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Geneva, Switzerland,
15–17 December 2008

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

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

Additional documents for this item: *UNAIDS/PCB(23)/08.CRP.7*

Action required at this meeting - The Programme Coordinating Board is invited to:

1. *Take note of* the quality and scope of the report based on a more systematic approach to monitoring the 2006-2007 Unified Budget and Workplan and a more comprehensive assessment of UNAIDS achievements compared to the past;
2. *Support* continued focus on measurement of UNAIDS achievements at country level as part of efforts to monitor progress against the Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS and the Millennium Development Goals; and
3. *Encourage* additional emphasis on performance monitoring and evaluation to further improve reporting and to enhance accountability at all levels and across the Joint Programme.

Cost implications for the decision: *none*

EXECUTIVE SUMMARY

1. Monitoring the performance of the United Nations Joint Programme on HIV/AIDS (UNAIDS) has been a priority for the Programme Coordinating Board as well as UNAIDS Secretariat and Cosponsors since the start of the programme. From 2001 onwards UNAIDS has prepared an annual performance monitoring report and shared it with the Programme Coordinating Board for information. It is only this year, however, that a performance monitoring report (for 2006-2007) will be considered as an agenda item by the Programme Coordinating Board—as requested by the Board at its meeting in June 2007.
2. The performance monitoring report for 2006-2007 is the first report to be developed based on a performance monitoring and evaluation framework endorsed by the Programme Coordinating Board (at its June 2006 meeting). Compared with previous reports, the 2006-2007 report is a more systematic and comprehensive assessment of UNAIDS' achievements. The report relies on three main types of data: (1) monitoring progress in the response to AIDS; (2) individual monitoring and reporting by UNAIDS Cosponsors and Secretariat; and (3) in-depth reviews of efforts of UNAIDS Cosponsors and Secretariat.
3. Drawing lessons from previous biennia, the 2006-2007 performance monitoring report has been improved by introducing:
 - a. streamlined measurements and a sharp reduction in the number of indicators used to measure results;
 - b. improved quality and scope of performance monitoring information at different levels, including quantitative and qualitative data as well as expenditure data;
 - c. stronger emphasis on progress at country level, with the majority of indicators focusing on results in countries and measured at country level;
 - d. better linkages with other global monitoring efforts (the Millennium Development Goals, and the Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS);
 - e. a dedicated interagency resource—the Cosponsor Evaluation Working Group—bringing together monitoring and evaluation expertise from all Cosponsors to support efforts.
4. Key findings and conclusions of the report point to:
 - (i) intensification of UN efforts on AIDS and improved UN coordination;
 - (ii) more and better technical support provided to build national capacities;
 - (iii) alignment and harmonization of efforts to overcome impediments to scale-up;
 - (iv) provision of policy guidance and strategic information to national partners;
 - (v) development of a stronger knowledge base on HIV to guide planning and resource allocation;
 - (vi) continued advocacy and leadership resulting in inclusive, multisectoral responses; and
 - (vii) successful mobilization of additional resources for the response to AIDS.
5. The report also highlights wide variations in scale-up, continuing capacity limitations, insufficient prevention efforts, challenges related to leadership and sustaining the response to AIDS as well as the need to further improve harmonization and alignment of efforts. Lessons learnt are presented related to results-based planning and budgeting as well as ways of strengthening performance monitoring and evaluation of the Programme.
6. The report will inform the development of the next Unified Budget and Workplan (UBW 2010-2011); additional efforts are underway to strengthen the performance monitoring of

efforts by improving linking of investments and results, reducing the number of indicators further and harmonizing these with those used by Cosponsors more broadly to ensure coherence and consistency within and across UN agencies. Indicator-based reporting will be supplemented by in-depth assessments, reviews and case studies to provide a more comprehensive view of achievements.

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I INTRODUCTION AND OVERVIEW

1. The UNAIDS Unified Budget and Workplan is a unique instrument in the UN system, uniting in a single strategic effort the HIV-related activities and budgets of 10 UN organizations and the UNAIDS Secretariat. With each biennial iteration of the Unified Budget and Workplan, UNAIDS has worked to enhance the coherence, transparency and accountability of UNAIDS' efforts to catalyse an exceptional response to the global HIV epidemic.
2. The 2006-2007 Unified Budget and Workplan covered a period of major transition in the global HIV response. Building on the time-bound targets set forth in the 2001 *Declaration of Commitment on HIV/AIDS*, UN member states committed in the 2006 *Political Declaration on HIV/AIDS* to move as close as possible toward universal access to HIV prevention, treatment, care and support by 2010. The 2006-2007 biennium witnessed a major expansion in HIV-treatment access, the documentation of emerging HIV prevention successes in some of the most heavily-affected countries, and continued growth in the level of financial resources available for HIV programmes in low- and middle-income countries. In 2006-2007, UNAIDS spearheaded efforts to improve the effectiveness of multilateral assistance to countries in implementing effective HIV responses, expeditiously implementing the recommendations of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors.
3. The 2006-2007 Unified Budget and Workplan reflected a simplified and streamlined results-based orientation. Under the 2006-2007 Unified Budget and Workplan, UNAIDS as a whole aimed to achieve 16 *principal results, which reflect collective actions through collaboration by multiple Cosponsors and the Secretariat*. Individual members of the UNAIDS family undertook specified activities in support of 50 *key results, which measure individual agency's achievements*. The number of key results in 2006-2007 represents a 90% reduction in comparison to 2004-2005, and responsibilities and expectations of individual Cosponsors and the Secretariat were more clearly articulated in the 2006-2007 Unified Budget and Workplan.
4. In 2006-2007, the Unified Budget and Workplan placed greater emphasis on performance monitoring. For the first time indicators were developed and baselines identified in a systemic way to measure the success of the Joint Programme as a whole, as well as the contributions of individual members of the UN family, in achieving principal and key results in 2006-2007. In addition to significant improvements in the quantity and quality of programmatic and financial information submitted by individual members of the UNAIDS family, the 2006-2007 Unified Budget and Workplan Performance Monitoring Framework drew from the largest body of data ever assembled to gauge progress on HIV in countries and regions. This information primarily derives from 147 countries who reported on 25 core indicators developed to assess national progress in implementing the *Declaration of Commitment on HIV/AIDS*, the reports on achievements prepared by the ten Cosponsors, as well as reports from UNAIDS Country Coordinators and/or UN Theme Groups on HIV/AIDS in 82 countries¹.
5. This report summarizes UNAIDS performance under the 2006-2007 Unified Budget and Workplan. Achievements in 2006-2007 are assessed in two ways. First, data are analysed for a set of performance indicators that aim to assess progress in the HIV response at

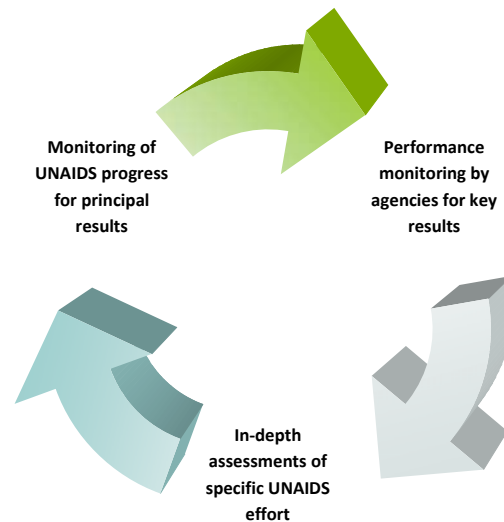
¹ UNAIDS places staff in defined priority countries. By the end of 2007 there were 82 UNAIDS country offices with UNAIDS staff. The annual country result reports are collected through these offices. A few UNAIDS country offices cover two or more countries; in addition, there are countries that have UNAIDS Focal Points placed in a Ministry or other UN agency that also submit annual reports.

global, regional and country levels. Reports on progress against these indicators are not meant to suggest that the Joint Programme is solely responsible for these achievements, but rather to emphasize that the ultimate test of all efforts to advance the global HIV response should be measured by programme coverage, favourable trends in individual behaviours and health outcomes, and other hard evidence of success. On the whole, the report describes the results from tracking and assessing progress in implementing the UNAIDS biennial programme of work, without attempting to comprehensively evaluate the impact of the activities implemented.

6. Second, the report draws on information reported by each Cosponsor on specific key results, as well as comparable data collected by the Secretariat on its own and interagency activities. In addition to reports from Cosponsors and the Secretariat provided for each specific key result, information is included in this report from a significantly increased number of joint and agency-specific reviews and in-depth assessments of activities, which are funded under the Unified Budget and Workplan.
7. Following the introduction and overview, this report includes three sections.
 - Section II describes the three components of the UNAIDS performance monitoring and evaluation framework. It describes links among performance elements and provides examples of reported achievements.
 - Section III draws on information submitted by Cosponsors and the Secretariat on the achievements for each of their key results that are linked to a specific principal result, as well as data submitted by countries for 2006-2007 against the 25 core indicators for the *Declaration of Commitment on HIV/AIDS*. This section also has references to major findings from special joint and agency-specific reviews and in-depth assessments of various HIV-related activities undertaken in 2006-2007.
 - Section IV identifies key challenges encountered by UNAIDS in the implementation and monitoring the implementation of the 2006-2007 Unified Budget and Workplan, as well as lessons learnt during the biennium.
8. Annex 1 contains performance information by agency. These reports illustrate individual contributions of each Cosponsor and the Secretariat under the 2006-2007 Unified Budget and Workplan with the performance of each member of the UNAIDS family described against specific performance indicators and complemented by summaries of major deliverables and achievements.

II COMPONENTS OF THE PERFORMANCE MONITORING AND EVALUATION FRAMEWORK

9. The Performance Monitoring and Evaluation Framework of the 2006-2007 Unified Budget and Workplan included three components: (1) joint monitoring of the progress towards UNAIDS principal results through the use of a performance monitoring matrix; (2) performance monitoring and evaluation of the key results of Cosponsors and the Secretariat; and (3) in-depth assessments, reviews and evaluations of UNAIDS effort in selected priority areas. All three components are interlinked and contribute to a comprehensive assessment of UNAIDS performance.



1: Monitoring progress of the collective efforts of UNAIDS as a whole

10. Monitoring the progress of the collective efforts of UNAIDS was performed against achievement indicators formulated for the 16 UNAIDS principal results². The 35 indicators for the principal results were jointly developed by UNAIDS Secretariat and all Cosponsors. The UNAIDS Secretariat had overall responsibility for monitoring progress towards the 16 principal results. With respect to performance monitoring, the Cosponsor Evaluation Working group (CEWG) served as a key forum for discussion, review, verification and analysis of indicator results, with specific expertise drawn from each Cosponsor in line with the UNAIDS Technical Support Division of Labour. Examples of information reported at the level of principal result can be seen in Figure 1.

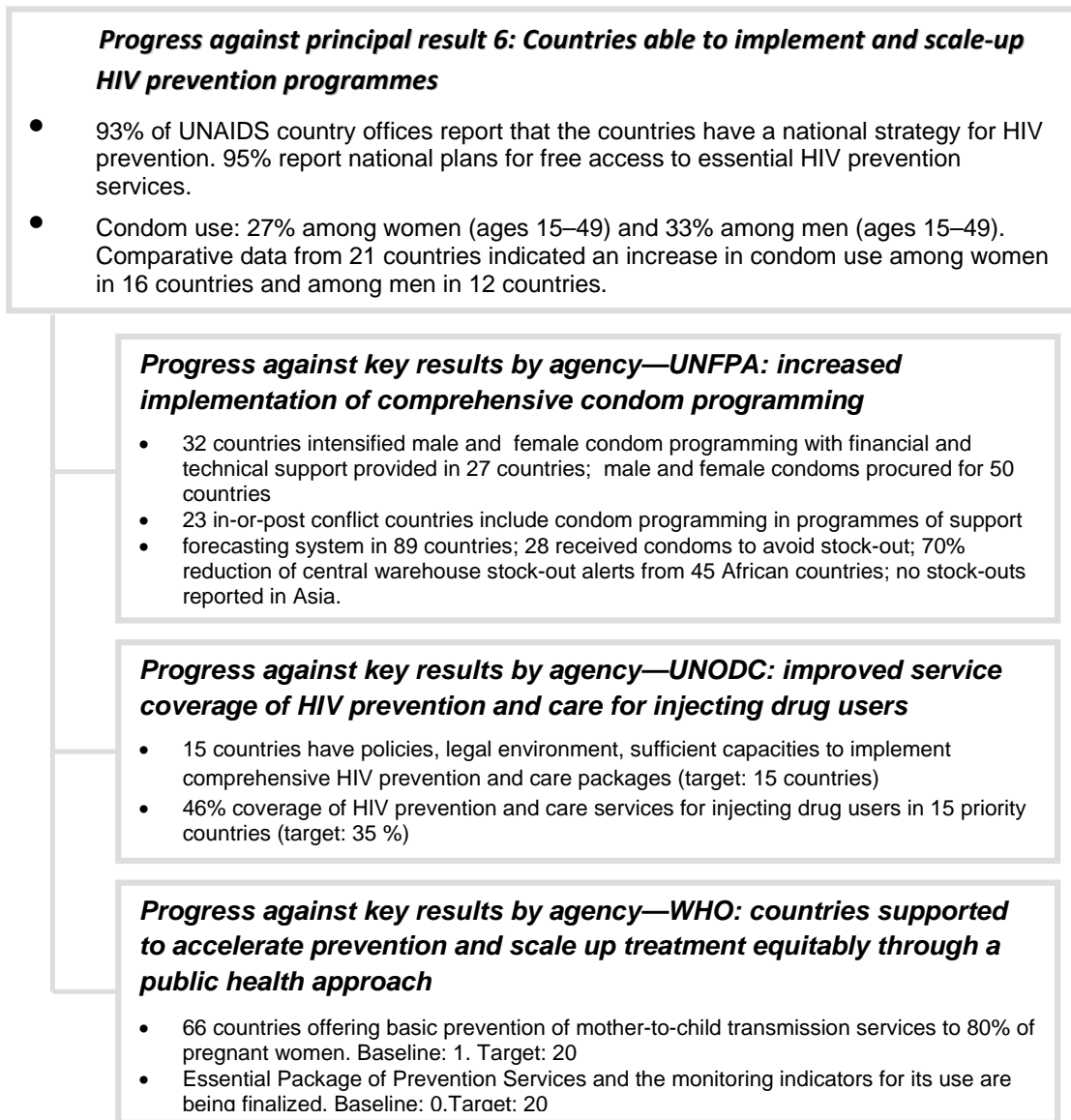
2: Performance monitoring and reporting by Cosponsors and the Secretariat

11. Monitoring was conducted against achievement indicators for key results developed by each Cosponsor and the Secretariat. In addition to summarizing the results on these indicators, the monitoring reports on key results were supplemented by summaries of deliverables produced by Cosponsors and the Secretariat, as well as by case studies from specific countries or regions or on major initiatives. Monitoring of performance against key results was undertaken as an institutional responsibility by each Cosponsor and the Secretariat, encompassing the collection of baseline information, selection of the means of verification, and reporting on indicators and deliverables. Examples of information reported on the key results by UNFPA, UNODC and WHO are shown in Figure 1. Performance reports by agency are summarized in Annex 1.

² In the 2006-2007 Unified Budget and Workplan, there are 16 principal results that were defined for the following areas: UN system coordination; human rights; leadership and advocacy; partnerships; country capacity—the “Three Ones” principles; HIV prevention programmes; women and girls; children affected by HIV and AIDS; programmes addressing vulnerability to HIV; health-care systems for treatment of HIV and AIDS; family and community-based care; national action to alleviate impact; AIDS in conflict-and disaster-affected regions; strategic information, research and reporting; resource mobilization, tracking and needs estimation; human and technical resources.

12. The performance monitoring and evaluation framework of the Unified Budget and Workplan recognized that achievement of particular key results usually required the combined efforts of one or more members of the UNAIDS family. To permit a comprehensive assessment of the interrelated and complementary sets of results that collectively comprised the 2006-2007 Unified Budget and Workplan, each key result was linked to one or several principal results. To illustrate the interrelated nature of the Unified Budget and Workplan, an example is given in Figure 1, which outlines the different components for principal result 6, noting the ways in which several Cosponsors worked to achieve this particular principal result.

Figure 1: Progress against principal and key results



3: In-depth assessments, reviews and evaluations of UNAIDS effort in selected areas

13. In 2006–2007, the Joint Programme allocated substantially greater effort and resources for reviews and evaluations in selected areas of work. In-depth assessments and studies

conducted by the Cosponsors and the Secretariat during the reporting period supplemented the agency reports.

III KEY FINDINGS AND CONCLUSIONS

14. Information from the three components of the performance monitoring and evaluation framework permits a comprehensive assessment of UNAIDS performance over the period of 2006-2007. Highlights and key findings grouped by broad areas that combine several related principal results are included below:

- **Intensification of UN efforts on AIDS and improved UN coordination.**

15. UN system financial resources allocated to the HIV response nearly doubled in 2006-2007, and the number of full-time equivalent staff focused on HIV activities increased by 64% over 2006-2007. The number of countries with UN plans for joint HIV programming increased from 39 in 2005 to 54 in 2007. Surveys found that the UN had effectively implemented the UNAIDS Technical Support Division of Labour in most countries, and solid progress was reported on interagency collaboration in all regions. The Global Task Team submitted an independent assessment of progress to the 20th meeting of the Programme Coordinating Board, highlighting the Secretariat's leadership in promoting improved UN coordination. The assessment recommended additional effort towards harmonizing the budgeting, accounting and oversight systems to further enhance joint programming.

- **Better and more technical support to countries to build national capacity**

Improving planning and resource utilization

16. UNAIDS established Technical Support Facilities in four sub-regions and delivered more than 10 000 days of technical assistance to partners in 49 countries in 2006-2007. External reviews of the Technical Support Facilities in Southern Africa and in Asia and the Pacific found growing demand for technical support in countries, as well as positive feedback from both clients and consultants regarding the usefulness of the support provided.

17. 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. Support for the development and review of national strategies and action plans was facilitated by establishment in 2006 of the AIDS Strategic and Action Plan service (ASAP), which provided focused assistance to 35 countries. In addition, the Joint Programme supported 32 countries with joint annual reviews of national strategies. The Joint Programme assisted 70 countries in developing proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNAIDS aided 39 countries in integrating HIV into development planning

Assessing the effectiveness of the AIDS Strategy and Action Plan (ASAP)

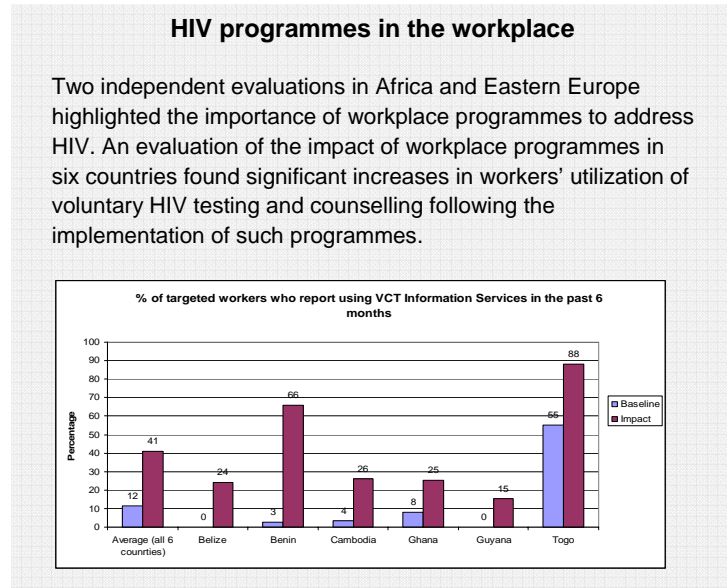
An independent evaluation assessed ASAP's first year of work. Evaluators found that ASAP met expectations set forth in the ASAP Business Plan for 2006-2007 and that the quality of ASAP's work has been good. In particular, the evaluation cited the value of peer reviews of draft strategic plans. ASAP's work was found to be "timely, flexible, demand-driven and confidential," with collaboration among Cosponsors improving significantly during the course of the year.

Evaluators recommended that ASAP engage in early dialogue with countries to sharpen and increase national demand for ASAP assistance. It was suggested that a mapping project would be useful to clarify the respective roles of ASAP, Technical Support Facilities, and emerging technical assistance programmes that risk overlapping. It was also recommended that ASAP increase its efforts to ensure that national strategic plans are feasible to implement and that such plans build, rather than undermine, national capacity.

instruments. A qualitative survey in Burkina Faso, Indonesia, Peru, Rwanda and Zambia found increasing awareness in countries of how to obtain technical support for national HIV strategies.

Scaling up HIV prevention and treatment

18. 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 education in sexuality in their school curricula. UNAIDS helped 26 countries to develop health workforce plans to facilitate HIV scale-up and strengthen health systems. UNAIDS supported 66 countries in scaling up programmes to prevent mother-to-child HIV transmission, procured condoms for more than 50 countries, aided 10 countries in integrating HIV and sexual



and reproductive health services, and assisted 94 countries in implementing integrated HIV/tuberculosis programming. 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. 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. More than 140 countries received UNAIDS financial or technical support for procurement and supply management for HIV treatment scale-up, and decision-makers in 30 African countries received training on utilization of flexibilities related to intellectual property rights for purchase of essential medicines.

Providing care and support

19. The Joint Programme assisted countries in seven regions to develop national action plans to support children orphaned or made vulnerable by HIV and also provided technical support for the implementation of social transfer pilots for vulnerable children in nine countries. Food and nutrition were integrated in 38 national strategic HIV plans to support food-insecure people affected by the epidemic, an increase of six over 2005. Forty-one countries received technical support to address food and nutrition requirements in the scale-up toward universal access.

Food and nutrition programming for children affected by HIV in Namibia

WFP's mid-term evaluation of food programming in southern Africa in 2006 documented sustainable progress in addressing food insecurity related to HIV, although it highlighted the need for longer-term, more consistent food assistance. The review identified the work in Namibia as a model for addressing chronic food shortages relating to HIV where efforts included forging partnerships with government and NGOs, building capacity in the area of social protection, and incorporating a clear and pragmatic exit strategy.

Reaching vulnerable population groups

20. The Joint Programme sponsored multiple workshops, trainings and consultations to build capacity for peer networks in more than 60 countries, and some 120 new staff were placed in more than 70 countries to accelerate the scaling-up of youth-focused HIV prevention services. An assessment of the African Youth Alliance—a five-year partnership in Botswana, Ghana, Tanzania and Uganda—found that the initiative reached nearly 36 million young people through media efforts, provided educational materials to almost 1.2 million young people, distributed nearly 4.7 million condoms, and supported more than 1.8 million outreach encounters. The Joint Programme supported integration of HIV and sexual and reproductive health services in 10 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. Policies, strategies and programme guidance were developed on HIV prevention for men who have sex with men.
21. Under the umbrella of the Global Coalition on Women and AIDS, UNAIDS supported comprehensive reviews of national policy frameworks regarding HIV prevention for women and girls, related epidemiological and service coverage data, and national environments for participation and human rights in 23 countries. These 23 country-specific “report cards” included extensive recommendations to strengthen national programming. China’s review, for example, resulted in calls for the scaling up of prevention programmes for vulnerable populations and migrant workers, while Jamaica’s report card called for implementation of a rights-based approach to HIV and sex work and for the expansion of gender-related legislation to provide comprehensive rights protection for women and girls.
22. Technical and financial support was provided to 70 countries on HIV-related programming regarding refugees and populations of humanitarian concern. Extensive policy dialogue, expert input and 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 Joint Programme. UNAIDS developed an international network of drug dependence treatment and rehabilitation centres to improve service quality and build service capacity. In 11 high-priority countries, UNAIDS supported successful development of national strategies on HIV prevention and care in prisons, including a number of programmatic and policy assessments pertaining to HIV in prison settings. A policy review in the Kyrgyz Republic, for example, recommended expansion of access to methadone maintenance and comprehensive HIV care and treatment in the nation’s prisons.
- **Promoting harmonization and alignment and overcoming impediments to scale-up.**
23. In line with the Paris Declaration on Aid Effectiveness and the Rome Declaration on Harmonization, the Joint Programme supported the implementation of the “Three Ones” principles in countries and implemented the recommendations of the Global Task Team on improving AIDS coordination among multilateral organizations and bilateral donors. UNAIDS supported the process leading towards joint development and adoption of the recommendations of the Global Task Team on improving AIDS coordination among multilateral organizations and bilateral donors and continued to provide leadership

Addressing systemic issues

A 2007 review of the Global Implementation Support Team found that while its country-level efforts had been helpful in a number of countries, greater attention was needed to address systemic issues at the global level that may create implementation problems in countries. The assessment also recommended adoption of new terms of reference to guide the work of the Global Implementation Support Team to increase its effectiveness.

Recommendations were made regarding the composition and authority of the Team, the role of the Secretariat, the mode of operations of the Team, and its governance and accountability.

and assistance in their implementation. 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. UNAIDS facilitated implementation of Global Fund grants in some 40 countries and intervened to address implementation bottlenecks in 25 countries. Following a review of experience under the Global Implementation Support Team, new terms of reference and operating procedures for the Team were implemented to harmonize and coordinate technical support to address implementation bottlenecks, disseminate lessons learnt and identify good practices.

- **Policy guidance and strategic information to accelerate scale-up towards universal access on HIV prevention, treatment, care and support.**

24. At least 69 countries used UNAIDS' strategic information in 2007 to better inform decisions on policies, strategies and resource allocation. The Joint Programme provided up-to-date information to more than 140 countries on the availability and prices of antiretroviral drugs, increasing the efficiency of HIV spending and accelerating treatment scale-up. Fifty-five new HIV-related medications were prequalified in 2006-2007. Efforts to expand service access was also facilitated by normative guidance on provider-initiated testing and counselling, clinical staging and immunological classification, prophylaxis for HIV-related infections, patient monitoring, and food and nutrition programming. UNAIDS produced 20 new best practice publications on key issues related to scaling up HIV prevention, treatment, care and support. UNAIDS supported 15 operational research projects completed in 2006-2007 and provided support to other 27 studies that are on-going. Fifteen operational research studies focused on food and nutrition programming in the framework of scaling up HIV treatment, care and support. A stocktaking report summarized coverage data on programming for children, including paediatric treatment programmes. A report analyzing evidence on the impact of social cash transfer programmes for HIV-affected children in Zambia, Malawi and South Africa, found that well-designed social cash transfer programmes could reach the majority of young people affected by HIV and mitigate the epidemic's impact on children.

- **Strengthening the knowledge base on HIV.**

25. With more than 60 UNAIDS monitoring and evaluation specialists placed in countries to provide ongoing technical support in 2006-2007, the number of countries meeting the full array of quality criteria for HIV monitoring and evaluation more than tripled (increasing from 14 in 2004-2005 to 44 in 2006-2007). UNAIDS supported more than 80 countries to establish functional monitoring and evaluation systems and databases, while 88 countries used UNAIDS surveillance guidelines.

26. A recent evaluation of the frequency and timeliness of data collection and the effectiveness of national surveillance systems found a modest improvement in the quality of HIV surveillance, with the number of countries publishing accurate and up-to-date surveillance reports increasing from 51 in 2005 to 55 in 2007. Among 137 countries whose systems were rated, 56 were judged to have fully functioning surveillance systems, 32 had partially functioning systems, and 47 had systems that were non-existent or poorly functioning.

27. The Joint Programme helped 80 low- and middle-income countries conduct a National AIDS Spending Assessment and also aided 44 countries in estimating resource needs. Support was provided for a global system to monitor HIV drug resistance. Socioeconomic impact studies were undertaken in four regions, and UNAIDS supported studies in nine countries in southern Africa on the epidemic's impact on public sectors. Sentinel surveillance and behavioural surveys were conducted in various refugee camps in Africa and Asia, and interagency assessments were performed on HIV and internally displaced persons in 10 countries in Africa, Asia, the Americas and Europe.

- **Continued advocacy, leadership and promotion of inclusive, multisectoral responses.**

28. UNAIDS support aided 105 countries in establishing time-bound national targets for universal access to HIV prevention, treatment, care and support. More than 4600 media articles cited UNAIDS statistics or quoted UNAIDS in HIV-related coverage. UNAIDS provided support to the High Level Meeting on HIV/AIDS in 2006, which resulted in the adoption by global leaders of the goal of moving as close as possible towards universal access to HIV prevention, treatment, care and support by 2010. Educational and advocacy materials were provided to partners in more than 100 countries. UNAIDS launched a global advocacy initiative to fight human trafficking and implemented primary prevention projects on human trafficking in five countries. The number of countries having undertaken a review of their national strategic plan with the participation of civil society rose from 42 in 2005 to 108 in 2007, with marked increases observed with respect to the participation of people living with HIV. UNAIDS-sponsored leadership programmes built capacity among more than 2000 individuals—reaching participants from government, civil society, people living with HIV, and the private sector—and UNAIDS trained more than 13 000 young people, peer educators, and youth-focused programme staff. More than 500 private companies collaborated with the Joint Programme in 2006-2007 to implement HIV workplace initiatives.

- **Implementation of the Unified Budget and Workplan.**

29. UNAIDS effectively managed the 2006-2007 Unified Budget of Workplan of US\$ 457.1 million, which included contributions from 31 governments (representing 94% of the total amount). Consistent with the aim of the Unified Budget and Workplan to mobilize additional resources for UN system activities on HIV, in 2006-2007 the support to the Cosponsors through the Unified Budget and Workplan of US\$ 120 million was complemented by some US\$ 640 million mobilized by the Cosponsors internally or through other sources, i.e. almost five times the amount provided through the Unified Budget and Workplan. This figure does not include Cosponsors' country-level resources, which although formally outside of the Unified Budget and Workplan were estimated at US\$ 1770 million for 2006-2007. Considered together, the total amount of funds raised by the Cosponsors over and above the Unified Budget and Workplan—i.e. which the Unified Budget and Workplan 'leverages' to achieve the objectives of UNAIDS—represents five times the total Unified Budget and Workplan budget of US\$ 457 million³.

IV CHALLENGES AND LESSONS LEARNED

30. While accomplishing the above-described achievements in 2006-2007, the Joint Programme also encountered a range of challenges in implementing the Unified Budget and Workplan. Strategies to address these challenges have been incorporated in the 2008-2009 Unified Budget and Workplan and/or in other efforts undertaken by UNAIDS.
31. **Wide variation in scale-up.** Although significant progress has been achieved in many countries and across most regions in increasing coverage for HIV prevention, treatment, care and support, broad coverage disparities are apparent within and between countries and regions. While continuing to support further scale-up in countries and regions where coverage has increased, urgent action is required to accelerate scale-up in settings where service expansion has lagged. In 2008-2009, the Joint Programme has intensified efforts to address implementation bottlenecks, target high-quality technical support where it is most needed, and facilitate exchange of best practices and lessons learnt to maximize progress towards universal access in all countries.

³ Although country-level expenditures have not previously been compiled and reported separately, the Programme Coordinating Board requested that Cosponsors report to the June 2009 Programme Coordinating Board on their expenditure on HIV/AIDS in pilot countries for the biennium 2008-2009.

32. **Continuing capacity limitations.** Notwithstanding the above-noted achievements in building the capacity of essential personnel and building needed systems for procurement and supply management and other key tasks, infrastructure limitations continue to impede scaling-up. Under the 2008-2009 Unified Budget and Workplan, UNAIDS has further strengthened its efforts to buttress fragile health systems and other key sectors through such strategies as intensified training and mentoring programmes, assisting to countries in developing and implementing comprehensive workforce strategies, focusing technical assistance and other capacity-building initiatives, and promoting task-shifting and other mechanisms that extend limited capacity.
33. **Insufficient HIV prevention efforts.** Although significant progress has been achieved in expanding coverage for certain HIV prevention strategies, inadequate prioritization of HIV prevention efforts continues to impede an effective response to the epidemic. In 2007, the number of new HIV infections was more than 2.5 times greater than the increase in the number of patients on antiretroviral therapy. While 87% of countries have established targets for universal access to HIV treatment, only about 50% of countries have developed targets for key HIV prevention interventions. In many countries, HIV prevention allocations do not align with epidemiological data. Survey data from 64 countries indicate that the majority of young males and females lack accurate, comprehensive HIV prevention knowledge. Commitment to HIV prevention is particularly lacking for populations most at risk. If sustainable progress is to be achieved against the epidemic, the breadth and impact of HIV prevention programmes must significantly increase. The 2008-2009 Unified Budget and Workplan provides for a major intensification of UNAIDS' efforts to bring evidence-informed HIV prevention to scale and to assist countries in tailoring national prevention strategies to address documented needs.
34. **Leadership challenges.** Although leadership in the HIV response is more apparent than ever—at all levels and across multiple sectors—the success of efforts to address the epidemic continue to be hindered by important leadership gaps. This is especially apparent with regard to the development of policies and programmes to address populations most at risk or to tackle gender inequities or other social and human rights related determinants that increase HIV risk and vulnerability. The 2008-2009 Unified Budget and Workplan sharpens the Joint Programme's roles and responsibilities with respect to populations most at risk and intensifies UNAIDS' efforts to work in partnership with affected communities and other key stakeholders to increase leadership and commitment on the AIDS response.
35. **Sustaining the AIDS response.** Given the long-term challenge that the epidemic poses, it is essential that the AIDS response transition from an "emergency" footing to one that focuses increasing attention on sustainability. All key actors in the response—including national and sub-national governments, donors, key sectors, affected communities and civil society, technical agencies and multilateral institutions such as UNAIDS—must consider sustainability in all actions. For UNAIDS, this requires even greater attention to the creation of sustainable capacity in countries and communities, intensified advocacy to ensure a long-term response, mainstreaming the AIDS response in the broader development agenda, supporting the development of sustainable financing mechanisms, and better understanding the epidemic's long-term trajectories and impact and devising effective strategies to address these.
36. **Further improving harmonization and alignment.** Notwithstanding the steady progress that has been achieved in implementing the "Three Ones" principles for effective country-level action, the HIV response in many countries continues to be hindered by fragmented, overlapping and duplicative efforts on the part of diverse actors and stakeholders. Under the 2008-2009 Unified Budget and Workplan, the Joint Programme is further strengthening its support for national AIDS control programmes, ranging from intensified capacity-building support to facilitation of joint reviews of national AIDS strategies. UNAIDS is also continuing its long-term efforts to build HIV monitoring and evaluation capacity in countries and to unify

monitoring and evaluation efforts under a single agreed framework with standardized performance indicators.

37. **Results-based planning and budgeting.** Although the Unified Budget and Workplan is widely cited as a successful example of UN reform in action, its two-year cycle has made it difficult to undertake long-term planning and impact assessment. The two-year cycle for the Unified Budget and Workplan also requires considerable transaction costs, as reflected in the extensive time and effort devoted by Cosponsors and the Secretariat to develop each new version of the Unified Budget and Workplan. To facilitate longer-term planning and reduce transaction costs, the Programme Coordinating Board in April 2008 directed that the next Unified Budget and Workplan be based on a review and extension of the UNAIDS 2007-2010 Strategic Framework to 2011. The Programme Coordinating Board confirmed a four-year planning framework and two-year budget cycle for the Unified Budget and Workplan.
38. **Strengthening performance monitoring.** Monitoring UNAIDS' performance under the Unified Budget and Workplan is challenging. The Joint Programme's monitoring and evaluation efforts must collect and evaluate data on activities at multiple levels (country, regional and global), in multiple countries, and from multiple sources in order to capture and assess the many ways in which the Joint Programme contributes to the AIDS response. With the aim of strengthening performance monitoring, the 2008-2009 Unified Budget and Workplan incorporates a number of improvements. The number of achievement indicators has been sharply reduced (from 35 indicators for the principal results in 2006-2007 to 14 outcome indicators for Key Outcomes in 2008-2009) and their quality strengthened, 2008-2009 indicators are better defined, have stronger data baselines, and incorporate both quantitative and qualitative measures. Underlining the country-level focus of UNAIDS, most performance indicators in 2008-2009 are measured at country level. Performance indicators are now supplemented by periodic evaluations, and the link between financial tracking and performance monitoring has been strengthened.

Annex I

Reports by agency

1. The Unified Budget and Workplan unites in a single framework the coordinated activities of each Cosponsor and the Secretariat in support of 16 Principal Results. In the interests of accountability and transparency, the 2006-2007 Unified Budget and Workplan identified specific key results for each member of the UNAIDS family.
2. This section describes the progress of each Cosponsor and the Secretariat in achieving its specific key results, and progress resulting from joint interagency activities is also noted. For each key result assigned to an individual Cosponsor, achievements according to specific performance indicators are described. In addition, this section summarizes the range of activities undertaken in support of each key result.
3. The discussion below also describes key results achieved through interagency activities. These activities involve work jointly undertaken by two or more members of the Joint Programme.

OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

UNHCR was responsible for three key results in 2006-2007.

4. ***Key Result 1. Integration and mainstreaming of HIV and human rights of refugees and other persons of concern to UNHCR by effective implementation of UNHCR's protection policies and standards.***

Reported data for the achievement indicators

- All UNHCR programmes have standard operating procedures in place for sexual gender-based violence.
- In 95% of refugee camps, rape survivors received social, medical and legal support in 2006-2007, with 84% of rape survivors reporting within 72 hours having access to post-exposure prophylaxis.
- Three out of four UNHCR operations with HIV programmes have specific activities to address stigma and discrimination.

Summary of UNHCR's contributions

5. In 2006, UNHCR released a "Note on HIV and AIDS and the Protection of Refugees, Internally Displaced Persons and Other Persons of Concern," informing governments and UNHCR staff of recognized standards in the field of HIV and the protection of persons of UNHCR's concern, including measures to protect refugees from HIV-related discrimination and to address issues relating to the resettlement of refugees living with HIV. UNHCR's global objectives for 2007-2009 include reducing the prevalence and impact of HIV, as well as preventing and responding to sexual and gender-based violence.
6. In collaboration with UNFPA, UNHCR provided training in the clinical management of rape for implementing partners in 10 countries and widely disseminated clinical guidelines for post-rape management. The UNHCR learning programme for operational management includes a strong HIV component, and HIV and sexual and gender-based violence are now core components of UNHCR annual protection reports. Regional and country-level trainings on HIV and protection were undertaken for UNHCR and partner organization staff in five

regions. UNHCR developed and disseminated education and advocacy materials on HIV, human rights and protection in local languages.

7. Regional training and strategic guidance focused on the reduction of stigma and discrimination, anti-stigma tools were developed and put into practice, and UNHCR's systematic monitoring incorporated indicators on stigma and discrimination. UNHCR training modules have incorporated basic HIV and human rights awareness.
8. ***Key Result 2. Increased inclusion and integration of refugees, returnees and other persons of concern in UNHCR in country and subregional HIV strategies, proposals and interventions with consequence increases in resources at global, regional and national levels.***

Reported data for the achievement indicators

- Resource mobilization by UNHCR for HIV-related activities increased by more than 300% in 2006-2007.
- More than half of countries where UNHCR operates have included refugees in their updated national strategic HIV plans, and more than one-third specifically address internally displaced persons.
- An increase of 185% was recorded in the number of post-emergency sites in which UNHCR operations have HIV-related activities.

Summary of UNHCR's contributions

9. UNHCR developed a set of standardized indicators, tools and guidelines to support data collection and reporting, as well as a modular curriculum to train staff from UNHCR and nongovernmental organizations on implementation of the HIV Information System, which standardizes data collection for UNHCR partners. UNHCR sponsored a global conference on use of the HIV Information System, resulting in endorsement of a common package of health, HIV and nutrition indicators in refugee settings. UNHCR also conducted behavioural and sentinel surveillance surveys in five African countries. UNHCR also conducted a study on, and published in *The Lancet*, the HIV prevalence in twelve refugee camps in seven conflict-affected countries in Africa where insufficient data were found to support the assertions that conflict, forced displacement, and wide-scale rape increase HIV prevalence or that refugees spread HIV infection in host communities. UNHCR collaborated with two regional HIV initiatives in Africa that addressed refugees, returnees and internally displaced persons. A major advocacy initiative to address the vulnerability of "people on the move" was launched, emphasizing joint collaborative efforts by diverse stakeholders and global coordination with UNAIDS Cosponsors.
10. UNHCR participated in UN Theme Groups on AIDS and/or in Joint UN Teams on AIDS in more than 60 countries. UNHCR organized the first global consultation on HIV and internally displaced persons, which identified future strategies to integrate internally displaced persons into overall HIV responses in humanitarian settings.
11. ***Key Result 3. Improve implementation of multisectoral and integrated HIV interventions for refugees and other persons of concern to UNHCR.***

Reported data for the achievement indicators

- All (100%) refugee programmes where UNHCR is coordinating health and community services have established essential HIV interventions in line with guidelines of the Inter-Agency Standing Committee on HIV/AIDS in Emergency Settings.
- More than 75% of refugees in countries where antiretrovirals are available to the host population were receiving antiretrovirals in 2007.

- Voluntary HIV testing and counselling services were available to more than 70% of refugees in 2007, while access to services to prevent mother-to-child HIV transmission was estimated at 57%.
- All (100%) refugee operations that offer HIV-related services currently provide refugees with culturally and linguistically appropriate information, education and communications materials.

Summary of UNHCR's contributions

12. UNHCR provided technical and financial support for HIV-related programming to more than 70 countries. By expanding HIV-related operations to the Americas and Europe, UNHCR achieved complete geographical coverage for its HIV-related operations. UNHCR also launched HIV interventions for returnees in transit centres in Africa.

13. Technical support was provided to refugee programmes in 34 programmes through 47 missions by headquarters staff and regional HIV coordinators. UNHCR launched an antiretroviral medication policy for refugees and co-organized a technical consultation on access to antiretrovirals in emergencies.

14. In addition to the training and strategic information support outlined in the previous key results, UNHCR sponsored an eight-country training workshop to bring to scale standardized HIV testing and counselling programmes. In collaboration with WHO, UNHCR developed a

Increasing attention to HIV among internally displaced persons

UNHCR organized the first global consultation on HIV and internally displaced persons, identifying programmatic gaps and forging consensus on future directions. The consultation reviewed current concepts and knowledge on HIV and internally displaced persons, documented relevant assessment tools and programmes; and charted future needs and actions. The consultation highlighted the urgent need for additional qualitative and quantitative research on HIV and internally displaced persons. The consultation also resulted in a shift of HIV interventions from traditional camp-based assistance to more diffuse HIV activities focused on returnees in transit centres in Angola, Burundi, the Democratic Republic of Congo, Liberia and Sudan.

rapid assessment tool for HIV and substance abuse in emergency settings and conducted trainings to enhance the capacity of humanitarian programmes in Africa and Asia to address substance abuse. Through trainings and the provision of male and female condoms, UNHCR collaborated with UNFPA to increase HIV prevention capacity in conflict and post-conflict countries in Africa and Asia. UNHCR began addressing HIV and transactional sex work in several operations in Africa and Asia and collaborated with UNESCO on the launch of a discussion paper on educational responses to HIV among refugees and internally displaced people. An operational research strategy was finalized on integrating HIV, food and nutrition in refugee settings in Africa, with 20 programme strategies having been field-tested. UNHCR developed a standardised HIV assessment tool to analyze all elements of HIV protection, prevention, treatment and care among people of concern to UNHCR, including community participation and involvement at country level.

UNHCR Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	500,000	650,000	250,000	1,979,131	1,250,000	2,114,925	2,000,000	4,744,056
KR2	900,000	550,000	250,000	267,444	1,800,000	1,388,831	2,950,000	2,206,275
KR3	2,000,000	2,200,000	250,000	7,317,207	6,000,000	9,629,291	8,250,000	19,146,498
Total	3,400,000	3,400,000	750,000	9,563,782	9,050,000	13,133,047	13,200,000	26,096,829
Percentage	100%		1275%		145%		198%	

UNITED NATIONS CHILDREN'S FUND (UNICEF)

UNICEF was responsible for three key results in 2006-2007

15. **Key Result 1. Evidence-informed national plans on prevention of mother-to-child transmission of HIV and paediatric HIV and AIDS care implemented and monitored in support of scaled-up universal access.**

Reported data for the achievement indicators

16. In 2007, an estimated 33% of HIV-positive pregnant women in low- and middle-income countries received antiretroviral medicines to prevent mother-to-child HIV transmission, compared to 23% in 2006 and 15% in 2005. As of December 2007, about 198 000 children globally received antiretroviral therapy, up from 127 300 in 2006 and 75 000 in 2005. To support increased coverage for prevention of mother-to-child transmission and paediatric HIV treatment, UNICEF facilitated accelerated programme implementation, generated normative guidance and strategic information, convened stakeholders, and monitored progress.

Highlights of UNICEF's Contributions

17. Between 2006 and 2007, the provision of prevention of mother-to-child transmission services continued to gain momentum worldwide. UNICEF provided support to such prevention programmes in 97 countries in 2007 compared to 90 in 2005. This included technical assistance in policy and planning, communication, training and the dissemination of information on the procurement of drugs and other supplies, as well as the dissemination of the *Guidance on Global Scale-up of the Prevention of Mother-to-Child Transmission of HIV*, adopted at the December 2007 High-Level Global Partners Forum by international stakeholders and representatives from 30 countries implementing prevention of mother-to-child transmission and paediatric AIDS services.
18. One mechanism that has been useful in accelerating country-level efforts is the provision of technical support through the joint technical missions, initiated in 2004 and coordinated by the Inter-Agency Task Team (IATT) on Prevention of HIV infection in Pregnant Women, Mothers and their Children. Between 2006 and 2007, this Inter-Agency Task Team conducted 10 missions to high-burden countries in Africa and Asia. The task Team provided national authorities with technical support to overcome key bottlenecks to the expansion of prevention of mother-to-child transmission services, including paediatric care.
19. In November 2007, UNICEF and UNITAID⁴, in collaboration with WHO, launched a joint initiative to help scale up national programmes to prevent mother-to-child transmission of HIV. This joint initiative will help accelerate the scaling-up of HIV testing and counselling by health workers in antenatal, maternal and postpartum health services, broaden the provision of antiretroviral therapy to women and their newborns, and increase early access to paediatric HIV treatment for young HIV-infected infants. Under the agreement, UNITAID will fund HIV diagnostics, antiretroviral medicines and antibiotics for patients in

⁴ Launched on 19 September 2006, UNITAID is an international drug purchase facility, which aims to fill a critical gap in the global health financing landscape. Its innovative model of financing seeks to reduce prices of quality drugs and diagnostics and accelerate their availability for people primarily in developing countries. Initiated by Brazil, Chile, France, Norway and the United Kingdom, UNITAID now has 27 member countries, 19 of which are in Africa.

eight target countries for a period of up to 24 months, for a total amount of US\$ 21 million.

20. UNICEF issued policy guidance on paediatric HIV care and treatment, cotrimoxazole prophylaxis, sources and prices for essential medications, regional and country adaptations of antiretroviral guidelines, and HIV and nutrition, as well as a paediatric clinical manual for South Asia, national protocols in Eastern Europe and Central Asia, a diagnostic forecasting tool for Latin America and the Caribbean, and an operational framework for linking HIV services with reproductive, adolescent, maternal, newborn and child health services in Asia and the Pacific. UNICEF also collected data for the Report Card on prevention of mother-to-child transmission and Paediatric HIV Care and Treatment, published in the 2008 Universal Access progress report.
21. Between 2006 and 2007, the value of antiretroviral medicines procured by UNICEF almost doubled (from US\$ 37 million in 2006 to nearly US\$ 66 million in 2007). Substantial price decreases have helped to increase the number of treatment packs delivered, to over 5 million people in 2007. The value of HIV test kits procured by UNICEF increased from US\$ 7.3 million in 2006 to US\$ 11 million in 2007. A similar growth took place in HIV-related diagnostic equipment, reagents and consumables, which reached over US\$ 5 million.
22. ***Key Result 2. Increased percentage of children affected by HIV receiving support and protection as a result of the implementation of national plans of action that have been facilitated through partner efforts.***

Reported data for the achievement indicators

- By the end of 2007, 24 countries, including 21 in sub-Saharan Africa, had completed national plans of action for support for children affected by the epidemic. An additional 10 countries, including nine additional African countries, had plans in progress.
- In 18 countries with household data collected between 2003–2007; the coverage of orphans and vulnerable children whose households received free basic external support in caring for the children ranges from about 1% in Senegal to 41% in Swaziland, with a median of 12% in the 18 countries

Highlights of UNICEF's Contributions

23. Some 24 countries have now developed specific national plans of action for children affected by AIDS, an increase from 16 in 2004. Orphans aged 10–14 years who have lost both parents are still less likely to be in school than children living with at least one parent, but the disparity between the two groups has declined in some countries. This decline is due in part to UNICEF-promoted interventions such as the abolition of school fees and the provision of cash transfers as part of a more comprehensive social protection approach.
24. National plans of action for children affected by AIDS were finalized and/or approved in several countries during 2007, including Burundi, Namibia, Rwanda and the United Republic of Tanzania. In addition, UNICEF continued to promote the availability of information for policy makers and implementation through a wide range of studies, including a national situation analysis of orphans and other vulnerable children in Rwanda; review of two pilot cash transfer schemes in Zambia and Malawi, an impact assessment of caregiver training in Swaziland; an analysis of the orphan and vulnerable children cash transfer system in Ghana; and capacity assessments of nongovernmental organization service providers. With UNICEF support, national orphan and vulnerable children registration systems or databases were strengthened in Botswana, Lesotho,

Namibia, Sierra Leone, Swaziland and other countries. UNICEF also continued to assist efforts to strengthen community capacity to provide care and support for orphans and other vulnerable children. In Malawi and South Africa, for example, UNICEF provided assistance to help to institutionalize community child care centres. In Namibia, Swaziland and Zimbabwe, UNICEF supported training for a range of care-providing groups, including faith-based organizations and grandmothers' groups.

25. **Key Result 3. In line with the UNAIDS Technical Support Division of Labour, support partners to achieve increased access and utilization of prevention information, skills and service required to reduce adolescent vulnerability to HIV.**

Reported data for the achievement indicators

- At least 70 countries had HIV programming in place as of December 2007 addressing especially vulnerable and most-at-risk adolescents.

Highlights of UNICEF's Contributions

26. To accelerate implementation of programming for young people, UNICEF supported a joint technical support group for most-at-risk adolescents, and regional and country partners forums were organized in at least six regions. More than 70 low- and middle-income countries and territories now mandate life skills education with an HIV-prevention component in national school curricula. UNICEF continues to contribute to the expansion of youth-friendly health service networks, notably in countries of Central and Eastern Europe and the Commonwealth of Independent States. Voluntary counselling and testing networks were expanded in African countries, such as Ethiopia, Lesotho, Malawi and Mozambique. The successful 2007 HIV/AIDS campaign for young people in Timor-Leste was based on decentralized planning, peer-to-peer message dissemination, and strong local ownership. However, the establishment and expansion of youth-friendly health services within national health systems continues to be a challenge, given the limited capacities in many cases. Youth centres providing information and peer-to-peer counselling on HIV were established and supported with UNICEF assistance in many countries, including Burundi, the Occupied Palestinian Territory, the Russian Federation and Uganda, where 34 youth information centres, established over the last five years, are raising awareness on HIV, sexually transmitted infections and drug-use prevention. In all regions, UNICEF supported HIV awareness-raising campaigns targeting young people through sport activities.
27. Policy and programme development and implementation were informed by strategic information developed in 2006-2007 by UNICEF, including training tools for life-skills based HIV education in East Asia and the Pacific, guidance for programming for most-at-risk adolescents in Eastern Europe and Central Asia, an advocacy briefing package on male circumcision in Eastern and Southern Africa, and guidelines for joint reviews of adolescent-focused prevention programming in West and Central Africa. Multiple Indicator Cluster Survey data were collected on knowledge and behaviours of adolescent girls in 40 countries, and HIV-related indicators were incorporated into the mid-decade Education for All assessment in East Asia and the Pacific.

UNICEF Expenditure

Key Result	Core		Supplemental		Own Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	6,930,000	5,251,295	17,150,000	44,142,897	7,350,000	39,999,417	31,430,000	89,393,609
KR2	7,920,000	7,390,712	19,600,000	50,354,073	8,400,000	15,140,784	35,920,000	72,885,569
KR3	4,950,000	6,807,234	12,250,000	62,820,113	5,250,000	45,427,585	22,450,000	115,054,932
Total	19,800,000	19,449,243	49,000,000	157,317,081	21,000,000	100,567,786	89,800,000	277,334,110
Percentage	98%		321%		479%		309%	

WORLD FOOD PROGRAMME (WFP)

WFP was responsible for three key results in 2006-2007.

28. *Key Result 1. Increased awareness on the role of food and nutrition in HIV, AIDS and tuberculosis programmes, with a special focus on reaching children and vulnerable groups.*

Reported data for the achievement indicators

- At the end of 2007, 38 national strategic HIV plans included food and nutrition components—an increase over 32 in 2005.
- The number of nongovernmental organizations and international bodies that include food and nutrition in their HIV strategies and programmes rose from 440 in 2005 to 546 in 2007.
- WFP supported 15 operational research and pilot programmes on food and nutritional support for HIV-affected populations, successfully partnering with research institutes, universities, national governments, non-governmental organizations and UN partners.

Highlights of WFP's contributions

29. WFP supported national action on HIV and nutrition through extensive advocacy, normative guidance, and technical assistance. WFP published a handbook on food assistance in the context of HIV, as well as a Ration Design Guide for food assistance in the context of HIV. Profiles and in-depth analyses increased understanding of the impact of HIV on nutritional outcomes for children in Africa. HIV was integrated into vulnerability analysis and mapping tools, studies focused on the impact of nutritional supplementation on treatment adherence and medical outcomes, and HIV awareness training was provided for transporters in Benin, Chad, Gambia and Niger.

Using food programmes to address gender-based violence in Colombia

Five UN agencies support a programme to reduce sexual gender-based violence in two Colombian cities. As a support for this intervention, WFP organized awareness building sessions with food management committee members, community leaders and WFP beneficiaries. WFP followed up on these sessions with train-the-trainer interventions for especially motivated and skilled people who participated in the awareness sessions, with the aim of equipping these individuals to serve as community workers for counselling and referral on sexual gender-based violence. WFP staff also received a one-day training on sexual gender-based violence reduction and a handbook for community facilitators. WFP further supported the broader programme through distribution of posters, flyers and facilitation materials.

30. Experience in 2006-2007 underscored the value of having knowledgeable representatives from UN agencies, nongovernmental organizations and civil society emphasizing the importance of food and nutrition in HIV programmes. While there is a strong evidence of the beneficial effects of food and nutrition on treatment uptake, there is a need for additional studies on the impact of food assistance on the nutritional status of people living with HIV.

31. *Key Result 2. Increased resources for food and nutrition components in HIV programmes.*

Reported data for the achievement indicators

- Nineteen countries have food-based programmes financed by the World Bank Multi-Country AIDS Programme, Global Fund, and the United States government's PEPFAR initiative.

- WFP devoted 130 staff to HIV-related work in 2007, an increase over 94 in 2006.
- WFP provided technical capacity-building support to 41 countries in 2006-2007 to address nutritional components in the scale-up towards universal access.

Highlights of WFP's contributions

32. WFP supported HIV care and treatment, mitigation and prevention interventions for approximately 1.8 million beneficiaries in 2007. These activities were supported, in part, by the mobilization of more than US\$ 4.2 million in addition to core support for WFP under the Unified Budget and Workplan. Experience indicates that development of strong partnerships in the field facilitates the mobilization of resources to support food-based programming.
33. In southern Africa, the number of countries receiving technical support from WFP rose from two in 2005 to nine in 2006-2007. Results of a costing exercise for food and nutritional support in HIV programmes were disseminated to WFP country offices and to UNAIDS Cosponsors. In 2006-2007, WFP partnered with the private sector to expand access to HIV prevention and treatment among transporters.
34. ***Key Result 3. Increased food and nutrition oriented programming within global, regional and national responses to HIV.***

Launching a roadside wellness centre in Swaziland

As Swaziland, a small, landlocked country relies heavily on road transport, WFP with the North Star Foundation and the Swazi Ministry of Health to establish a roadside drop-in centre at a major truck stop and border crossing near the South Africa-Swaziland border. Financed by Chevron-Africa, the centre provides low-threshold, low-cost primary health care and HIV services for mobile transport workers, sex workers and other women at risk. With its convenient location and operating hours, long-distance truckers are able to access health services while they wait for border clearance, without losing valuable road time.

Reported data for the achievement indicators

- Thirty-nine countries have programmes to mitigate the epidemic's impact through food-based safety nets with strategic linkages to HIV prevention, treatment, care and support programmes.
- Practitioners in 2007 had access to 35 design manuals or handbooks on food and nutrition programming.
- Food and nutrition programming has been integrated into HIV responses in 35 countries affected by conflicts and disasters.

Highlights of WFP's contributions

35. By the end of 2007, WFP was supporting HIV prevention, treatment, care and support in 20 of the 25 countries with the highest HIV prevalence. Benefiting in many cases from the development of regional strategies, WFP was undertaking HIV- or TB-related programming in 50 countries in Africa, Asia, and Latin America. Six specialized programme staff were recruited to support improve implementation and effectiveness of HIV programming, and WFP focused increased technical support in the areas of programme design and development, implementation and monitoring and evaluation. Manuals, guidebooks and other technical resources were developed at global, regional and country levels by WFP. Experience in 2006-2007 highlighted the importance of innovative exit strategies for food-based programming, as well as the need the link food assistance with initiatives that strengthen livelihoods and reduce long-term vulnerability.

36. The WFP regional office in Panama developed an HIV and nutrition advocacy strategy and guidance note as well as a regional blueprint version for national protocols on HIV and nutrition to be adapted at country level. In addition, WFP's leadership in the area of HIV and nutrition was outlined in interagency joint work plans and/or UNDAF in El Salvador, Barbados, Bolivia, Columbia, Ecuador, Guatemala and Panama.
37. In Malawi, Zimbabwe and other countries, WFP integrated gender issues in food and nutrition activities provided in the context of HIV care and treatment. In collaboration with numerous partners, WFP supported a nutritional intervention as part of a comprehensive antiretroviral treatment package in Benin, Burundi and Mali. In partnership with the International Food Policy Research Institute, WFP supported research and in-depth analysis on nutritional outcomes among children affected by the epidemic.

Programming vertically for Prevention of Mother-to-Child Transmission of HIV

In 2007, WFP Rwanda decided to move from a vertical PMTCT food support programme to an integrated approach where MCHN (Mother to Child Health and Nutrition) is the entry point. This shift avoids duplicating activities and ensures ethical selection of beneficiaries based on malnutrition criteria and food insecurity levels. All women receive the same food ration, regardless of their HIV status. Results from the evaluation will be used for developing this model in other countries to help address the fact that only 18% of pregnant women in low and middle income countries were tested for HIV in 2007.

WFP Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	1,000,000	1,489,347	165,000	1,445,965	2,503,000	1,622,272	3,668,000	4,557,584
KR2	1,000,000	647,383	280,000	666,049	3,959,000	1,362,569	5,239,000	2,676,001
KR3	2,000,000	1,883,200	655,000	2,129,408	9,062,000	7,827,326	11,717,000	11,839,934
Total	4,000,000	4,019,930	1,100,000	4,241,422	15,524,000	10,812,167	20,624,000	19,073,519
Percentage	100%		386%		70%		92%	

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

UNDP was responsible for five key results in 2006-2007.

38. ***Key Result 1. Leadership and capacity of governments, civil society, development partners, communities and individuals—including women, young people and people living with HIV—developed to respond effectively to the epidemic with increased commitments and partnership coordination.***

Reported data for the achievement indicators

- UNDP implemented leadership programmes in 17 countries and the Arab region to strengthen and bring to scale multisectoral AIDS responses, building capacity among more than 2000 people to increase their leadership and engagement.
- UNDP supported 14 countries to implement community capacity enhancement programmes and national initiatives with religious leaders to enhance community action on HIV.

Highlights of UNDP's contributions

39. Civil society networks in Africa benefited from UNDP-sponsored leadership trainings, and diverse sectors in Ethiopia received capacity-building assistance to address women's inheritance and property rights to reduce the vulnerability of women and girls to HIV. The Regional Religious Leaders Forum on AIDS in the Arab States resulted in the formation of a regional network of faith-based leaderships to respond to HIV, and UNDP contributed to establishment of a parliamentary working group on AIDS in Eastern Europe and Central Asia. The first regional Arab Business Coalition on AIDS was launched at the World Economic Forum in collaboration with the ILO. The Inaugural Red Ribbon award recognized outstanding community leadership, with 25 finalists from 24 different countries.
40. ***Key Result 2. Implementation of HIV responses as multisectoral and multi-level national, district and community actions that mainstream HIV (including gender issues) into national development plans, budgets and instruments such as Poverty Reduction Strategy Papers, Medium-Term Expenditure Framework, Heavily Indebted Poor Countries Initiative, and into sector policies and programmes.***

Reported data for the achievement indicators

- UNDP supported 30 countries in integrating HIV into Poverty Reduction Strategy Papers and national development plans in 2006-2007.
- Seventeen countries benefited from assistance in the mainstreaming of HIV in key sectors and ministries, including regional capacity-building trainings on sectoral and gender mainstreaming for 14 countries in West and Central Africa.
- UNDP supported trainings and technical assistance for more than 40 countries in sub-Saharan Africa, the Caribbean, and the Pacific to maximize utilization of the flexibility in the Trade-Related Intellectual Property Rights (TRIPS) accord.

Highlights of UNDP's contributions

41. In concert with the World Bank and the Secretariat, UNDP sponsored country-level technical support and regional trainings to increase national capacity to mainstream HIV in development planning instruments in 25 countries. Multi-country workshops on mainstreaming and needs assessments were conducted in Africa and in Latin America. UNDP also convened a global conference on gearing macroeconomic frameworks to the

HIV response, sponsored three research studies on the impact of large-scale HIV funding on macroeconomic policies, and developed toolkits and case studies to assist national efforts to link the HIV response and development planning. UNDP's experience in 2006-2007 highlighted the need to ensure that HIV priorities outlined in Poverty Reduction Strategy Papers are aligned to national HIV strategic action plans.

42. Numerous countries were aided in strategic planning and costing, including through an HIV costing tool developed to coincide with support for the Millennium Development Goals. UNDP aided universities in Africa and the Caribbean in mainstreaming HIV and development into university curricula, and studies were conducted in multiple regions to assess the epidemic's socioeconomic impact and to identify structural factors that increase vulnerability. Mainstreaming activities in 2006-2007 underscored the importance of continued technical and capacity building support to national partners.
43. UNDP's work in building knowledge of TRIPS flexibilities revealed notable gaps in information and capacity. A mapping study on TRIPS flexibilities was completed for more than 40 African countries, and country-specific studies in Ghana, South Africa and Zambia were conducted. Country-specific workshops were also held, including a national meeting on patent reform in Tanzania. UNDP also supported the development of an analytical framework for joint reporting on intellectual property in the Arab region to aid a regional joint initiative to enhance treatment access.
44. ***Key Result 3. Stigma and discrimination reduced and rights of women, girls, and vulnerable groups better protected through advocacy, communications and legal reform.***

Reported data for the achievement indicators

- UNDP aided in the review and analysis of legislation in 39 countries in different regions to address HIV-related gender and human rights issues.
- Advocacy and communications initiatives were scaled up to address stigma, discrimination and gender inequality in three regions.
- UNDP implemented and strengthened partnerships with national, regional and global networks of people living with HIV.

Highlights of UNDP's contributions

45. UNDP supported development of a parliamentarians' handbook on HIV and human rights and widely disseminated human rights advocacy materials in English, French, Arabic and Russian. In the Arab region, UNDP advocated for a regional convention and national legislation protecting the rights of people living with HIV, leading to joint development of model legislation. An anti-discrimination advocacy film, replicated in 24 languages, was developed and widely disseminated in the Asia and Pacific region. Media initiatives to increase HIV awareness, reduce stigma and discrimination, and improve the quality of HIV-related media coverage were supported in Africa and the Arab states. In 2006-2007, UNDP noted a worrisome trend towards enactment of legislation to criminalize HIV transmission, underscoring the importance of continued work to strengthen the grounding of the national HIV response in human rights principles.

46. Through development of toolkits, sponsorship of consultations, advocacy and partnership cultivation in multiple regions, UNDP engaged in extensive high-level work to intensify action to address the epidemic's gender dimensions. In Asia and the Pacific, UNDP worked with a broad range of partners to support regional consultations and advocacy initiatives focused on women's property and inheritance rights, helping launch the "Women for Wealth" project for economic empowerment of HIV-positive women in Cambodia, China and India. In partnership with 13 nongovernmental organizations, UNDP implemented a South Asian initiative on trafficking and HIV, including assessment studies, a high-level consultation, and production and dissemination of a short advocacy film. Eighty women religious leaders in the Arab region received training on gender and HIV, leading to the Tripoli Declaration on women's HIV-related vulnerability in the region.
47. UNDP directed extensive efforts towards strengthening the capacity and engagement of people living with HIV. Nearly 50 groups or constituencies of people living with HIV or most-at-risk groups received leadership training and capacity-building support in Asia and the Caribbean, and almost 200 people living with HIV benefited from such programmes in the Arab states. Regional trainings to promote implementation of the GIPA (Greater Involvement of People Living with AIDS) principles were conducted for 15 countries in Africa, the Caribbean, and Latin America.
48. UNDP's work on human rights issues in 2006-2007 underscored the vital importance of a human rights approach for an effective HIV response. Efforts to address human rights work raised numerous contentious issues in some regions, highlighting the need to build civil society capacity to advocate effectively on human rights matters, especially pertaining to populations most at risk. Experience also pointed to the need to for greater networking and leveraging of experiences and expertise among UN organizations and nongovernmental organizations to strengthen human rights work in settings where substantial progress is needed. Across regions, a significant demand was apparent for human rights tools and advocacy materials in local languages.

Promoting gender-responsive action in Ecuador

In Ecuador, UNDP partnered with the Secretariat to help the central government develop a national strategic HIV plan for 2007-2015. This process convened representatives from diverse sectors, including women's groups, the prison system, the National Children's Council, universities and businesses. Recognizing gender inequality as a driver of HIV transmission, the plan elaborates action in numerous areas, including specific interventions for women and populations most at risk. A specific chapter is devoted to women's vulnerability.

On a parallel track, UNDP collaborated with UNIFEM to train government officials and civil society on women's vulnerability to HIV. UNDP and UNIFEM are also implementing a programme with the National Women's Council to support HIV-positive women and to build mutual capacity among HIV and gender specialists.

49. ***Key Result 4. Human and institutional capacity built for improved implementation of AIDS programmes in high-prevalence, crisis and/or least-developed countries.***

Reported data for the achievement indicators

- Intensive support for implementation of Global Fund grants in 39 countries.
- Support for the Global Implementation and Support Team to overcome implementation bottlenecks for Global Fund grants in 19 countries and one region.
- Through the Southern Africa Capacity Initiative nine countries, aided in addressing the epidemic's impact on public sector service delivery and human capacity.
- Through baseline studies, peer education trainings, and technical support, approximately 50 countries aided in responding to HIV-related issues associated with humanitarian crises.

Highlights of UNDP's contributions

50. Implementation assistance focused on a wide range of elements, including grants management and financial accountability, civil society engagement, procurement, project design, and monitoring and evaluation. In addition to supporting implementation of Global Fund programmes, UNDP launched a project to facilitate implementation of a World Bank-funded AIDS control project in four Central Asian countries. As principal recipient of last resort for Global Fund grants, UNDP tends to manage programme implementation in countries that confront considerable capacity constraints.

51. **Key Result 5. Coordination and functioning of Joint UN Teams on AIDS strengthened through Resident Coordinator system, and enhanced capacity of oversight mechanisms for coordination and implementation of national AIDS programmes.**

Reported data for the achievement indicators

- UNDP supported 21 countries to strengthen the governance of the AIDS response.
- Eighteen countries and one region received UNDP support to strengthen the functioning of Joint UN Teams on AIDS.

Highlights of UNDP's contributions

52. In addition to developing three framework documents and issues papers on governance issues, UNDP undertook governance-related capacity assessments in five Eastern European countries, supported joint trainings, and provided intensive technical support on governance issues. Cross-country comparisons within regions proved helpful in sharing best practices on governance and HIV strategies. A regional consultation on governance in Central America and the Caribbean led to agreement on follow-up actions for coordination and implementation of strategies to enhance joint UN planning and action in countries.

UNDP Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	1,560,000	1,465,200	1,900,000	984,542	3,900,000	991,859	7,360,000	3,441,601
KR2	4,800,000	4,840,000	5,800,000	3,252,241	12,000,000	3,266,601	22,600,000	11,358,842
KR3	3,500,000	4,400,000	4,300,000	2,956,582	8,800,000	2,969,638	16,600,000	10,326,220
KR4	1,700,000	440,000	2,120,000	295,658	4,300,000	4,157,493	8,120,000	4,893,151
KR5	1,200,000	1,614,800	1,520,000	1,085,066	3,000,000	1,086,887	5,720,000	3,786,753
Total	12,760,000	12,760,000	15,640,000	8,574,089	32,000,000	12,472,478	60,400,000	33,806,567
Percentage	100%		55%		39%		56%	

UNITED NATIONS POPULATION FUND (UNFPA)

UNFPA was responsible for three key results in 2006-2007.

53. ***Key Result 1. Youth-friendly policies and programmes established and/or enhanced that (i) strengthen national HIV prevention efforts, especially for youth in vulnerable situations, and (ii) empower young people to effectively participate in halting the epidemic.***

Reported data for the achievement indicators

- Out of a total of 58 respondents (countries), 61% reported the existence of national level policies pertaining to young people and HIV. However, only 47% of respondents reported such policies being attached to an action plan and budget respectively.
- 65 of 91 countries have included life skills or sexuality education in the education curriculum
- Wide variations in provision of clinical services to sexually active young people (1%–75%) and in cost of service provision (US\$ 6.24 to US\$ 63.37).
- 1.85 million young people were reached by youth friendly services outreach and 700 000 utilized youth friendly service clinics in 4 African countries.
- 33-country review of national policies, strategies and action plans involved young people

Highlights of UNFPA's contributions

54. Through leadership, reconstitution and expansion of the Inter-Agency Task Team on Young People, UNFPA enhanced coordination on young people's issues in the UN system. UNFPA issued numerous technical tools, including a youth peer education toolkit (translated into 21 languages), a toolkit on young men and HIV, guidelines and training modules on youth friendly services, and a toolkit on integration of gender, conflict resolution, negotiating skills and rights in sexual and reproductive health curricula. Coverage and costing interventions for youth-focused services were undertaken in 29 countries, and UNFPA advocacy reached more than 28 million young people in Africa. Through workshops, consultations and other activities, UNFPA strengthened more than 60 national peer networks. UNFPA placed more than 120 new staff in 70 countries to support national HIV prevention scale-up, with particular focus on most-at-risk and out-of-school young people.
55. National strategies on young people were launched in 18 countries, and four regional declarations included a specific focus on young people. Outreach relating to youth friendly services reached 1.85 million young people, and 700 000 young people used youth friendly clinics in four African countries. UNFPA trained 13 300 youth trainers, peer educators and programme staff.
56. ***Key Result 2. Increased implementation of comprehensive condom programming as a means to prevent HIV infection, emphasizing (i) promotion of dual protection; (ii) female condom programming scale-up; (iii) increased access for young people to male and female condoms; and (iv) commodity security in humanitarian settings.***

Reported data for the achievement indicators

- 32 countries intensified male and female condom programming.
- 28 countries in African and the Caribbean remarkable strides in scaling up female condom programming (Female Condom Initiative—FCI); financial and technical support provided in 27 countries.
- Male and female condoms procured for 50 countries.
- 23 in-or-post conflict countries' programme- of-support include condom programming.
- 12 national networks in Eastern Europe introduced peer counselling with condom distribution.
- Innovative Memorandums of Understanding with government and social marketing firms in 5 countries for provision, promotion and distribution.
- Country commodity manager forecasting system in 89 countries; 28 received condoms to avoid stock out; approximate 70% reduction of central warehouse stock out alerts from 45 African countries; no stock outs reported in Asia.

Highlights of UNFPA's contributions

57. UNFPA procured male and female condoms for programming in 50 countries. UNFPA's condom forecasting system was in place in 89 countries, resulting in the provision of condoms to 28 countries to avoid stock outs. UNFPA support includes condom programming in 23 countries in conflict or post-conflict situations. UNFPA provided financial and technical support on female condom programming in 27 countries, nearly doubled distribution of female condoms (from 13.9 million in 2005 to 25.9 in 2007), assessed attitudes regarding female condoms in selected countries, and trained more than 2000 people in more than 17 countries on aspects of female condom programming. UNFPA trained more than 100 HIV-dedicated country staff and organized a multi-stakeholder international consultation condom programming in 2007. More than 28 million UNFPA-supplied male and female condoms were provided for use in UNHCR-managed refugee camps in 23 countries.
58. Experience in 2006-2007 highlighted the critical importance of strong commitment and leadership among national policy-makers to support condom programming. Partnerships with condom "champions" proved useful in building support for condom programmes. UNFPA's work also underscored the need for integration of condom programming into national health communications and human resource development strategies.
59. ***Key Result 3. Intensified country action through policies and programmes to address women, girls and HIV with emphasis on (i) linking HIV and sexual and reproductive health; (ii) HIV prevention for young women and girls; and (iii) sexual and reproductive health needs and rights of HIV-positive women and adolescent girls.***

Reported data for the achievement indicators

- Increasing integration of HIV and Sexual and Reproductive Health/ASRH e.g. EC/ACP UNFPA Reproductive Health Programme expanded access to quality integrated sexual and reproductive health care in 10 countries.
- Three countries piloting rights-based sexual and reproductive health programmes for women living with HIV.
- Developed integrated standards on Disarmament, Demobilization and Reintegration (DDR) integrating reproductive health/HIV and gender within all DDR programming, field tested and rolled out in selected countries in Africa.

Highlights of UNFPA's contributions

60. To address the continuing insufficiency of linkages between HIV and sexual and reproductive health services, UNFPA forged more than 50 partnerships in Africa for the provision of integrated HIV prevention and sexual and reproductive health services. UNFPA worked with partners to issue action-oriented guidance on key topics, including ending child marriage, preventing HIV in women and young girls, promoting young women's livelihoods to reduce their vulnerability to HIV, and ending violence against women. Two hundred and fifty women and girls living with HIV discussed lives, needs, commitment, rights and responsibilities and how to work together with governments, nongovernmental organizations, UN, and other key stakeholders in Latin America and the Caribbean. UNFPA issued 23 national "report cards" on HIV prevention in young women and girls and strengthened its advocacy and partnerships regarding the feminization of the epidemic and gender-based violence. UNFPA mapped its country-level activities on HIV and sexual and reproductive health in humanitarian settings and built the capacity of UNFPA offices in crisis and post-crisis situations in five countries.

Linking HIV and sexual and reproductive health services in Bangladesh

UNFPA supported six division-level advocacy workshops on linkages between HIV and sexual and reproductive health services, attracting more than 240 participants, including divisional health directors, district commissioners, and deputy directors of family planning and social welfare services. Workshop participants committed to communicate and coordinate with senior authorities to develop programmatic linkages between HIV and sexual and reproductive health services, to include HIV as a standing agenda item in all professional meetings, and to integrate dual protection into all health centres.

In addition, UNFPA sponsored one-day training for HIV focal points in 16 different ministries, orienting them to the national HIV strategy and building their technical knowledge on HIV prevention. Coupling ministerial capacity with enhanced grassroots energy, UNFPA trained 60 youth leaders to become advocates for HIV prevention, including comprehensive school-based sexual and reproductive health education.

61. With WHO, UNFPA issued joint clinical guidelines on sexual and reproductive health for HIV-positive women. Delegates from 17 developing countries participated in a global consultation on the rights of people living with HIV to sexual and reproductive health services. UNFPA also began work with numerous partners on developing a global framework for rights-based guidance on sexual and reproductive health for people living with HIV and supported a systematic review by Cochrane Group of available evidence and operational guidance on linkages between HIV and sexual and reproductive health. UNFPA's experience in 2006-2007 highlighted the continuing need for programmes that work with men and boys as partners in integrated HIV prevention and sexual and reproductive health programming.

62. ***Key Result 4. A comprehensive, evidence-informed, rights-based approach developed to strengthen programming on HIV and sex work across all UN cosponsoring agencies.***

Reported data for the achievement indicators

- One global, two subregional and five national consultations held; situational analysis/mapping complete or underway in 18 countries (Bulgaria, the Czech Republic, the Dominican Republic, Germany, Guyana, Haiti, Jamaica, Lesotho, Lithuania, Mozambique, Pacific Island Countries, Poland, Romania, Serbia, Suriname, Swaziland and Trinidad and Ukraine).
- Mapping of current knowledge of patterns on HIV and sex work globally and in selected 16 countries.

- Compilation of good practice examples.
- 15 countries commenced or strengthened policy development and programming on HIV and sex work.

Highlights of UNFPA's contributions

63. UNFPA developed a mapping tool for use by sex workers, sex worker networks, UN agencies and national governments to inform policy and programme development on HIV and sex and work. Mapping of current knowledge regarding patterns of HIV and sex work globally and in 18 selected countries was undertaken, and an analysis of sex work settings, populations, organizations and access to services was conducted in seven European countries. UNFPA held one global, two sub-regional and five national consultations on HIV and sex work, and capacity-building assistance was provided to three regional and two national partner organizations in the field. Work began on training modules for UN staff worldwide, and a mapping tool was developed to assess UN activity on HIV and sex work for use in 2008. Support was provided for formation of the Caribbean Coalition of Sex Workers, and young peer educators received training in the Arab States, Eastern Europe and Central Asia. UNFPA's experience in 2006-2007 demonstrates that arriving at common positions in addressing HIV and sex work is complicated by highly variant political, ideological and technical approaches between Member states, donors and within the UNAIDS family. The experience also clearly demonstrates the need to broaden the inclusion of sex workers, so that all people selling sex- from those who identify as sex workers to those who do not- have a meaningful voice in the programmes and policies that affect them.

Strengthening regional commitment on HIV and sex work

Participants from Botswana, Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe gathered in Maputo in late 2007 for the first subregional conference on HIV and sex work. Citing the key HIV prevention principles identified in by UNAIDS' *Essential policy and programmatic actions for HIV prevention*, participants issued a call to action for intensified action to address the links between sex work and the region's epidemic of sexually transmitted HIV. Strategic action plans on HIV and sex work should constitute integral components of national HIV responses, participants urged, and efforts to address the epidemic among sex workers should be grounded in human rights, including steps to eliminate violence towards sex workers.

http://www.unfpa.org/africa/newdocs/maputo_eng.pdf

UNFPA Expenditure⁵

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	8,400,000	6,582,993.07	12,000,000	15,592,687	10,000,000	8,559,081.75	30,400,000	30,734,761.82
KR2	4,400,000	3,626,482.02	20,000,000	17,168,282.26	9,000,000	6,846,587.75	33,400,000	27,641,352.03
KR3	4,400,000	4,918,105.75	6,000,000	3,153,617.46	7,000,000	4,440,452.20	17,400,000	12,512,175.41
KR4	-	1,761,028.97	-	728,056.87	-	707,372.75		3,196,458.59
Total	17,200,000	16,888,609.81	38,000,000	36,642,643.59	26,000,000	20,553,494.45	81,200,000	74,084,747.85
Percentage	98%		96%		79%		91%	

⁵ 1.) UNFPA regular and supplementary resource projections include both HIV-dedicated human and financial resources and proportions of resources within sexual and reproductive health, gender and population and development. Related areas include maternal health, family planning, adolescent sexual and reproductive health, STI diagnosis, treatment and management, Reproductive Health Commodity Security, elimination of gender-based violence, universal access to reproductive health and migration. 2.) Reduction in regional and increase in country level resources expenditures from those budgeted reflects the increasing country level focus of the organization.

UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

UNODC was responsible for three key results in 2006-2007.

64. ***Key Result 1. Increase and improve service coverage of comprehensive HIV prevention and care for injecting drug users in countries where the use of contaminated injection equipment among them is a major or potentially major route of HIV transmission.***

Reported data for the achievement indicators

- As of December 2007, 15 key countries had favourable policies and legal environments in place to enable the implementation of the comprehensive package of HIV prevention and care services for injecting drug users.
- UNODC estimates that 20 key countries had sufficient programming capacity in 2007 to implement effective HIV programmes for this population.

Highlights of UNODC's contributions

65. UNODC engaged in policy dialogue and assisted countries in conducting legal and policy reviews to assess the adequacy of national frameworks. For example, a legal and policy review in South Asia highlighted the need to include substitution treatment in national HIV strategic plans. UNODC advocated with key government officials in Iran to address issues relating to female injecting drug users and users in prison settings, and UNODC facilitated discussions in the Russian Federation between civil society organizations and the Federal Drug Control Service on drug use and HIV.
66. To spur accelerated scaling-up, UNODC supported the transfer of expertise, lessons learned and good practices among countries. For example, UNODC developed an international network of drug dependence treatment and rehabilitation centres aimed at improving the quality of services and building their capacity to deliver evidence-informed interventions. In Asia, UNODC facilitated the establishment of a regional task force on injecting drug users and HIV. UNODC best practice workshops and study tours aided Romanian authorities in designing a model of substitution treatment services to be implemented in prison settings in 2008. UNODC organized a study tour for Tanzanian officials to become acquainted with Kenya's approach to HIV prevention, treatment and care for injecting drug users, and methodological advice and technical assistance assisted countries in making national planning and programming efforts for drug users more inclusive. With the assistance of UNODC, Brazil decentralized the provision of comprehensive services to injecting drug users, Romania scaled up services outside the capital, Nepal expanded substitution treatment services, Kenya strengthened substitution treatment services in prisons, and Latvia's Council for Coordination of Drug Control and Drug Prevention recommended the scaling up of substitution therapy. UNODC supported 10 countries in developing proposals to the Global Fund for services for injecting drug users.
67. ***Key Result 2. Develop a global agreed strategy on HIV prevention and care in prison settings and establish national HIV prevention and care programmes in prisons settings of select countries (with 10 specific countries to be selected based on HIV prevalence in prisons).***

Reported data for the achievement indicators

- An agreed national strategy for HIV in prison settings is in place in each of eight selected countries.
- In 7 of 10 selected countries, a comprehensive national programme for HIV prevention and care in prison settings is being implemented.

Highlights of UNODC's contributions

68. In 12 key countries (Kenya, Morocco, Mauritius, South Africa, Kyrgyzstan, Kazakhstan, Uzbekistan, Azerbaijan, Zambia, Lesotho, Malawi, and Uganda), national strategies on HIV in prisons have been developed. National strategies are under development in Latvia, Ukraine and Botswana. Government and civil society have been mobilized in a number of additional countries (such as Tanzania, Russia, Estonia, Egypt, Jordan, Lebanon and Lithuania) to address HIV in prison settings. Such efforts have been supported by the development of a global strategy on HIV prevention and care in prison settings (translated in all official UN languages, as well as Portuguese), as well as global and regional toolkits, manuals and training materials developed by UNODC.

69. In partnership with other members of the UNAIDS family, UNODC published technical papers on the evidence base for HIV prevention in prisons. UNODC documented good practice case studies from Brazil and the Russian Federation on HIV prevention in prisons.

Supporting sound policies for HIV-positive women In prison settings in Moldova

Women inmates in Moldovan prisons have consistently higher rates of drug use, drug-related crimes, and HIV infection than male inmates. Between 2002 and 2006, HIV prevalence among female inmates ranged from 3% to 12%. In 2006, more than 10% of women inmates were injecting drug users – a rate more than five times higher than for male inmates. Nearly half (47%) of female injectors in Moldova prisons tested positive in 2005 for antibodies to hepatitis C. Working with prison authorities – and supported by a number of innovative NGO prison projects – UNODC produced a series of normative documents that for the first time regulate medical care for HIV-positive inmates in accordance with WHO's guidelines on HIV/AIDS in prisons. Under these formal policies, clean injecting equipment, voluntary HIV testing with informed consent, and antiretrovirals are now available to prisoners. Rules now mandate the confidentiality of medical information and prohibit segregation or isolation of prisoners on the basis of HIV status.

70. ***Key Result 3. Provide actual and potential victims of trafficking in persons, particularly women and girls, with comprehensive, gender sensitive HIV prevention and care in selected countries of origin and destination.***

Reported data for the achievement indicators

- Anti-trafficking programmes were operating in more than 60 countries as of December 2007. In 10 of these countries, these programmes include HIV prevention and care as a major component.
- In four origin or destination countries, responsible government agencies and civil society organizations have been trained in addressing HIV prevention and care for victims of trafficking in persons.

Highlights of UNODC's contributions

71. To raise awareness and knowledge, increase commitment, mobilize resources, and support implementation and expansion of such programming, UNODC in March 2007 formally launched a Global Initiative to Fight Trafficking. UNODC is partnering with nearly

20 non-governmental organizations in this project and in 2007 sponsored six regional events in which HIV-related issues were highlighted. Training and advocacy materials on trafficking and HIV have been developed, and UNODC provided technical support to the Brazilian government in the development of a national plan of action against trafficking in persons.

72. UNODC has developed guidelines on HIV and human trafficking for law enforcement, prosecutors and judges, including these provisions in the UNODC trafficking toolkit. UNODC has forged working relationships in the 16 countries where primary prevention of human trafficking and victim protection and support projects are being implemented. In 2006, UNODC began projects for the primary prevention of human trafficking in five countries (Brazil, India, Laos, Moldova and Philippines), continuing pre-existing projects in six other countries (Colombia, Lebanon, Senegal, Slovakia, South Africa and Viet Nam) and ongoing regional projects in West and Central Africa and Eastern Europe. Background papers were prepared for developing guidance on provider initiated HIV testing and counselling for people vulnerable to human trafficking.

UNODC Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	5,000,000	4,660,000	7,000,000	24,268,000	4,500,000	9,700,000	16,500,000	38,628,000
KR2	2,000,000	2,137,000	5,000,000	7,174,300	2,500,000	2,400,000	9,500,000	11,711,300
KR3	1,500,000	1,000,000	4,000,000	900,000	2,000,000	1,200,000	7,500,000	3,100,000
Total	8,500,000	7,797,000	16,000,000	32,342,300	9,000,000	13,300,000	33,500,000	53,439,300
Percentage	92%		202%		148%		160%	

INTERNATIONAL LABOUR ORGANIZATION (ILO)

The ILO was responsible for five key results in 2006-2007.

73. ***Key Result 1. Increased capacity of ILO's tripartite constituents and other relevant stakeholders to implement workplace policies and programmes, mobilize resources locally, and take action in the world of work in support of national efforts to reduce the spread and impact of the epidemic.***

Reported data for the achievement indicators

- Twenty-seven countries have adopted or are adopting specific HIV-related workplace rules or policies.
- Thirty two countries have a strategic HIV component consistent with the ILO's strategy of integrating HIV into Decent Work Country Programmes.
- With 65 HIV focal points, full-time specialists and project coordinators covering all ILO member states, the ILO provided technical support on HIV-related policies in the world of work to 70 countries across all regions in 2006-2007 and supported country-level projects with donors and/or UNAIDS partners in more than 50 countries.
- Tripartite declarations on HIV and the world of work have been adopted in 27 countries (16 in Africa, two in the Americas, six in Asia and the Pacific, and three in Europe).
- Twenty-eight Country Coordinating Mechanisms include labour ministries, seventeen include employers' associations, and an estimated nine include workers' organizations.

Highlights of the ILO's contributions

74. The ILO provided its constituents with technical support for the implementation or expansion of workplace projects in more than 30 countries in all regions. The ILO-sponsored training on workplace policies and programmes reached more than 2900 government officials, 1100 members of employer organizations, 4600 members of worker organizations, and more than 6000 peer educators. The ILO aided in the launch of the Sri Lanka Business Coalition on HIV/AIDS, and supported with the Global Fund and the Secretariat the launch of the GBC Tourism and Travel Dialogue in 2007.
75. ***Key Result 2. Scaling up the implementation of comprehensive HIV workplace policies and programmes integrating prevention, care and the protection of rights, in the framework of the ILO code of practice at national, sectoral and enterprise levels, with particular reference to vulnerable groups.***

Reported data for the achievement indicators

- The ILO provided technical support to 700 workplace programmes, collectively representing a workforce of more than 500 000 workers, and more than 700 workplaces have benefited from the ILO-sponsored HIV education and behaviour change activities as of the end of 2007.
- In 2006-2007, 27 countries adopted a law or policy on HIV in the world of work, with three more preparing a draft law, or policy relating to HIV. Twenty-two countries issued a tripartite declaration, and a number of other countries adopted various policies and declarations of commitment on HIV in the world of work.
- More than 700 workplaces have adopted the ILO *Code of Practice on HIV/AIDS* and the world of work, which specifically addresses stigma and discrimination. The *Code* has been translated into 54 languages to aid its use.

Highlights of the ILO's contributions

76. In 2006-2007, the ILO responded to 50 requests from governments seeking assistance in revising or developing a labour law or policy that addresses HIV. The ILO's Governing Body also directed that work begin on the development of an autonomous Recommendation on HIV in the world of work. By the end of 2007, 169 countries had adopted or are adopting a national policy or strategy to provide for HIV prevention, treatment, care and support. Seventy-three countries have adopted or are adopting a general HIV law or policy that incorporates workplace issues, and 27 have adopted specific rules or policies relating to HIV in the world of the work. Thirty-seven countries have HIV-focused outreach programmes to reach the informal economy, with an emphasis on women operators and workers.
77. The ILO produced a training manual on child labour and HIV and included an HIV module in its new tool on children's rights. The ILO also coordinated the development of a UNAIDS framework on migrant and mobile workers.
78. ***Key Result 3. Enhanced capacity of occupational health services and increased public-private partnership including community outreach programmes to extend access to social protection, treatment, care and support.***

Reported data for the achievement indicators

- Precise global figures are not available on the number of collective agreements and enterprise-level health insurance schemes that provide for HIV prevention, treatment, care and support. More than 170 partner enterprises and workplaces have integrated HIV into existing occupational health services and training programmes for occupational health professionals.
- All 70 countries that receive direct ILO technical support have public-private partnership frameworks in place to address HIV in the world of work.

Highlights of the ILO's contributions

79. The ILO promotes social security and health insurance schemes at the enterprise level and through collective agreements. For example, the principles of the ILO *Code of Practice on HIV/AIDS and the World of Work* were incorporated in collective agreements which the International Federation of Chemical, Energy, Mine and General Workers' Union and the Building Workers International forged with multinational employers.
80. The ILO intensified its promotion of HIV-focused employment opportunity promotion and social protection initiatives in 2007, including working on HIV prevention and impact mitigation projects in the informal sector in 14 countries in sub-Saharan Africa. Two new complementary approaches in the informal sector were piloted; decentralized insurance schemes were supported in Senegal and Tanzania, and social reinsurance in Botswana and the Philippines.
81. The ILO provided technical cooperation and support on HIV in 19 different economic sectors. In partnership with the United States Department of Labor, GTZ and others, the ILO supported workplace initiatives in across private and public sectors in countries including Burkina Faso, China, Moldova and the Russian Federation. Strategic partnerships were implemented or strengthened with numerous regional institutions.
82. ***Key Result 4. Methods and guidance for monitoring and assessing the implementation and the impact of workplace programmes in the private sector (formal and informal) and the public sector.***

Reported data for the achievement indicators

- The ILO, either alone or in collaboration with others, produced monitoring tools to track project implementation in 47 countries. These monitoring tools included impact surveys (23 baselines and six final), 18 mid-term assessments, and nine external evaluations. In 2006, The ILO produced global estimates on HIV and the world of work, including assessments of the epidemic's impact on children and youth and progress in the HIV response.

Highlights of ILO's contributions

83. In 2007, the ILO released strategic information on the macroeconomic impact of the epidemic and its consequences for employment. Numerous other studies were undertaken on such issues as the vulnerability of informal economy workers in Tanzania and cross-border issues in the transport sector in Southern Africa as well as other sectors in Ethiopia, Uganda and Zambia. The ILO also produced seven technical reports and guidelines in 2006-2007, including a toolkit for workers in the informal economy, coping strategies for small enterprises, and good legislative practices on HIV and the world of work. Training on labour- and employment-related discrimination and other workplace issues was provided for judges in Africa, for labour inspectors and capacity building of small and medium enterprises.

Strengthening the gender component of workplace peer education in Burkina Faso

With support from UNAIDS Project Acceleration Funds, the ILO's HIV/AIDS Workplace Education Project in Burkina Faso trained in 2007 a total of 94 peer educators from 16 enterprises. The three-session training programme focused on such issues as gender equality, women's vulnerability to HIV, gender-specific behaviours, women's empowerment for HIV prevention, and gender sensitivity in the delivery of workplace HIV services. Peer educators are now sharing their knowledge and skills for the benefit of nearly 9,000 male and female co-workers.

84. The ILO documented good practices on HIV and the world of work for information-sharing and advocacy. For example, the ILO described and analysed experiences in Mozambique in expanding workplace responses via an annual learning workshop. Substantial training and support were provided to the ILO staff to strengthen their capacity to assist countries in achieving their policy priorities.
85. ***Key Result 5. Mechanisms to strengthen the management and the development of human capacity.***

Reported data for the achievement indicators

- Seventeen countries have included a gender-sensitive strategy for the world of work in their national HIV plans.

Highlights of the ILO's contributions

86. The ILO worked with partners to develop guidelines and policies to preserve and build human capacity in the education and health sectors. Income support projects were implemented to protect the livelihoods of people living with HIV and to prevent their social exclusion. Seventeen countries have included a gender-sensitive strategy for the world of work in their national HIV plans, and the ILO supported livelihood initiatives for young people affected by HIV in numerous countries and regions, including a "Start Your Business" project piloted with UNDP in Indonesia. To enhance its own internal capacity, the ILO undertook numerous training and educational programmes for its own staff, including in-service training and on-the-job guidance on HIV, gender, social security, child labour and related cross-cutting issues.

ILO Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	2,000,000	2,588,192	5,000,000	2,663,583	2,000,000	738,554	9,000,000	5,990,329
KR2	3,000,000	2,218,451	5,000,000	2,283,071	5,000,000	633,046	13,000,000	5,134,568
KR3	1,000,000	591,587	2,000,000	608,819	1,500,000	168,812	4,500,000	1,369,218
KR4	1,000,000	739,484	1,500,000	761,024	1,000,000	211,015	3,500,000	1,711,523
KR5	1,500,000	1,257,122	5,000,000	1,293,740	2,000,000	358,726	8,500,000	2,909,588
Total	8,500,000	7,394,836	18,500,000	7,610,237	11,500,000	2,110,153	38,500,000	17,115,226
Percentage	87%		41%		18%		44%	

UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

UNESCO was responsible for four key results in 2006-2007.

87. *Key Result 1. Building political commitment for comprehensive education responses to HIV*

Reported data for the achievement indicators

- UNESCO developed or maintained strategic partnerships for advocacy and collaboration on HIV and education in 70 countries.
- Country involvement in the EDUCAIDS initiative supported and reflected comprehensive approaches to HIV in education sectors.

Highlights of UNESCO's contributions

88. UNESCO's partnerships were reflected in its renewed HIV strategy, EDUCAIDS (the Global Initiative on Education and HIV & AIDS), in programme and technical development, and through UNESCO's work as the Secretariat for the Inter-Agency Task Team on Education. HIV sessions took place in all Working and High-Level group meetings for Education for All (EFA). UNESCO supported the development or strengthening of national education strategies in CARICOM countries, 16 Arab countries, 11 countries in southeast Asia (including China and Indonesia), more than 20 African countries, and in Central Asia and Eastern Europe (including the Russian Federation). UNESCO supported partnerships by sponsoring approximately 40 international and 60 national events, sponsored the November 2007 biannual meeting of the Inter-Agency Task Team on Education (attracting 150 participants) in Nairobi, and supported the adaptation of an advocacy toolkit in 12 Asian and African countries. The first regional conference on school health in the Arab region attracted participants from 11 Arab countries.
89. Technical publications were provided to partners in more than 100 countries. Four country case studies documented lessons of collaborations between national and international stakeholders, and eight national snapshots were produced for the EDUCAIDS initiative. UNESCO launched the Education Sector Global Readiness Survey in Gabon and South Africa.
90. The Inter-Agency Task Team on Education supported a study of partner efforts to strengthen the educational response to HIV in Jamaica, Kenya, Thailand and Zambia. Finding that education sector responses were strong in three of the four countries, the study noted that harmonization and alignment of diverse partner efforts remain serious challenges. The study included recommendations for the Inter-Agency Task Team on Education and for development partners to improve their assistance to countries to strengthen educational responses to the epidemic.
91. ***Key Result 2. Developing capacity to design, implement and assess efficient education, communication and information strategies and programmes for HIV prevention.***

Reported data for the achievement indicators

- UNESCO provided direct support for policy development in 25 countries.
- UNESCO developed numerous analytical and decision-making resources, including training modules, curriculum implementation manuals and handbooks, and capacity-building workshops in multiple languages.

Highlights of UNESCO's contributions

92. UNESCO supported the development of national policies in sub-Saharan countries to address the needs of HIV-positive teachers, aided development of a national education sector strategy in Nigeria, and supported the "Port of Spain Declaration" committing CARICOM education ministers to support the HIV response. EDUCAIDS resource packets were produced in all five UN languages as well as in Portuguese, including five resource overviews and 35 technical briefs. UNESCO developed a series of good policy and practice booklets, publishing three and gathering material for two further publications.

Using arts to promote HIV prevention

UNESCO developed two methodological handbooks on using arts and creativity to address HIV, including the toolkit "Act, Learn and Teach: Theatre, HIV and AIDS Toolkit for Africa." UNESCO also developed an educator's kit for young digital creators.

93. UNESCO assisted in the integration of HIV into the science curricula of 24 African universities and held 20 capacity-building workshops for education sector stakeholders in more than 60 countries. UNESCO-supported training programmes reached more than 2000 stakeholders in over 30 countries. Teacher training manuals were adapted and translated for use in 13 Asian countries. UNESCO supported the development of educational planning modules in multiple languages, as well as the development by nongovernmental organizations of more than three dozen tools and booklets on HIV prevention issues in Brazil and Colombia. UNESCO supported development of three pedagogic guides for teachers and a model curriculum on HIV for African colleges teaching journalism.
94. ***Key Result 3. Improve policies and practices through the development, promotion and sharing of knowledge on the relationship between HIV and education.***

Reported data for the achievement indicators

- UNESCO produced situation analyses in China, Guinea, Jamaica, Senegal, Thailand and several African countries, and also promoted booklets on best practices on HIV and education and a global readiness survey.
- The quality, quantity and availability of HIV-related materials improved in 2006-2007.

Supporting teachers living with HIV

UNESCO joined with partners, including WHO, to host a technical consultation with HIV-positive teachers and key stakeholders in east and southern Africa to articulate a comprehensive action agenda to address the needs of teachers living with HIV. The consultation highlighted the diversity of needs among HIV-positive teachers and underscored the importance of addressing stigma and discrimination. In addition to endorsing universal access to HIV prevention, treatment, care and support for teachers, the consultation stressed the need to forge working linkages between teachers' unions and networks of HIV-positive teachers.

Highlights of UNESCO's contributions

95. Seven clearinghouses were maintained to facilitate ready access to knowledge and information on HIV and education. Clearinghouses in Bangkok, Geneva and Paris have more than 10 000 visitors per month, and more than 500 new documents or links were added to the Santiago clearinghouse in 2006-2007.
96. UNESCO supported the first Russian conference on HIV prevention education, convened a global advisory group meeting on HIV and sex education, supported a qualitative study

on men who have sex with men in Laos to inform development of the country's life skills curriculum, and aided the development of strategic plans for social science groups in four Asian countries. UNESCO undertook a study on HIV-related teacher training in sub-Saharan Africa, supported nine separate studies in the CARICOM region, and documented 10 years' experience with a rights-based approach to HIV and education in Argentina and Uruguay. Findings of a joint UNESCO-WHO treatment education workshop were widely disseminated, regional consultations in eastern and southern Africa focused on school-based care and support, and UNESCO supported numerous studies, consultations and research exchanges on gender and culture. This included a regional consultation in eastern and southern Africa focused on school-based care and support, which contributed to policy development by the Southern African Development Community.

97. Key Result 4. Reducing stigma and discrimination and ensuring human rights through the promotion of access to quality educational, health and information services for key populations.

Reported data for the achievement indicators

- UNESCO supported 15 rights-based initiatives in civil society institutions for key vulnerable populations, including young people and children, women, injecting drug users, and people living with HIV.
- UNESCO supported 20 initiatives providing culturally appropriate education, health and other services to key populations at higher risk of exposure to HIV.

Highlights of UNESCO's contributions

98. UNESCO sponsored 16 train-the-trainers workshops on addressing HIV stigma and discrimination through theatre. UNESCO supported a research programme on improving HIV education for children in the Asia and Pacific region and established a regional network of professionals in Latin America to encourage multidisciplinary HIV prevention with a cultural approach. Support was provided to form a network of HIV-positive teachers in Namibia, for an international coalition of municipalities to address discrimination, and for a study on HIV-related stigma in Bangkok, Delhi and Phnom Penh.

UNESCO Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	2,000,000	1,471,217	1,200,000	1,728,066	1,500,000	1,617,858	4,700,000	4,817,141
KR2	5,000,000	5,071,004	6,000,000	5,956,312	5,200,000	5,576,448	16,200,000	16,603,764
KR3	1,100,000	1,001,680	900,000	1,176,555	1,200,000	1,101,521	3,200,000	3,279,756
KR4	1,500,000	1,752,940	2,000,000	2,058,972	2,100,000	1,927,661	5,600,000	5,739,573
Total	9,600,000	9,296,841	10,100,000	10,919,905	10,000,000	10,223,488	29,700,000	30,440,234
Percentage	97%		108%		102%		102%	

WORLD HEALTH ORGANIZATION (WHO)

WHO was responsible for six key results in 2006-2007.

99. ***Key Result 1. Increased global and national commitment and financial resources available to scale up HIV prevention and treatment in countries.***

Reported data for the achievement indicators

- New HIV resources for WHO fell by 3% from 2004-2005 to 2006-2007.
- WHO supported 49 countries in developing funding proposals during Round 6 of the Global Fund, achieving an overall success rate of 40%. In Round 7, WHO supported 45 of 57 proposals submitted, with an HIV success rate of 42%. The number of countries receiving support from WHO in the development of Global Fund proposals contrasted with the 26 that received such assistance in 2005.

Highlights of WHO's contributions

100. WHO engaged in high-level advocacy to increase awareness and commitment on HIV at global, regional and country levels, promoting a comprehensive response to the epidemic that combines prevention and treatment. WHO technical support aided countries in allocating internal resources effectively and in devising sustainable financing strategies for national responses. In addition to its direct support to countries for proposal development to the Global Fund, WHO finalized technical assistance plans through the Global Implementation Support Team in Angola, Guinea Bissau, Niger, Nigeria and Papua New Guinea.
101. ***Key Result 2. Countries supported to accelerate prevention and scale up treatment through a public health approach.***

Reported data for the achievement indicators

- The number of low- and middle-income countries that had achieved at least 50% coverage for HIV treatment for women, men and children according to WHO guidelines rose from 18 in 2005 to 24 in 2007.
- The number of countries offering basic services to prevent mother-to-child HIV transmission to at least 80% of pregnant women increased from 1 in 2005 to 66 in 2007.

Highlights of WHO's contributions

102. WHO developed normative guidance on the prevention of mother-to-child transmission, provider-initiated HIV testing and counselling, clinical staging and immunological classification of HIV-related diseases, clinical monitoring, co-trimoxazole prophylaxis, and numerous other issues relating to the scaling up of essential prevention and treatment services. Policy advice was provided on a host of HIV-related topics, including male circumcision, serosurveillance for populations most at risk, harmonizing prevention and treatment scale-up targets, blood safety, safety in health care settings, infant feeding, interventions to prevent HIV transmission among young people, and HIV surveillance and reporting. Efforts to date have demonstrated the effectiveness of focused technical support and normative guidance to accelerate scaling up, although it is clear that additional efforts are needed to ensure effective dissemination and application of existing and new guidance.

103. **Key Result 3. Countries supported to strengthen the capacity of their health systems to respond to HIV, including through greater community involvement.**

Reported data for the achievement indicators

- The number of countries receiving WHO support to develop and implement health workforce plans and strategies incorporating HIV-related needs grew from 0 in 2005 to 26 in 2006-2007.
- The number of countries that have implemented integrated and coordinated HIV/TB policies rose from 20 in 2005 to 94 by the end of 2007.
- The number of countries that have achieved national HIV treatment targets increased from 18 in 2005 to 24 in 2007.

Highlights of WHO's contributions

104. WHO provided technical support to countries in scaling up implementation of the Integrated Management of Adult Illness and in applying WHO guidelines in HIV/TB integration. With respect to health workforce issues, WHO has aided countries in workforce planning, training, and development of compensation and retention measures. WHO support focused on financial planning and costing tools for sustainable financing for HIV scale-up and on aiding countries in effectively reaching vulnerable populations with key HIV services. The Preparing for Treatment Programme has supported community involvement in treatment preparedness, adherence support, and monitoring systems.

105. **Key Result 4. Countries supported to ensure an uninterrupted supply of HIV-related commodities and medicines.**

Reported data for the achievement indicators

- Between 1200 and 1500 people in more than 140 countries received strategic information on procurement and supply management—an increase over 40 countries in 2005.
- The number of countries that received procurement and supply management support through workshops and processes associated with the Global Task Team or the Global Implementation Support Team rose from 20 in 2005 to more than 60 in 2006-2007.

Highlights of WHO's contributions

106. WHO managed the AIDS Medicines and Diagnostics Service (AMDS), strengthening the strategic information component of AMDS, expanding technical collaboration on production issues, and establishing specifications for fixed-dose combinations of antiretrovirals for children. The Service website was expanded with new sections on procurement and supply management for essential HIV commodities. Quarterly summary reports on prices of antiretroviral medicines informed more than 140 countries of new developments relating to the purchase of essential medications. Technical support and training aided countries in the selection, supply, financing, quality assurance and rational use of diagnostics, antiretroviral and other HIV-related medicines. WHO prequalified 55 medicinal products for HIV and related diseases in 2006-2007, expanding the HIV-related list to 134 products.

107. **Key Result 5. Evidence-based normative tools and guidelines developed, including thorough research on technological innovations, operational research and targeted evaluation.**

Reported data for the achievement indicators

- The number of countries making use of Integrated Management of Adult Illness guidelines for HIV prevention, treatment and care increased from 20 in 2005 to 51 in 2007.
- The number of countries with a WHO-supported operational research programme rose from 4 in 2005 to 25 in 2007.

Highlights of WHO's contributions

108. WHO developed several evidence-based normative guidelines and tools and effective HIV prevention and care interventions, including the WHO model list of essential medicines, guidelines on paediatric medicines for the treatment of HIV, a technical manual on male circumcision, guidelines for the control of genital ulcer disease, injection safety, and guidelines for diagnostic HIV testing. In addition, studies were conducted on the use, safety and acceptability of technologies to improve detection and prevention of HIV, including rapid HIV tests and microbicides. WHO developed policy guidance and provided advice and technical support in such areas as the ethical conduct of HIV vaccine trials, cost-effectiveness of HIV vaccination strategies, and screening donated blood for HIV.
109. ***Key Result 6. Global, regional and national surveillance systems strengthened to provide more accurate strategic information on the epidemic and the response.***

Reported data for the achievement indicators

- In 2007, 88 countries were collecting surveillance data using WHO standardized methodologies.
- The number of countries reporting on HIV drug resistance according to WHO guidelines increased from 5 in 2005 to 16 in 2007.

Highlights of WHO's contributions

110. WHO provided technical support to help countries improve their surveillance systems. WHO also spearheaded the start-up of the HIV Drug Resistance monitoring activities, providing technical assistance to countries and sponsoring regional consultations on strategy development, capacity building, laboratory assessments, and establishment of national HIV drug resistance working groups.

Preparing for introduction of medical male circumcision

Following results from three randomized controlled trials to provide definitive evidence of the HIV prevention effectiveness of medical male circumcision, UNAIDS convened an international meeting in March 2007 to review the evidence and to make public health recommendations. Under the leadership of WHO, UNAIDS has developed an implementation workplan in order to assist countries with evidence-informed policy and programme decisions to improve the availability, accessibility and safety of medical male circumcision, linked to sexual and reproductive health services and as an integral component of comprehensive HIV prevention. Much of the Joint Programme's work in this arena has now shifted to sub-Saharan Africa, where regional teams have been developed and regional arms of Cosponsors play a prominent role. Several countries have begun translating research into policy and programmes.

WHO Expenditure⁶

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	2,550,000	4,250,022	7,050,000	20,436,608	3,085,000	7,231,039	12,685,000	31,917,669
KR2	5,610,000	2,510,552	15,510,000	12,072,098	6,795,000	4,271,422	27,915,000	18,854,072
KR3	5,100,000	4,967,140	14,100,000	23,884,702	6,175,000	8,451,029	25,375,000	37,302,871
KR4	4,590,000	1,907,850	12,690,000	9,173,978	5,560,000	3,245,992	22,840,000	14,327,820
KR5	4,080,000	6,399,600	11,280,000	30,772,557	4,940,000	10,888,097	20,300,000	48,060,254
KR6	3,570,000	2,928,957	9,870,000	14,084,014	4,325,000	4,983,291	17,765,000	21,996,262
Total	25,500,000	22,964,121	70,500,000	110,423,957	30,880,000	39,070,870	126,880,000	172,458,948
Percentage	90%		157%		127%		136%	

⁶ WHO figures are in accordance with a draft financial return as at 30 November 2007. Final expenditure figures to 31st December 2007 have not yet been received from WHO.

THE WORLD BANK

The World Bank was responsible for five key results in 2006-2007.

111. ***Key Result 1. Improved efficiency, effectiveness and pace of implementation of HIV programmes through the improvement of national HIV frameworks and annual action plans and through mainstreaming HIV in the public and private sectors and in civil society, especially at the community level to achieve improved effectiveness and efficiency in use of available resources.***

Reported data for the achievement indicators

- The World Bank 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 donors and international donors.
- HIV was mainstreamed in 64 different World Bank operations that provided support to civil society and the private sector.

Highlights of World Bank's contributions

Technical assistance or project support to develop AIDS strategies and action plans

112. Assistance to countries was provided through the AIDS Strategy and Action Plan (ASAP) Service, established in 2006 on behalf of UNAIDS and hosted by the World Bank. The Strategy and Action Plan supported the development of evidence-informed, result-focused, prioritized and costed strategies in 35 countries, through direct technical assistance, capacity building workshops and the development of tools. In addition to aiding countries and sub-national entities to develop strategies, the World Bank also provided technical support for the joint assessment of national AIDS strategies and programmes. The World Bank's experience in 2006-2007 highlighted the need for national strategies to focus on a manageable and affordable set of high-priority results.
113. The World Bank supported analytical and advisory services to enhance the evidence base of HIV programmes, including developing a toolkit for tracking public expenditures and strengthening public health surveillance. This knowledge used to enhance implementation capacity of national AIDS programmes was shared and disseminated through various mediums. New World Bank HIV projects were approved in Afghanistan, Benin, Burkina Faso, Ethiopia, India, Kenya, Nigeria, and Rwanda during the biennium. The World Bank played a major role in resolving implementation bottlenecks at country level through participation in the global Implementation Support Team in 2006-2007.

Mainstreaming of HIV and support to civil society and the private sector.

114. Through consultations with more than 30 countries, donors and civil society organizations, the World Bank facilitated the launch of the Africa Region HIV/AIDS Agenda for Action, which aims to better focus the response, scale up multisectoral and civil society responses, deliver more effective results through increased monitoring and evaluation capacity, and harmonize donor collaboration.
115. All Bank-supported HIV projects in Africa provide support to civil society and the private sector, and the Bank's China Health Project supported 24 nongovernmental organization projects to address populations most at risk. The World Bank provided funded, technical assistance and information-sharing support for more than 60 000 grassroots initiatives in Africa and the Caribbean to increase HIV awareness, reduce

stigma and discrimination, provide care and support for children affected by HIV, and address the needs of sex workers and other vulnerable populations.

116. The World Bank played a role in the establishment of business coalitions in 27 countries in Africa and released a 2007 report showcasing case studies of effective corporate HIV responses in India. In Africa, Asia, the Caribbean, and Latin America, the World Bank supported efforts to strengthen the engagement of education sectors in the HIV response, often working in coalition with UNESCO and other partners. The World Bank funded HIV prevention activities in transport projects in China and incorporated mandatory HIV prevention provisions in bidding documents for Bank-supported construction projects in several regions. Numerous consultations and workshops supported by the World Bank, such as a meeting of francophone HIV business coalitions in Morocco and a private sector workshop in Mali, improved the engagement of key civil society sectors in national and regional HIV responses.
117. ***Key Result 2. “Three Ones” translated into action, with rapid action for HIV programmes ensured through improved donor coordination and practical harmonization measures implemented at global and regional levels, particular through closer collaboration among UNAIDS Cosponsors and other stakeholders, especially those providing substantial funding.***

Reported data for the achievement indicators

- The World Bank supported joint annual reviews of national HIV strategies in 32 countries, promoted harmonized implementation processes in 19 countries, and aided 25 countries with coordinated financing mechanisms.

Highlights of World Bank’s contributions

118. Agreement was reached with the Global Fund and the United States Government’s President’s Emergency Plan for AIDS Relief (PEPFAR) on planning and implementation of joint procurement for HIV programming. In a number of countries, the World Bank collaborated with the Global Fund and national partners to consolidate management structures to facilitate more effective implementation. The Bank began meeting with the Global Fund and the United States Government to coordinate the efforts of leading HIV funders. The Bank and the Global Fund adopted a policy of notifying each other of their respective country missions to improve coordination.
119. Technical assistance was provided to aid St. Kitts and Nevis, Grenada and Trinidad and Tobago in redefining the role of the national HIV authority in implementing HIV programming.
120. ***Key Result 3. Effective and timely use of World Bank resources for care and treatment, including expanded treatment programmes at country level; strengthened health systems through access Multi-Country AIDS Programme resources, including subregional projects; and effective and reliable supplies of AIDS medicines and diagnostics.***

Reported data for the achievement indicators

- The World Bank supported 81 countries to strengthen health systems.
- The World Bank supported 113 countries to improve procurement and supply chain management.

Highlights of World Bank's contributions

121. Support was provided for the development of treatment guidelines and protocols, strengthening of laboratory infrastructures, and training of personnel for Bank-supported projects. The Bank co-sponsored, with WHO and the Secretariat, a high-level meeting on sustainable financing for HIV treatment, that brought together policy makers, economists, private industry, people living with HIV to define the issues of financial sustainability and AIDS treatment especially focusing on the increasing need for second line combination antiretroviral therapy, the papers were published in a supplement of the journal *AIDS*. The World Bank with partners also held a consultation in 2006 that examined experiences and lessons learned from the Treatment Acceleration Project. The World Bank conducted a study on second-line treatment in Thailand, provided analytical and advisory services to China in examining financing for HIV treatment services, designed pilot treatment programmes for injecting drug users in Viet Nam, and assisted Pakistan in improving the quality, capacity and coverage of HIV service delivery. In 2007, the World Bank with partners established a network of treatment researchers in resource-poor settings.
122. ***Key Result 4. Strengthened partnerships of UN Cosponsors, donors and partners in support of one agreed country-level monitoring and evaluation system; enhanced national monitoring and evaluation capacity, supported by systems to improve decision-making; and expansion to additional geographical and technical areas based on lessons learned from 2004-2005.***

Reported data for the achievement indicators

- The World Bank supported 50 countries to develop operational plans and budgets for monitoring and evaluation, assisted 81 countries in establishing monitoring and evaluation systems with functioning databases, and worked with partners to develop joint monitoring and evaluation programmes in 43 countries.
- As of December 2007, 70 countries had a harmonized monitoring and evaluation system in line with the "Three Ones" principles, and 60 countries were using monitoring and evaluation data to improve planning and programming.

Highlights of World Bank's contributions

123. The World Bank focused technical support on monitoring and evaluation in a number of fragile states, including Lebanon, the Democratic Republic of Congo, Congo Brazzaville, Angola and Sierra Leone. The Bank aided four countries in rigorously documenting the dynamics of national epidemics and supporting training and mentoring of monitoring and evaluation professionals in Africa, Asia, the Caribbean, and the Middle East and North Africa.

Improved monitoring and evaluation to support strengthened regional action in Africa

The Great Lakes Initiative on AIDS (GLIA) is a country-initiated, country-owned regional partnership approved by the parliaments of Burundi, Democratic Republic of Congo, Kenya, Rwanda, Tanzania and Uganda), with the aim of providing gap-filling and complementary support for the HIV response. In 2006, its Council of Ministers mandated the development of a new strategic plan to guide efforts in the coming five years. To support this planning, the Global AIDS Monitoring and Evaluation Team, housed at the World Bank, undertook a regional synthesis of epidemiological data and information on national responses. The synthesis revealed that eight populations were at highest risk, that key knowledge gaps existed regarding these groups, and that uniform services were needed to address the needs of this often-mobile populations (such as fisherfolk). In response to these findings, GLIA significantly altered and refocused its mandate, defining the precise sub-populations on which its efforts would be focused. The exercise also aided GLIA in reframing its role in supporting relevant HIV research in the region. GLIA has used its new strategy to apply for support from the Global Fund.

124. Specialists from the Bank-housed Global AIDS Monitoring and Evaluation Team (GAMET) provided rapid, intensive, flexible and practical hands-on assistance to 45 countries

on four continents. The World Bank also published seven documents on lessons learned in operationalizing monitoring and evaluation systems. The Bank supported an ongoing evaluation of the Central Asian blood service system, assessed surveillance systems in East and Central Africa, and developed an HIV results scorecard to evaluate the Bank's HIV investments in Africa. GAMET developed four internationally acclaimed tools to: assess a county's monitoring and evaluation programme; inform policy makers on the trends and drivers of the epidemic; show the link between strategic planning and monitoring and evaluation; and the development of a resource library to support capacity development in monitoring and evaluation.

125. ***Key Result 5. HIV policies and programmes are based on sound economic analyses of country needs and responses, and integration of HIV policies and programmes in national poverty reduction strategies and their implementation supported by improved allocation of resources at country level (e.g. national budgets and Medium-Term Expenditure Framework).***

Reported data for the achievement indicators

- The World Bank supported 38 HIV-related analytic studies, aided 49 countries in integrating HIV into Poverty Reduction Strategy Papers and other national development plans, and assisted eight countries in mainstreaming HIV into Public Expenditure Reviews and Medium-Term Expenditure Frameworks.

Highlights of World Bank's contributions

126. In collaboration with the Secretariat and Shell, the Bank cosponsored an annual workshop on the economic consequences of HIV. Among the Bank-sponsored studies conducted in 2006-2007 were an analysis of HIV-related issues in prisons in the Baltic states and the Commonwealth of Independent States, an assessment of best practices in harm reduction in the Russian Federation, a funding gap analysis in Zambia, and assessments of the epidemic in South Asia and Central America.
127. Working with UNDP and the Secretariat, the World Bank launched a joint initiative to strengthen the capacity of countries to integrate HIV priority into Poverty Reduction Strategy Papers; in 2006-2007, 18 countries in Africa, Asia, and Europe benefited from such assistance.
128. The World Bank and the Secretariat convene the UNAIDS Economics Reference Group (ERG). The advisory body provides expert economic perspective on specific AIDS policy and operational questions e.g. labour market and human capacity concerns, strategies for impact mitigation and reduction of vulnerability, efficiency and resource allocation concerns, macroeconomic and fiscal concerns.

World Bank Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	3,060,000	3,460,149	4,800,000	20,196,023	7,050,000	14,315,709	14,910,000	37,971,881
KR2	1,500,000	1,437,459	2,600,000	616,982	6,890,000	4,336,831	10,990,000	6,391,272
KR3	1,000,000	750,185	1,800,000	650,000	8,675,000	644,404	11,475,000	2,044,589
KR4	3,730,000	3,931,982	4,350,000	1,078,141	2,850,000	1,853,311	10,930,000	6,863,434
KR5	2,120,000	1,528,307	3,765,000	1,243,247	3,242,000	2,212,169	9,127,000	4,983,723
Total	11,410,000	11,108,082	17,315,000	23,784,393	28,707,000	23,362,424	57,432,000	58,254,899
Percentage	97%		137%		81%		101%	

UNAIDS SECRETARIAT

The Secretariat was responsible for five key results in 2006-2007.

129. ***Key Result 1 Provide leadership for establishing the global AIDS agenda and galvanizing political commitment for a proactive, targeted and optimally effective response, that is contributing towards universal access to HIV prevention, treatment, care and support, and geared to the evolution of the epidemic, and that encourages diverse partners and stakeholders, including intergovernmental bodies and government, other key partners, UNAIDS and the broader UN system.***

Reported data for the achievement indicators

- Ninety-four UNAIDS country offices reported that targets for universal access had been established by the end of 2007, with 58 countries including these targets in their costed national strategic plans.
- Fifty-six UNAIDS country offices reported that a Joint Programme of Support on AIDS had been endorsed by the UN Theme Group on AIDS in accordance with guidance from the United Nations Development Group.
- Efforts by the Secretariat led to more than 1600 references to UNAIDS and/or HIV-related issues in publications, and approximately 2400 articles quoted UNAIDS reports or statistics.

Highlights of the Secretariat's contributions

Scaling up towards universal access

130. Promoting the "Three Ones" principles as a framework for scaling up towards universal access, the Secretariat and the World Bank developed the Country Harmonization and Alignment Tool, which was used in whole or in part by 20 countries in 2007. To ensure appropriate attention to the epidemic's gender dimensions in the push towards universal access, the Global Coalition on Women and AIDS provided advocacy trainings, aided national networks in developing strategic plans, and supported the International Women's Summit, which called attention to the need for high-level action to address the epidemic's impact on women and girls.

UN system coordination

131. The Secretariat organized a consultation with UNAIDS staff worldwide in March 2007 to review progress in establishing Joint UN Programmes and Teams and in strengthening UNAIDS support for the UN system to work as one on HIV at country level. The Secretariat coordinated development of the *2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards Universal Access*, establishing universal access as the overarching objective of the Joint Programme and framing development of the 2008-2009 Unified Budget and Workplan, which further improves the results-based orientation for the biennial plan. The UNAIDS Programme Coordinating Board determined that future meetings would include both a decision-making and a thematic element, with the aim of sharpening the substantive focus of the governing board's discussions and involving a broader range of actors.

Advocacy and leadership

132. The Secretariat provided organizational support for the *Comprehensive Review and High Level meeting on AIDS* in June 2006, which resulted in the *Political Declaration on HIV/AIDS*. Advocacy by the Secretariat aided two rotating presidencies of the European Union to prioritize the HIV response and assisted in preparation of the first global parliamentary meeting on HIV in December 2007.

Key issues

133. In coordination with Cosponsors and other partners, the Secretariat developed policies, strategies and programme guidance on HIV prevention for sex work and for men who have sex with men. A new framework document on HIV transmission prevention in prisons was developed, and practical guidelines for intensifying HIV prevention were released.
134. The Secretariat continued its leadership and coordinating role with respect to HIV, security and humanitarian relief, expanding this work by focusing more on gender-based violence and on cadres of uniformed services beyond national militaries. Close cooperation with the Department of Peacekeeping Operations strengthened pre-deployment HIV training for international peacekeepers, increased the capacity of the African Union to address HIV among African Union peacekeepers, and documented lessons learned in this arena. A task force of the Inter-Agency Standing Committee revised guidelines for HIV interventions in emergency settings.
135. **Key Result 2. Generation and wide dissemination of up-to-date and reliable data, information and analysis on global, regional and country trends in the epidemic, its impact and the response, to support advocacy and inform policy and strategy formulation by all partners.**

Reported data for the achievement indicators

- Sixty-nine countries reported using strategic information generated by UNAIDS to influence resource allocation and policy development in 2007.
- Forty-six countries out of 77 reporting in 2006—and 40 out of 86 in 2007—reported having published a surveillance report using UNAIDS/WHO recommended tools.

Highlights of the Secretariat's contributions

136. Strategic information generated by UNAIDS included the biennial *Report on the global AIDS epidemic* in June 2006, issued as a ten-year UNAIDS anniversary special edition. The Secretariat published 20 new best practice publications in 2006-2007. Annual epidemic updates were published by UNAIDS in 2006 and 2007, with the latter incorporating advances in the methodology of estimating HIV prevalence in low- and middle-income countries.
137. In 2007, the Secretariat released a UNAIDS report on estimated financial resource needs to achieve universal access to HIV prevention, treatment, care and support. The Secretariat successfully coordinated efforts to harmonize and align National AIDS Spending Assessments with spending tracking undertaken by WHO and the United States Agency for International Development. More than 100 countries have used UNAIDS classifications and guidelines on resource tracking.
138. **Key Result 3. Harmonized monitoring and evaluation approaches at global, regional and country level to generate reliable and timely information on the epidemic and the response.**

Reported data for the achievement indicators

- Of 189 countries that endorsed the 2001 *Declaration of Commitment on HIV/AIDS*, 147 reported to UNAIDS with respect to core performance indicators developed to monitor progress in implementing the *Declaration of Commitment*.
- Seventy-five countries received technical assistance from the Secretariat in the development of national HIV monitoring and evaluation plans, including 43 countries with a resident UNAIDS monitoring and evaluation adviser.

- By the end of 2007, 94 countries had established targets for universal access to HIV prevention, treatment, care and support—a number that by mid-2008 had grown to 103. Seventy-six countries have included universal access targets in costed national strategic plans, while 41 have developed a separate, costed annual action plan to move towards universal access.

Highlights of the Secretariat's contributions

139. The Secretariat issued guidelines to countries on reporting on these core indicators and facilitated technical assistance to countries in all regions to support timely, accurate and complete reporting on national progress. National reporting on HIV responses has been facilitated by the 2008 data collection tool of the Country Response Information System (CRIS). In 2006-2007 work continued on development of a third version of CRIS to support national data collection and reporting on the HIV response.
140. As part of its leadership on harmonization of monitoring and evaluation approaches, the Secretariat developed the UNAIDS indicator registry, which publishes indicator definitions on the web and permits downloading of indicators into any application. The Secretariat provided four national workshops, three regional workshops and one global workshop on HIV resource tracking in 2007. The Country Harmonization and Alignment Tool aided the efforts of national HIV authorities and their partners to gauge engagement in the national response and alignment of international partners. The Secretariat implemented the monitoring framework for the 2006-2007 Unified Budget and Workplan and developed a new framework for 2008-2009.
141. ***Key Result 4. Greater and sustained involvement of civil society, people living with HIV, and vulnerable populations through global, regional and national partnerships that allow for regular and structured engagement of civil society in policy and programme decision-making and implementation.***

Reported data for the achievement indicators

- With the support of UNAIDS, more than 120 countries organized inclusive national consultations to identify key actions to address obstacles to scaling up.
- Almost 800 civil society representatives participated in the *2006 High Level Meeting on HIV/AIDS* independent of government delegations, most of which included representatives of civil society and people living with HIV. Including national delegations, an estimated 1000 civil society participants are believed to have participated in the High Level Meeting.

Highlights of the Secretariat's contributions

142. The Secretariat actively promoted and supported the engagement of civil society in national efforts to address universal access, and most national consultations included some level of civil society engagement. Support was provided for numerous global, regional and national networks of people living with HIV, including efforts leading to a March 2006 meeting between key networks and donors that resulted in increased bilateral support for the core costs of several key global networks. The Secretariat supported the design and piloting of an index to measure HIV-related stigma and discrimination, conducted an extensive mapping of all UNAIDS partnerships with the business community, and worked with partners in the Global Coalition on Women and AIDS to provide funding to strengthen the institutional capacity of women's networks in eight countries. The Secretariat forged relationships with new civil society partners, such as evangelical Christian and Islamic groups, and renewed collaboration agreements with pre-existing partners, such as the International Federation of Red

Cross and Red Crescent Societies and the International HIV/AIDS Alliance. The Secretariat led development of an HIV initiative with the hotel industry in Mexico, collaborated with WHO to support a working group with pharmaceutical companies, and pro-actively forged relationships with key companies, including Tata Steel and BMW. Following a formal review, the role of civil society in UNAIDS' own governance was strengthened.

143. ***Key Result 5. Additional human, technical and financial resources available to meet priority needs in the response to the HIV epidemic and its impact, and more effective and efficient use of available resources.***

Reported data for the achievement indicators

- US\$ 8.9 billion were available in 2006 from all sources; one third is from domestic resources. In 2007, additional US\$ 10 billion were available from all sources in low- and middle-income countries for AIDS activities.
- 48 countries have reported having a National AIDS Action Framework that has been translated into a costed operational plan and/or priority action plan; 40 countries reported having a National AIDS Action Framework that is translated into a budgeted operational plan and/or annual priority action plan.
- A total of 80 low and middle-income countries reported 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.

Highlights of the Secretariat's contributions

144. The Secretariat devoted extensive energy towards enhancing donor relationships and streamlining HIV-related resource mobilization. Technical Support Facilities and the International Centre for Technical Cooperation on HIV/AIDS offered substantial assistance to countries in mobilizing needed resources and in aiding countries in optimizing use of available resources. The Global Fund contracted with the Technical Support Facilities in 2007 to identify and address implementation bottlenecks, strengthen governance of Country Coordinating Mechanisms, and document best practices on Country Coordinating Mechanisms.
145. The Secretariat provided technical and financial assistance to 18 countries for the development of proposals for Round 6 of the Global Fund, and to 25 countries in Round 7. To strengthen proposals for the Global Fund, the Secretariat developed a guidance package for UNAIDS Country Coordinators, Joint UN Teams, and UNAIDS Regional Support Teams on supporting proposal development.

Secretariat Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	45,400,000	44,862,172	7,000,000	8,365,505	-	-	52,400,000	53,227,677
KR2	25,000,000	24,156,554	2,000,000	1,968,354	-	-	27,000,000	26,124,908
KR3	10,500,000	11,503,121	7,000,000	6,151,107	-	-	17,500,000	17,654,228
KR4	11,500,000	10,352,809	7,000,000	5,412,974	-	-	18,500,000	15,765,783
KR5	23,000,000	24,156,554	2,000,000	2,706,487	-	-	25,000,000	26,863,041
Total	115,400,000	115,031,210	25,000,000	24,604,427	-	-	140,400,000	139,635,637
Percentage	100%		98%				99%	

INTERAGENCY ACTIVITIES

Interagency activities were responsible for four key results in 2006-2007.

146. ***Key Result 1. Coordinated and collective UNAIDS action to provide an enabling environment to increase national action through amplification of global-level coordinated advocacy, generation of evidence base and joint programming in emerging areas.***

Reported data for the achievement indicators

- The UNAIDS family was involved in the organization of more than 100 sessions at the 2006 International AIDS Conference.
- Approximately 4600 mass media articles quoted UNAIDS reports or HIV-related statistics produced by the Joint Programme in 2006-2007.
- The UNAIDS family carried out three interagency missions in 2006, based on which a rapid assessment tool for HIV-related needs in internally displaced people and other populations affected by conflict was developed in 2007.

Highlights of Interagency contributions

147. UNAIDS supported the work of the Special AIDS Envoys of the Secretary-General in Africa (Mr. Stephen Lewis and Ms. Elizabeth Mataka), Eastern Europe and Central Asia (Prof Lars O. Kallings), Asia and the Pacific (Dr. Nafis Sadik), and Latin America and the Caribbean (Sir George Alleyne). UNAIDS also prioritized action on emerging issues through Inter-Agency Task Teams and reference groups; key issues addressed included children affected by HIV, prevention of mother-to-child HIV transmission, male circumcision, gender, human rights, and HIV and injecting drug use.
148. In 2006-2007, joint action by the UNAIDS family through the Global Implementation Support Team facilitated accelerated programme implementation in 24 countries and one region. Recurrent issues identified in this joint implementation support concerned monitoring and evaluation, procurement and supply management, governance of Country Coordinating Mechanisms, and financial management.
149. The UN system has taken an institutionalized approach to the integration of HIV in humanitarian and post-crisis situations. In addition to interagency missions in Nepal, the Democratic Republic of Congo and Côte d'Ivoire, UNAIDS supported a research project on the impact of different types of emergency situations on people living with HIV. A workplan was developed for the Global Task Force on Uniformed Services and AIDS, which includes UN agencies, donor governments, regional military networks, and representatives from civil society and research institutions.
150. ***Key Result 2. Strategic employment of regional and subregional platforms to expedite technical, coordination, harmonization support, and timely access to qualified human and technical and financial resources for national HIV programmes.***

Reported data for the achievement indicators

- Technical support facilities were established in four sub regions in 2006-2007, covering 60 countries. Forty-nine UNAIDS country offices reported that national partners received technical assistance through a Technical Support Facility.
- Solid progress was achieved in the functioning of interagency collaborations at regional level.

Highlights of Interagency contributions

151. 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. Technical assistance demand is growing, in part due to specific trainings and needs assessments.
152. Interagency efforts resulted in the establishment of knowledge hubs in several regions. In Europe, for example, knowledge hubs focus on treatment and care, harm reduction, and HIV surveillance, supporting 24 countries in 2006-2007. In the Middle East and North Africa, sub-regional knowledge hubs supported the broader regional effort, which focuses on increasing technical capacity in harm reduction.
153. Interagency collaborations occurred in a number of regions. In Asia and the Pacific, for example, a regional task force on injecting drug users and HIV convened diverse stakeholders from governments, UN, donors, civil society and technical experts. The joint UN regional team on HIV in west and central Africa, founded in 2006, aided 11 countries in the development of Global Fund proposals and supported scaling up towards universal access through an expanded AIDS partnership forum that prioritized regional action in December 2007. Extensive interagency work in southern Africa focused on a review of condom programming. In Eastern Europe and Central Asia, a joint implementation review was undertaken for a four-country World Bank AIDS control project in Central Asia, guidelines were developed on HIV coverage for injecting drug users, 12 countries received capacity-building support on HIV prevalence estimates, 20 countries benefited from joint monitoring and evaluation support, and Global Fund projects in 15 countries were assessed for their technical support needs. Interagency effort resulted in the generation of strategic information for advocacy in the Middle East and North Africa, including a situation analysis on drug use and HIV covering seven countries.
154. ***Key Result 3. Effective and coordinated action by UNAIDS, the broader UN system and other stakeholders to strengthen the country response, including provision of catalytic technical support and capacity-building.***

Reported data for the achievement indicators

- According to reports from UNAIDS country offices, 78 countries had in place a national AIDS coordination authority recognized either in law or by political decree, with 73 such authorities recognized by all major country-level partners as the single coordinating authority.
- Fifty-six UNAIDS country offices reported that HIV is a specific UNDAF outcome.

Highlights of Interagency contributions

155. Fifty-four new UNAIDS country-level posts were created in 2006-2007 (seven UNAIDS Country Coordinators, three UNAIDS Country Officers, 10 international monitoring and evaluation specialists, 14 national monitoring and evaluation specialists, three international social mobilization specialists, seven national social mobilization specialists, and 10 national partnership officers). By December 2007, 89 UNAIDS country offices reported that UN Theme Groups on AIDS had established Joint UN Teams, with 56 countries having developed Joint Programmes of Support. (The somewhat slower progress on developing Joint Programmes of Support may be explained by the timing for UNDAF and country programming cycles, which provide entry points for joint programming.)

156. A total allocation of US\$ 16 million was devoted to Programme Acceleration Funds, with greater authority for review and approval delegated to Regional Support Teams, resulting in improved programme quality and enhanced involvement of UNAIDS Country Coordinators and Country Officers. Of the allocated amount, 97% had been approved and 91% obligated by the end of December 2007. A review in mid-July found that most Programme Acceleration Funds were used to support “Three Ones” implementation and universal access, with civil society the beneficiary of 41% of all funds. Improved reporting was a key focus for the 2006-2007 biennium.
157. ***Key Result 4. Enhanced capacity of UN system staff to respond to HIV at the individual, professional and organizational levels.***

Reported data for the achievement indicators

- Two papers on topics related to HIV in the UN workplace were produced.
- An online survey of 9246 UN employees from field and headquarters offices, undertaken as part of the evaluation of the UN Learning Strategy on HIV, found that more than 75% said their country has a UN learning strategy on HIV and more than half of those in countries without a formal strategy said HIV learning activities were still occurring. Among respondents 16% were not aware of whether their country had an HIV learning strategy.
- Two-thirds (66%) of UN staff and 18% of their family members were reported to have participated in at least one HIV learning activity organized by the UN system since 2006, with 90% deeming such activities to be very to somewhat useful to their work.
- In an online survey of 145 learning facilitators, 83% facilitated learning events for UN staff on HIV in the UN workplace. More than two-thirds of learning facilitators said they had implemented a learning activity for programme or project staff to support the HIV response, with 40% having worked with a UN Theme Group and 37% with a Joint UN Team on AIDS.
- Drawing from local resources on HIV prevention, care, testing and counselling, and treatment services in 140 countries, a Global Medical Database was established for UN employees and their family members.
- Two hundred learning facilitators were sensitized to ensure a sustainable system for the provision of condoms at country level.

Highlights of Interagency contributions

158. An educational CD-ROM about HIV was created for UN professional staff. An external evaluation of the learning strategy was carried out, and 26 case studies on implementation successes and challenges associated with the learning strategy were published. Theme Group chairs were surveyed on their learning needs, and learning events for Theme Groups and/or UN Joint Teams were facilitated in Ukraine, Yemen, Egypt, Iran and Algeria. More than 7 million hits were recorded on the UN workplace website on HIV for UN employees.

Interagency activities Expenditure

Key Result	Core		Supplemental		Global and Regional Resources		Total	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
KR1	4,300,000	4,112,497	-	-	-	-	4,300,000	4,112,497
KR2	5,900,000	5,757,496	10,000,000	5,096,618	-	-	15,900,000	10,854,114
KR3	71,800,000	69,912,451	50,000,000	26,120,168	-	-	121,800,000	96,032,619
KR4	2,400,000	2,467,498	1,200,000	637,077	-	-	3,600,000	3,104,575
Total	84,400,000	82,249,942	61,200,000	31,853,863	-	-	145,600,000	114,103,805
Percentage	97%		52%				78%	

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