect to County Coordinating Mechanisms. As of December 2007, US\$ 15.5 million in Programme Acceleration Funds had been approved by UN Theme Groups, with US\$ 14.6 million having been obligated



## 2006-2007 Unified Budget and Workplan – Performance Monitoring Matrix for Principal Results

<b>Principal result 1</b>				
<i>UN system coordination: A coordinated, coherent UN action with stronger strategic positioning, capacity and increased accountability to support the HIV/AIDS response at all levels.</i>				
<b>Indicators</b>	<b>Data source</b>	<b>Frequency</b>	<b>Baseline</b>	<b>Report</b>
a. Financial <sup>6</sup> and human <sup>7</sup> resource allocated to AIDS by UNAIDS Cosponsors and the Secretariat.	UBW monitoring (core, agency own resources and supplemental)	Biennial	<u>2004-2005 UBW</u> UNICEF, UNDP, ILO, UNODC, UNFPA, WHO, World Bank, UNDP – 1 340 394 000 USD	<u>2006-2007 UBW</u> UNICEF, UNDP, ILO, UNODC, UNFPA, WHO, World Bank, UNDP – 2 307 795 000 USD; With WFP and UNHCR – 2 568 419 000 USD.
	A survey among Cosponsors at the end of the biennium	Biennial	<u>2004</u> total number of FTE staff working on AIDS is 1727	<u>2006-2007</u> total number of FTE staff working on AIDS is 2967 ( 72% increase from the 2004 level)
b. Number of UN Country Teams that report having UN-ISPs on HIV/AIDS or other joint programming document under development, in implementation, with reports on implementation.	<u>UNAIDS country reports</u>	Annual	<u>2005 UNAIDS country reports</u> 88 country reports received: 39 - UN-ISPs developed and in development 35 - UN-ISP in implementation 38 - have M&E plans developed  <u>2006 UNAIDS country reports</u> 83 country reports received: 38 - Joint Programme of Support developed and endorsed by the UN Country Team/Theme Group on HIV/AIDS 33- Implementation arrangements stated in the HIV/AIDS Programme of Support	<u>2007 UNAIDS country reports</u> 86 country reports received: 56 countries reported having Joint Programme of Support developed and endorsed by the UN Country Team/Theme Group on HIV/AIDS  <u>From Secretariat Country Coordination Team:</u> Joint teams established in 89 countries and planned in 10 countries. Joint programmes (between 2 or more agencies) developed in 44 countries. Division of Labour adapted to country context in 80 countries
c. Feedback from national counterparts, e.g. National AIDS Committees, on the UN coordination: - improved, - no change, - decreased.	<u>Country Harmonization and Alignment Tool</u>	Annual	2006 data review	<u>2007 CHAT review data</u> Twenty countries, primarily national AIDS coordinating bodies, used the Country Harmonization Tool (CHAT) in 2007 that enabled to gauge feedback from national counterparts on the UN coordination. For example, the review of Kenya concluded that the harmonization and alignment effort is improving visibly among multilateral agencies. Further, an independent evaluation of the implementation of the Global Task Team (GTT) recommendations determined that the Joint Programme has effectively implemented the UNAIDS Technical Support Division of Labour in most countries.

<sup>6</sup> All cited financial numbers include core UBW allocations for Cosponsors, Secretariat and interagency, supplemental and regular resources of Cosponsors as well as estimated resources for HIV/AIDS at country level.

<sup>7</sup> Full-time Equivalent (FTE) staff represents the staff time which actual staff members devote to AIDS related activities, e.g., if you have a total of 4 actual staff at the country level working on HIV/AIDS activities apart from their other responsibilities and the total amount of time spent by two staff members is the equivalent of 30% and the other two is 20% the number for FTE at the country level will be 1. To ensure comparability with 2004 survey only Professional categories of staff are considered.

**Principal result 2**

*Human Rights:* Countries adopt and implement legislation, regulations and policies to address stigma and discrimination and to promote human rights and fundamental freedoms among people living with HIV/AIDS and members of vulnerable groups.

Indicators	Data source	Frequency	Baseline	Report
a. Number of countries that report having laws and regulations that protect people living with HIV against discrimination <sup>8</sup> .	<p><u>UNGASS indicator/ NCPI/part b:</u> Number of countries that have laws and regulations that protect PLHIV against discrimination.</p> <p><u>UNAIDS country reports</u> on the number of countries with national laws and regulations that specifically protect PLHIV against discrimination</p>	<p>Biennial</p> <p>Annual</p>	<p><u>2005 UNGASS report</u> 54 countries reported having laws and regulations that protect PLHIV against discrimination</p> <p><u>2005 UNAIDS country reports</u> 87 country reports received: 44 reported that the country has such laws and regulations</p>	<p><u>2007 UNGASS report:</u> 87 countries reported that have laws and regulations that protect PLHIV against discrimination</p> <p><u>2007 UNAIDS country reports</u> 86 country reports received: 65 countries reported having laws and regulations that protect people living with HIV against discrimination</p>
b. Number of countries that have a mechanism that monitors and reports on violations of human rights and discrimination in relation of HIV/AIDS for using it in policy reform and promotion of Human Rights	<p><u>UNGASS/ NCPI/part b:</u> Number of countries that report having a mechanism for collection of information on Human Rights and AIDS and use of this information in policy reform;</p> <p><u>UNAIDS country reports</u></p>	<p>Biennial</p> <p>Annual</p>	<p><u>2005 UNGASS report</u> 63 countries reported having a mechanism for collection of information on Human Rights and AIDS and use of this information in policy reform;</p> <p><u>2005 UNAIDS country reports</u> 85 country reports received: 39 reported that the country has an independent national institution for promotion and protection of Human Rights in relation to AIDS (human rights commissions, law reform commissions, ombudspersons).</p>	<p><u>2007 UNGASS report:</u> 68 countries reported having a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations.</p> <p><u>2007 UNAIDS country reports:</u> 86 country reports received: 61 countries reported having an independent national institution for promotion and protection of human rights that covers AIDS. 34 countries- with an independent national institution that <u>report</u> violations 33 countries- with an independent national institution that <u>monitor</u> violations</p>

<sup>8</sup> Such laws and regulations will include general non-discrimination provisions or those that specifically mention HIV with a focus on schooling, housing, and employment





**Principal result 5**

*Country capacity- the “three ones” principles:* Countries able to establish or strengthen a single national HIV/AIDS authority with a broad-based multi-sectoral mandate, a single agreed national multisectoral HIV and AIDS action framework which drives alignment of all partners, including at decentralized level, and one agreed national HIV and AIDS monitoring and evaluation system capable of producing high quality estimates on the epidemic’s status and trends, its impact and response to it.

Indicators	Data source	Frequency	Baseline	Report
<p>a. Number of countries that report having National strategies on HIV/AIDS with clear strategic priorities with action plans that are costed and budgeted.</p>	<p><u>UNAIDS country reports</u></p>	<p>Annual</p>	<p><b><u>2005 UNAIDS country reports:</u></b> 85 country reports received: 73 countries reported having a current National AIDS Action Framework that is regularly up-dated, spells out national priorities, priority programme areas, broad indicative budget needs 50 countries – with plans that are costed and budgeted.</p>	<p><b><u>2007 UNAIDS annual report</u></b> 86 country reports received: 85 countries reported having a National AIDS Action framework 82 countries have National AIDS Action Framework that spell out national priorities 48 countries – with National AIDS action framework that is translated into a <u>costed</u> operational plan and/or annual priority action plan 40 countries- with National AIDS action framework that is translated into a <u>budgeted</u> operational plan and/or annual priority action plan.</p>
<p>b. Number of countries with established and functioning joint Monitoring and Evaluation country support teams (teams include UN system organizations, academic institutions, civil society)</p>	<p><u>UNAIDS country reports</u></p> <p><u>Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) monitoring data</u></p>	<p>Annual</p> <p>Annual</p>	<p><b><u>2005 UNAIDS country reports:</u></b> 85 country reports received: 50 reported having one national M&amp;E country support team.</p> <p><b><u>2004-2005</u></b></p> <ol style="list-style-type: none"> <li>Established and fully operational monitoring and evaluation team (Global HIV/AIDS M&amp;E Team – GAMET) composed of staff members at Headquarters, and consultants based in the field.</li> <li>More than 30 countries have received intensive, hands-on support to develop and strengthen national monitoring and evaluation systems and capacity.</li> </ol>	<p><b><u>2007 UNAIDS annual report</u></b> 86 country reports received: 61 countries- with M&amp;E coordination body that includes M&amp;E partners from <u>government</u> 50 countries- with M&amp;E coordination body that includes M&amp;E partners from <u>donor agencies</u> 56 countries- with M&amp;E coordination body that includes M&amp;E partners from <u>UN system organizations</u> 44 countries- with M&amp;E coordination body that includes M&amp;E partners from <u>civil society</u></p> <p><b><u>2007</u></b> 50 countries receiving Bank assistance to develop M&amp;E operational plans and budgets 81 countries receiving Bank assistance to set up functioning M&amp;E systems with populated databases 60 countries using M&amp;E data /lessons to improve planning and programming 70 countries using common M&amp;E systems in line with Three Ones</p>

**Principal result 6**

*HIV prevention programmes:* Countries able to establish, implement and scale-up HIV and AIDS prevention responses, addressing, in particular, the needs of children and young people.

Indicators	Data source	Frequency	Baseline	Report
<p>a. Number of countries that include in the National AIDS Action Plan relevant essential programmatic actions for HIV prevention<sup>9</sup>.</p>	<p><u>UNAIDS country reports</u></p>	<p>Annual</p>	<p><u>2005 UNAIDS country reports:</u> <u>Related data</u> 86 country reports received: 74 countries reported that the UN-Implementation Support Plan (ISP) includes activities that support national efforts in HIV prevention and treatment and care for most at risk population. 86 countries have National AIDS Action Frameworks that include programmes for youth. 61 countries have National AIDS Action Frameworks that include programmes for orphans and vulnerable children.</p> <p><u>2005 UNGASS report</u> 75 countries reported having multisectoral strategy/action framework addressing young men/women</p>	<p><u>2007 UNAIDS country reports:</u> 86 country reports received: 80 countries reported having a national strategy on HIV prevention that is included within the National AIDS Action framework or National AIDS policy.</p> <p><u>2007 UNGASS report</u> 125 countries reported having multisectoral strategy/action framework addressing young men/women</p>
<p>b. Condom use at last sex with a non-regular partner.</p>	<p><u>UNGASS core indicator/</u> generalized epidemics: % of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sex partner.</p>	<p>Biennial<sup>10</sup></p>	<p><u>2003 UNGASS report</u> Youth (15-24 years old) % of countries: Sub-S Africa average Male - 42 % Female - 25% Asia: Male - 51% Female - 42 % LAC: Male - 42% Female - 31%</p>	<p><u>2007 UNGASS report:</u> Males 33% Females 27% (comments: Indicator definition has changed for UNGASS 2008. Percentage of women and men aged 15-49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse. Values listed are reported as per Global Report 2008 and reflect DHS data only.</p>

<sup>9</sup>The essential programmatic actions are delineated in the Intensifying HIV Prevention (UNAIDS policy position paper, August 2005) document, where the definitions of what constitutes relevant response in different epidemic situations are provided.

<sup>10</sup> The date is collected every 3-5 years at country level while the compilation of recent data is produced biennially.









**Principal result 10**

*Health care systems for treatment of HIV and AIDS:* national, regional and international strategies are adopted and under implementation to strengthen health-care systems to reinforce prevention and equitably deliver services for the diagnosis, treatment and care of HIV and AIDS, including expanded capacity to procure and deliver an uninterrupted supply of HIV and AIDS medicines and diagnostics.

Indicators	Data source	Frequency	Baseline	Report
a. Number of adults and children on ARV treatment <sup>16</sup>	<a href="#">UNGASS Global Report</a>	Biennial	<b>December 2005</b> Approximately 1.3 million people on HIV antiretroviral treatment in low- and middle-income countries. (does not include children)	<b>December 2007</b> Almost 3 million people on HIV Antiretroviral treatment in low and middle income countries.
b. Number of countries with a functional nationally coordinated procurement and supply management (PSM) system for HIV related commodities	<a href="#">UNAIDS Country Report</a>	Annual	<b>2005 UNAIDS country reports :</b> 84 country reports received: 81 reported that National AIDS Action Frameworks include support for strengthening of health systems for provision of AIDS treatment and care.	<b>2007 UNAIDS country reports:</b> 85 country reports received: 51 countries reported having a functional nationally coordinated procurement and supply management (PSM) system for HIV-related commodities.
c. Percentage of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of mother to child transmission.	<b>UNGASS core indicator:</b> Percentage of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce MTCT.	Biennial	<b>2005 UNGASS report:</b> 15 % (the number reflects Low and Middle countries only; Note: In 2007, the definition has changed and is more inclusive. Some of the difference may be due to this change.)	<b>2007 UNGASS report:</b> 33% (As per Global Report 2008, the number reflects Low and Middle countries only; Note: In 2007, the definition has changed and is more inclusive. Some of the difference may be due to this change.)

<sup>16</sup> The number of people on ARV treatment is an estimate. The estimated numbers involve some uncertainty for country that have not yet established systems for regular reporting of numbers of new people receiving treatment, adherence rates, defaulters, people lost to the follow-up and death, in particular the distinction often missing between those who have started ART and those who are still on treatment. (Ref. Annex 1 Estimating the number of people on ARV treatment, in "Progress on Global Access to HIV Antiretroviral Therapy An update on "3 by 5", June 2005).







**Principal result 14**

*Strategic information, research and reporting:* Up-to-date data, information and knowledge on the status, trends and impact of the HIV/AIDS epidemic and the response; operational research on effective responses; promotion of research on HIV vaccines and microbicides and other female controlled methods and therapeutics.

Indicators	Data source	Frequency	Baseline	Report
a. Number of countries that produce complete, accurate and up-to-date data: 1. surveillance reports 2. country estimates 3. surveillance reports with standard UNGASS indicators.	<u>UNAIDS country reports</u>	Annual	<u>2005 UNAIDS country reports</u> 88 country reports received: 1. 64 countries 2. 45 countries 3. 47 countries	<u>2007 UNAIDS country reports</u> 86 country reports received: 1. 55 countries- government published 2007 AIDS epidemic surveillance report 2. 40 countries-governments published in 2007 a report on estimate based on surveillance data and using UNAIDS/WHO recommended tools. (Workbook, EPP, Spectrum) 3. 36 countries- government published in 2007 one or more behavioural surveillance reports with standard UNGASS indicators
b. Amount of global financial support leveraged towards research and development of the preventive HIV vaccine and microbicides.	<u>UNGASS reports/</u> Global Commitment: Amount of public funds for Research and Development of preventive HIV vaccine and microbicides	Annual	<u>2005</u> <sup>17</sup> Global investment in preventive HIV vaccine R&D — US\$ 759 million Global investment in Microbicide R&D — <u>US\$ 168.40 million</u> Total US\$ 927.40 million	<u>2006</u> Global investment in preventive HIV vaccine R&D — US\$ 933 million Global investment in Microbicide R&D — <u>US\$ 221.90 million</u> Total US\$1,154.90 million  <u>2007</u> Global investment in preventive HIV vaccine R&D — US\$961 million Global investment in Microbicide R&D — <u>US\$226.50 million</u> Total US\$1,187.50 million
c. Number of operational research studies undertaken by UNAIDS that strengthen the evidence base for the scaling up of effective AIDS responses.	<u>UNAIDS country reports</u>	Annual	<u>2005 UNAIDS country reports</u> : 74 country reports received: 56 UN countries teams with UN-ISPs that support the national efforts in operational research to establish effective approaches and interventions.	<u>2007 UNAIDS country reports</u> : 86 country reports received: Operational research studies undertaken by UNAIDS that strengthen the evidence base for the scaling up of effective AIDS responses. 15 countries- yes and completed 27 countries- yes, underway 44 countries- no studies undertaken There is a list of 81 examples of operational research studies undertaken by UNAIDS available at request.

<sup>17</sup> Source: HIV Vaccines and Microbicides Tracking Working Group, Building a Comprehensive response, August 2008;

**Principal result 15**

*Resource mobilization, tracking and needs estimation:* Mobilization and utilization of financial resources from national budgets, donor countries, non-governmental and intergovernmental organizations, philanthropic entities, the private sector and individuals in the fight against HIV and AIDS.

Indicators	Data source	Frequency	Baseline	Report
<p>a. International funding <u>2005</u> for AIDS, STIs, social mitigation and support ; and <u>2006 and onwards</u> for prevention, treatment and care; and social mitigation and support (disaggregated)</p>	<p><u>UNGASS report</u> on the amount of bilateral and multilateral financial flows (commitments and disbursements) for the benefit of low and middle income countries</p>	<p>Annual</p>	<p><u>NASA data</u> US\$8.9 billion in 2006 from all sources were available for AIDS in low and middle income countries. 1/3 of this amount was from domestic sources.</p>	<p><u>2007 UNGASS report:</u> US\$10 billion are estimated as available for AIDS activities from all sources in 2007 in low and middle income countries.</p>
<p>b. Public domestic funding for AIDS prevention, treatment and research (disaggregated by ministry and sector-activity, including health, social development, education)</p>	<p><u>National AIDS Country authorities' reports.</u></p>	<p>Annual</p>	<p><u>2004</u> Per capita domestic public spending by income-level and region: US\$ 9.89 – Upper middle income Countries (Sub-Saharan Africa) US\$ 1.17 – Upper middle income Countries (Rest of the World) US\$ 0.63 – Low income and lower countries (Sub-Saharan Africa) US\$ 0.14 – Low income and lower income countries (the rest of the world)</p>	<p><u>2007</u> Per capita domestic public spending by income-level and region: US\$ 12.01 – Upper middle income countries (Sub-Saharan Africa) US\$ 2.04 – Upper middle income countries (Rest of the world) US\$ 1.15 - Low income and lower middle income countries (Sub-Saharan Africa) US\$ 0.20 – Low income and lower middle income countries (the rest of the world)</p>

**Principal result 16**

*Human and technical resources:* All countries in need, regardless of prevalence, able to identify, access, and utilize human and technical resources for priority HIV and AIDS activities.

Indicators	Data source	Frequency	Baseline	Report
<p>a. Number of countries that conducted a technical support needs assessments at some point during strategic planning period.</p>	<p><u>UNAIDS country reports</u> on the number of countries that developed a technical support needs assessment and/or plan</p>	<p>Annual</p>	<p><u>2005 UNAIDS annual reports</u> 87 country reports received: 24 countries report on such assessments conducted</p>	<p><u>2007 UNAIDS country reports</u> 86 country reports received: 23 countries – national AIDS programme developed a technical support needs assessment and/or plan</p>
<p>b. Number of countries supported through the Consolidated UN Technical Support Plan for AIDS (2006-2007), including through such mechanisms as established UNAIDS Technical Support Facilities and others.</p>	<p>Monitoring data from the implementation of the <u>UNAIDS Technical Support Plan</u>  <u>UNAIDS country reports</u></p>	<p>Annual  Annual</p>	<p><u>2005 information</u>  Between September and December 2005, 219 days of TA were provided by TSF Southern Africa, the only TSF established and operational at the time. The others became operational in mid 2006.  In 2006, 4 TSF established and reach over 60 countries and provided over 3150 days of technical assistance;</p>	<p><u>2007 UNAIDS country reports</u>  49 countries received technical assistance through a TSF; established 4 TSFs provided  The five TSFs (including the Brazilian ICTC) cover over 90 countries. The four TSFs (excluding ICTC) cover over 70 countries. UNAIDS country offices reported that Those four TSF provided support to 49 countries and offered over 10, 000 days of technical assistance.</p>