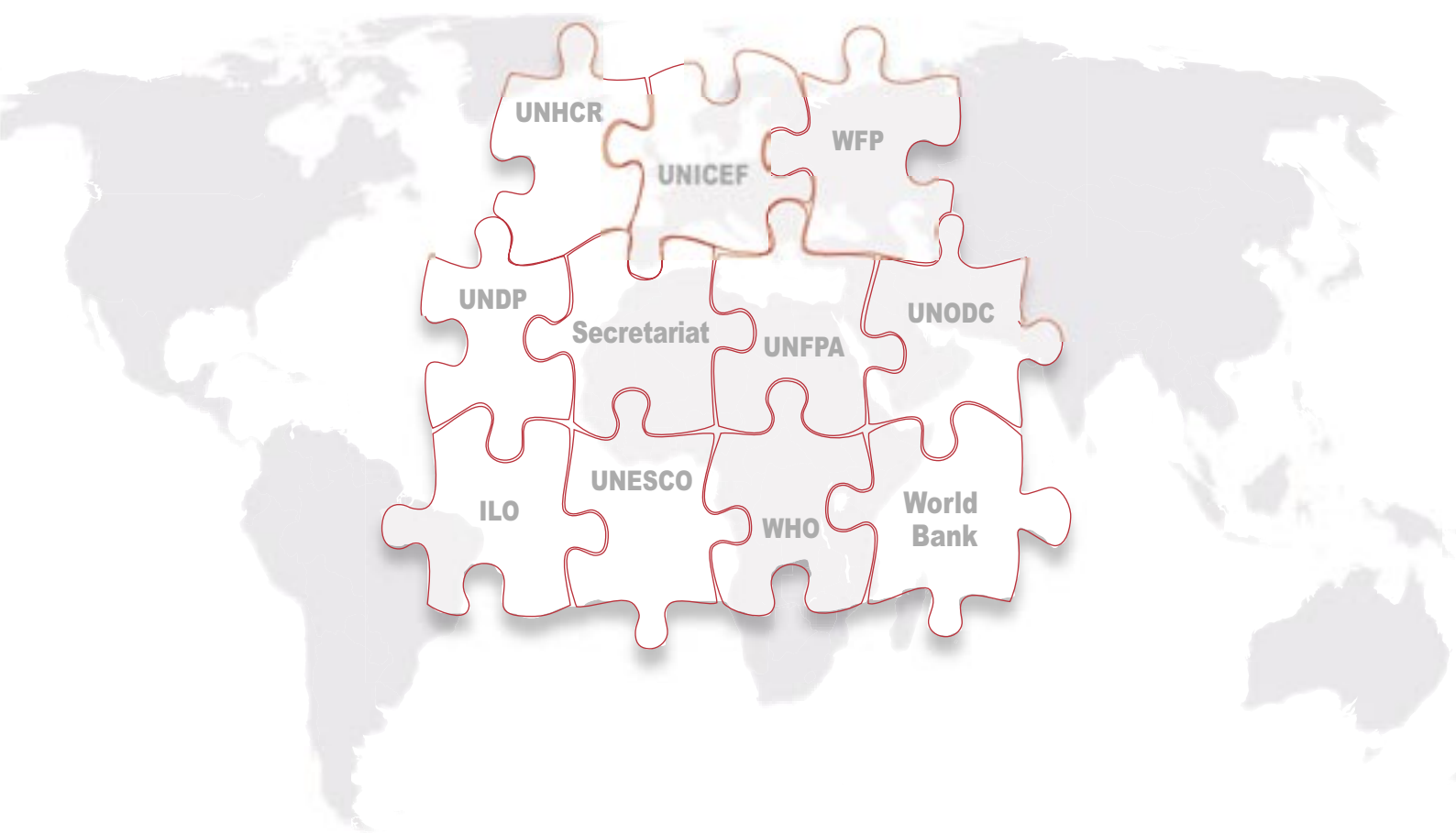


# UNAIDS

## Unified Budget and Workplan

2006–2007



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNHCR • UNICEF • WFP • UNDP • UNFPA  
UNODC • ILO • UNESCO • WHO • WORLD BANK

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**UNAIDS**  
**Unified Budget and Workplan**  
**2006–2007**



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## Foreword

The vision that led to the creation of UNAIDS was that the UN would be more effective in facing the exceptional challenges posed by AIDS if its institutions worked together in a more coordinated and coherent way.

The Unified Budget and Workplan has been instrumental in moving UNAIDS towards this vision. It provides an overall framework for the entire range of action on AIDS by the UNAIDS Cosponsors and the Secretariat, but is flexible enough to respond to the ever evolving AIDS epidemic. The Unified Budget and Workplan sets out the specific commitments of each part of the Joint Programme, including the results each Cosponsor and the Secretariat will seek to achieve, matched with resource requirements.

At its seventeenth meeting held in Geneva 27 to 29 June 2005, the UNAIDS Programme Coordinating Board considered the proposed UNAIDS Unified Budget and Workplan (UBW) for 2006 – 2007 as presented in this document. In its decisions 9.11 and 9.12, the Board endorsed “the strategies and approaches contained in the 2006-2007 UBW, in particular its emphasis on enabling countries to scale up their national response to the epidemic”. It also approved “the core budget of US\$320.5 million”. Furthermore, taking into account that the Unified Budget and Workplan could only be implemented if sufficient voluntary contributions were forthcoming, the Board recognized “that the approval of this UBW implies a moral responsibility for all countries to fully fund it, in accordance with the principle of burden-sharing.”

By making the Unified Budget and Workplan widely available to Cosponsors, UN theme groups, and partners at country, regional and global levels, I hope that it will further contribute to fostering greater coherence and effectiveness in the UN’s response to AIDS.

Dr. Peter Piot  
Executive Director, UNAIDS

1 November 2005  
Geneva, Switzerland

## Executive Summary

The UNAIDS Unified Budget and Workplan for 2006-2007 represents UN reform in action, uniting in a single two-year strategic framework the coordinated AIDS work of 10 agencies of the UN system and the UNAIDS Secretariat. It seeks to catalyse an extraordinary, accelerated response to the global AIDS epidemic.

The Unified Workplan for 2006-2007 emerges at a pivotal moment in the global response to AIDS. The epidemic's devastating impact on the most heavily affected countries grows more acute, and the epidemic continues to expand, with especially troubling signs of growth in some of the world's most populous countries. At the same time, the world is much more aware of the catastrophic impact of AIDS, and there are unprecedented opportunities to strengthen and accelerate action against the epidemic. Significant resources are now being made available by international donors. Under these conditions, the unique coordination and catalytic functions of UNAIDS have never been more essential. This Unified Budget and Workplan aims to respond to this situation, transforming the decisions of the UNAIDS Programme Coordinating Board into action on the ground.

The Unified Workplan 2006-2007 is geared to the following strategic considerations:

- supporting achievement of the UN *Declaration of Commitment on HIV/AIDS* and the Millennium Development Goals;
- securing additional resources for the response to AIDS from international and domestic sources;
- providing timely and effective support to countries to scale up their national response;
- eliminating bottlenecks to effective action (“making the money work”) through better coordination among donors, meeting demands for technical support and strengthening human resource capacity in countries;
- promoting country-level ownership, harmonization and accountability through implementation of the “Three Ones” principles to enhance strategic coordination and effectiveness;
- supporting major global initiatives including multilateral funding initiatives, and efforts to expand access to antiretroviral treatment and revitalize worldwide prevention efforts;
- addressing gap areas in the response such as stigma and discrimination, human rights and neglected population groups including injecting drug users, sex workers, men who have sex with men, women and girls and unmet services; and
- ensuring strategic coherence of the work of the Cosponsors and Secretariat and the UN system as a whole.

The Unified Budget is funded from several sources. The Unified Budget includes a “core” budget as well as supplemental budgets and Cosponsors' own resources. The “core” component of the Unified Budget for 2006-2007 amounts to US\$ 320.5 million, representing a 28% increase over the 2004-2005 biennium. This includes US\$ 120.7 million to be shared among 10 Cosponsoring Organizations, US\$ 115.4 million for the UNAIDS Secretariat, and US\$ 84.4 million for interagency activities. In addition to the US\$ 320.5 million core budget, the supplemental budget for Cosponsors and the Secretariat totals US\$ 283.1 million and Cosponsors' own resources US\$ 193.7 million. These represent substantial increases in AIDS allocations in Cosponsors' own budgets. The Unified Budget and Workplan also underpins another US\$ 1771.2 million in country level projects on AIDS implemented by Cosponsoring Organizations but funded outside of the Unified Budget. The increase

in the core, supplemental and Cosponsors' own resources for AIDS continues the trend of increases in UNAIDS' budgets from biennium to biennium and represents an essential part of the international community's response to the AIDS epidemic.

In comparison to previous bienniums, the Budget and Workplan for 2006-2007 has a simplified and strengthened results-based orientation to provide a better platform for results-based management, reporting and accountability. Identifying key strategic challenges and opportunities in the global response, the Unified Workplan clarifies the specific contributions of each Cosponsoring Organization and the Secretariat. The result is a coordinated strategic plan to maximize effectiveness. To enable UNAIDS and the Programme Coordinating Board have an objective means to track UNAIDS' achievements, for the first time indicators have been presented at the level of each of the agreed 16 principal results for the Joint Programme as a whole.

The Fund of UNAIDS, which is managed by the UNAIDS Executive Director, provides resources for the core budget for Cosponsors, the Secretariat, and interagency activities as well as the supplemental budgets of the Secretariat and interagency activities. The Fund is made up entirely of voluntary contributions from donors. Cosponsoring Organizations also provide funding for AIDS through their own budgetary and planning mechanisms. Donors are strongly encouraged to provide un-earmarked contributions to the Fund of UNAIDS, to enable the Joint Programme to implement fully the coordinated set of actions outlined in the Unified Workplan as approved by the UNAIDS Programme Coordinating Board.



## I. Introduction and overview

### 1. Introduction

The Unified Budget and Workplan for 2006-2007 of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is a reflection of UN reform in action, uniting in a single two-year strategic framework the coordinated HIV and AIDS work of 10 agencies of the UN system: the Office of the UN High Commissioner for Refugees (UNHCR); the UN Children's Fund (UNICEF); the UN Development Programme (UNDP); the UN Population Fund (UNFPA); the UN Office on Drugs and Crime (UNODC); the International Labour Organization (ILO); the UN Educational, Social and Cultural Organization (UNESCO); the World Food Programme (WFP); the World Health Organization (WHO); the World Bank; and the UNAIDS Secretariat. The Unified Workplan seeks to maximize the strategic coordination and effectiveness of UNAIDS and catalyse an extraordinary, accelerated response to the global AIDS epidemic.

The Unified Workplan for 2006-2007 emerges at a pivotal moment in the global response to AIDS. The epidemic's devastating impact on the most heavily affected countries grows more acute. Prevention programmes currently reach fewer than one in five people at risk of infection, and only 12% of HIV-positive people in low and middle income countries needing antiretroviral therapy were receiving it as of December 2004. To make matters worse, the epidemic continues to expand, with especially troubling signs of growth in some of the world's most populous countries. These trends threaten the world's ability to achieve the Millennium Development Goals, which envision sustained reduction in global poverty and its associated ills.

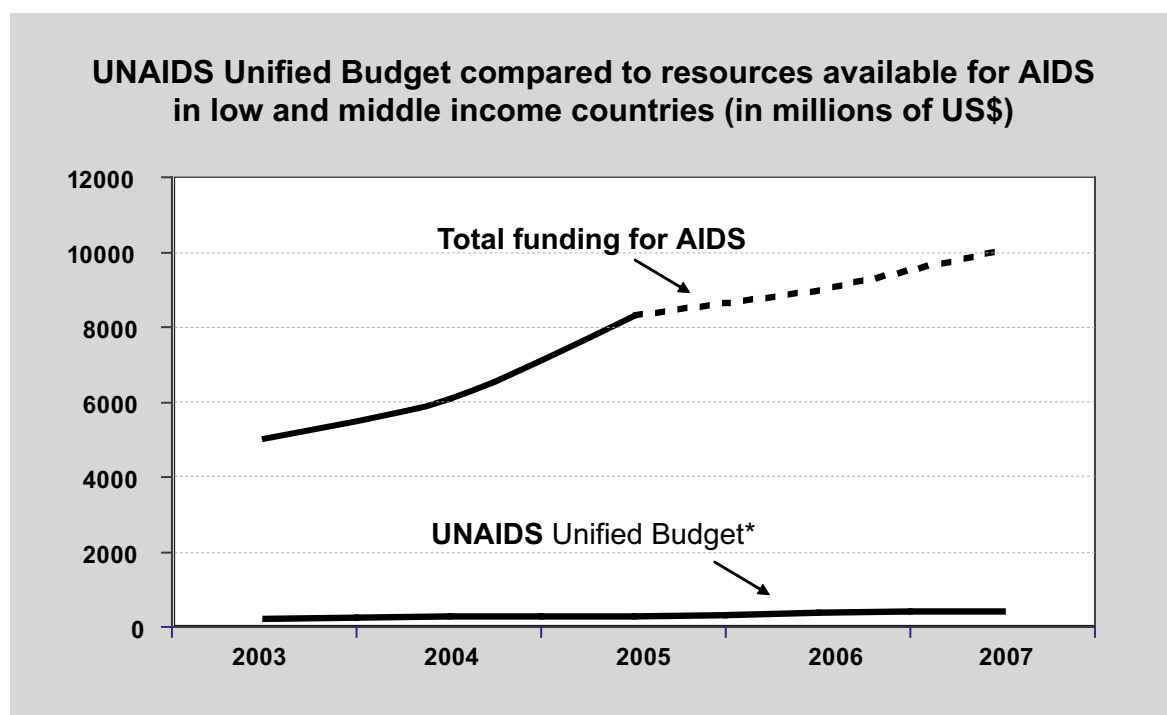


Figure 1.

\* UNAIDS Unified Budget includes core, supplemental and agency own resources. It does not include estimates of country-level spending by Cosponsors.

At the same time, there are unprecedented opportunities to strengthen and accelerate action against the epidemic. Resources and political commitment have grown significantly. UNAIDS estimates that spending from all sources on AIDS programmes in 135 low and middle income countries will reach US\$ 8.3 billion in 2005. Likewise, virtually all heavily affected countries now have national AIDS strategies, and global consensus in favour of the “Three Ones”<sup>1</sup> approach offers the prospect of significantly improved harmonization and coordination of programmatic efforts by all actors at country level.

The coordination and catalytic functions of UNAIDS have never been more essential than they are today. This implies a special responsibility on the part of the Secretariat. As countries in all regions urgently seek to bring proven AIDS strategies to scale, the demands on the Joint Programme for technical support and guidance continue to grow. For the Joint Programme to respond effectively, it not only needs sufficient resources, but also a common strategy—a roadmap—identifying clearly the roles and contributions of each part of the Joint Programme to a common effort. The Unified Budget and Workplan 2006-2007 aims to do precisely that.

Development of this Unified Budget and Workplan began in mid-2004 taking the decisions of the Programme Coordinating Board (PCB) as the starting point. In particular, the PCB “encouraged UNAIDS to further integrate a results-based management framework into the next Budget and Workplan and to explicitly link the desired results with the comparative advantages of the Cosponsors.” This recommendation has been implemented by building a results-based Budget and Workplan to act as a strategic management tool, which includes overall principal results for the Joint Programme and key results for Cosponsors and the Secretariat, with a limited set of indicators of achievement for each, and setting out the linkages among them. In response to PCB’s call for a stronger focus on women and girls and a rights-based approach, specific principal results have been identified on women and adolescent girls and on human rights and AIDS. To articulate more clearly how the Workplan contributes to the overarching goal of poverty reduction, linkages between the Unified Workplan and Poverty Reduction Strategy Papers and UN Development Assistance Frameworks are clearly spelt out.

UNAIDS Cosponsors and the Secretariat initiated an intensive process to identify key strategic challenges and opportunities in the global response, reflect on the Joint Programme’s achievements as well as areas for improvement, identify the specific added value at this stage of the epidemic of each partner in the Joint Programme, and develop a strategic plan to maximize the coordination and effectiveness of UNAIDS. In developing the Unified Workplan, more emphasis was placed on the principle of peer review, encouraging frank, evidence-based analysis of the mandates, roles, capacities and performances of each member of the UNAIDS family. Global and regional consultations were conducted by UNAIDS to inform development of the Unified Workplan, involving members of the UNAIDS family and external partners. Convening agencies in key thematic areas provided analyses on thematic priorities for 2006-2007.

Through the consultations agreement was reached on a set of 16 principal results for the Joint Programme as a whole. The principal results themselves are derived from, and support the achievement of the goals of the *Declaration of Commitment on HIV/AIDS* (United Nations General Assembly Special Session on HIV/AIDS, 2001). A total of 49 key results were also identified for the Secretariat and Cosponsors which contribute to achievement of the principal results. Subsequently, budgetary allocations were set for the Secretariat and Cosponsors in respect of each of their key results. Meeting in Moscow in April 2005, the UNAIDS Committee of Cosponsoring Organizations endorsed the proposed Unified Budget and Workplan 2006-2007.

<sup>1</sup> One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority, with a broad based multisector mandate; and one agreed country level Monitoring and Evaluation System.

In comparison to previous bienniums, the Budget and Workplan for 2006-2007 has a *strengthened results-based orientation*. The aim is to provide an improved platform for results-based management, reporting and accountability. This is accomplished through simplification, streamlining, clearer definitions of roles and results and a tighter alignment of the Unified Workplan and Cosponsors' own AIDS planning and reporting frameworks. The new Workplan also has a simpler, more *streamlined structure* than prior biennial budgets for the Joint Programme. The number of key results has been reduced by 90%, from 487 in 2004-2005 to 49 for 2006-2007.

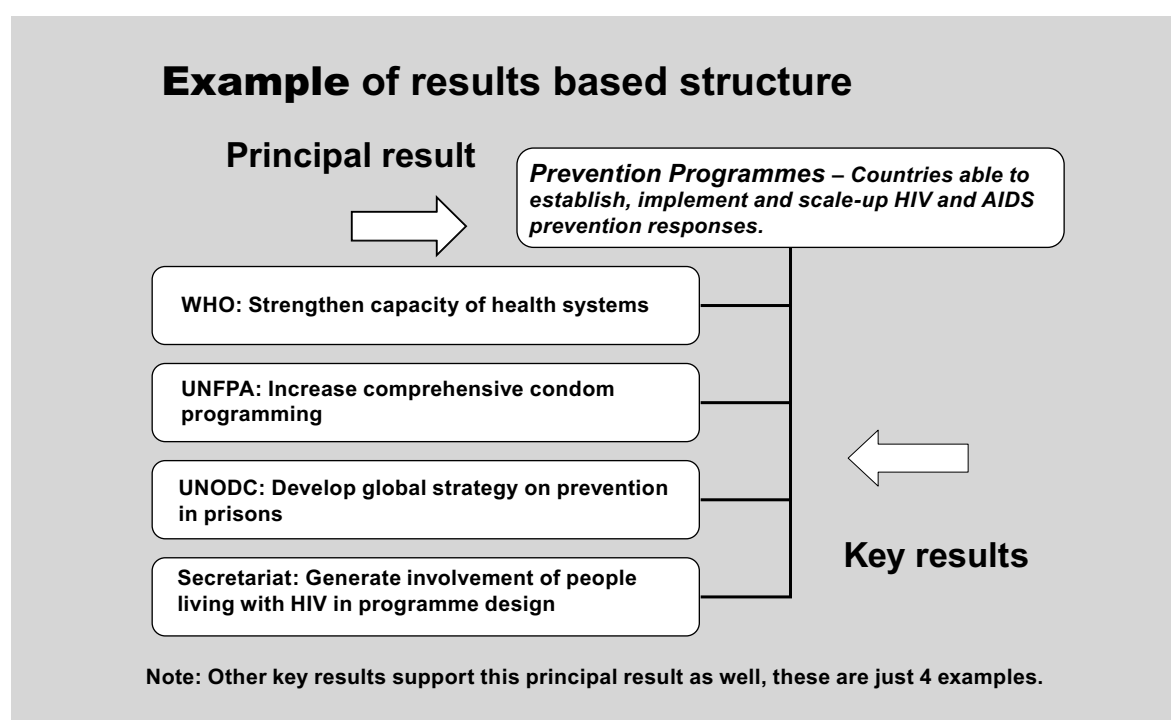


Figure 2.

Within the Unified Workplan, each of the 49 Cosponsor or Secretariat key results supports achievement of one or more principal result. The figure above illustrates this relationship by showing four of the key results which support the principal result on prevention programmes.

Of particular importance are the indicators of achievement which are, for the first time, presented for UNAIDS as a whole, at the level of each of the 16 principal results. In addition, achievement indicators have been identified for each of the Cosponsors' and Secretariat's key results.

The interagency *additional core* category of the Budget has been deleted, permitting a more straightforward presentation of funding and activities anticipated for the Secretariat, each Cosponsor and interagency activities presented either as core, or supplemental budgets. There are three budget components for each result: UNAIDS *core* budget; agency's own resources and *supplemental* resources. Information is presented on what will be accomplished through funding of supplemental budgets for key results.

This document presents the Unified Budget and Workplan in three ways.

- An overview of the strategic priorities reflected in the Workplan and UNAIDS budgetary allocations for 2006-2007 (Section I, Part 2).
- The UNAIDS workplan for 2006-2007 for each of 16 *principal results* which the Joint Programme aims to achieve under the new Unified Budget and Workplan (Section II).

- A summary of *the workplan for each Cosponsor and for the UNAIDS Secretariat*, as well as a description of cross-cutting interagency activities planned for the upcoming biennium (Section III).

The document also contains a description of plans for *monitoring* the progress of the Joint Programme in achieving the results projected for 2006-2007, with particular attention to the Joint Programme's performance in key thematic areas (Section IV). An annex provides additional details on the 49 key results under the Unified Workplan for 2006-2007 for each Cosponsor, the Secretariat and interagency activities (Annex 1).

## 2. Overview

UNAIDS has oriented the Unified Workplan for 2006-2007 around the following *strategic considerations*.

- *The Declaration of Commitment on HIV/AIDS*. UNAIDS is orienting its efforts to help ensure that all countries are able to achieve the commitments unanimously agreed to at the UN General Assembly Special Session on HIV/AIDS in 2001. The Joint Programme will similarly aim to advance global progress toward the Millennium Development Goals, consolidating progress in the run up to 2010.
- *Securing additional resources* for the response to AIDS from international and domestic sources continues to be an important priority; estimating the level of resources needed for a comprehensive response is a vital part of resource mobilization. UNAIDS will take the lead in efforts to ensure more accuracy and consistency in estimating resource needs, including development of capacity at country level. The Secretariat in particular will devote considerable attention to facilitate this process.
- *Focusing on support to countries*. This Unified Workplan represents a further strengthening of the focus of UNAIDS efforts on providing support to countries to scale-up the national response.
- *"Making the money work"*. Significant levels of international funding have become available for countries for AIDS from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and bilateral donors. Yet, there are substantial bottlenecks to making this money work effectively. These include macroeconomic policy constraints, inadequate coordination among donors, un-met demands for technical support and insufficient or depleted human capacity. The work envisaged for the next biennium is geared to addressing these critical needs.
- *Country-level ownership, harmonization and accountability: the "Three Ones"*. The Workplan recognizes the imperative of promoting and supporting adherence to the "Three Ones" principles to enhance the strategic coordination and effectiveness of diverse stakeholders at country-level. This is crucial to "making the money work."
- *Major global initiatives*. The Workplan takes into account key developments in the global response, including multilateral financing initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank's Multi-Country AIDS Program and efforts to expand access to antiretroviral treatment and re-vitalize and accelerate worldwide prevention efforts.

- *Addressing gap areas.* The Workplan puts emphasis on the need to re-enforce efforts in gap or neglected areas including men who have sex with men, sex workers, injecting drug users, stigma and discrimination, human rights and AIDS, uniformed services and women and girls;
- *Strategic coherence.* More targeted, complementary and well-coordinated actions by Cosponsors and the Secretariat are being put in place, based on the comparative advantages of each. Likewise, linkages have been strengthened between the UNAIDS Unified Workplan and country strategies and plans, Poverty Reduction Strategy Papers, System Wide Action Plans and United Nations Development Assistance Frameworks.

The “core” component of the Unified Budget for 2006-2007 amounts to US\$ 320.5 million, representing a 28% increase over the 2004-2005 biennium. This includes US\$ 120.7 million to be shared among the 10 Cosponsors, US\$ 115.4 million for the Secretariat, and US\$ 84.4 million for interagency activities. Only a modest increase is envisaged for the interagency part in view of the fact that major increases in interagency activities had already been included in the 2004-2005 Unified Budget, and that a number of activities have now been mainstreamed into the work of Cosponsors and the Secretariat.

The additional resources are geared to increasing action to produce results at country level. This includes increasing access to antiretroviral drugs; intensifying efforts to implement the global HIV prevention strategy; providing critical technical assistance to help unblock resources at country level; reducing overlap and unnecessary competition at country level among all players; and strengthening action in gap or neglected areas including stigma and discrimination and human rights and on specific populations including men who have sex with men, sex workers, injecting drug users and women and girls. The increase in the core, supplemental and Cosponsors’ own resources for AIDS continues the trend of increases in UNAIDS Budgets from biennium to biennium, representing a modest, but essential part of the international community’s response to the AIDS epidemic.

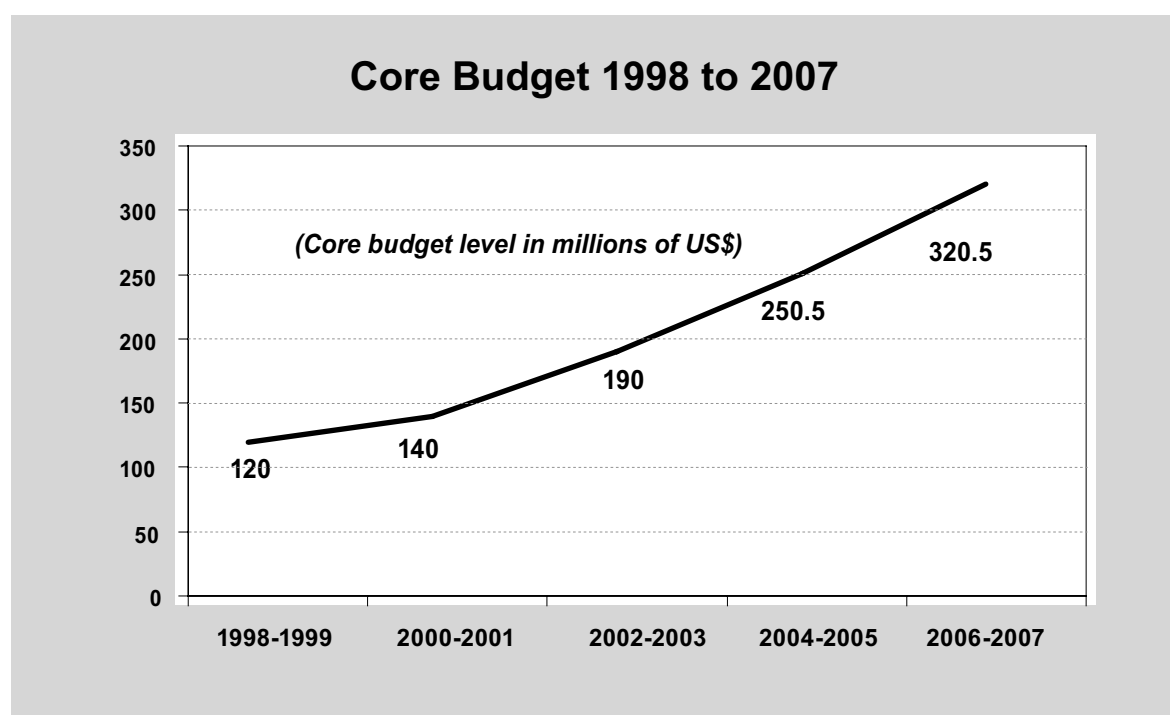


Figure 3.

### Evolution of the Core Budget Secretariat, Cosponsors & Interagency

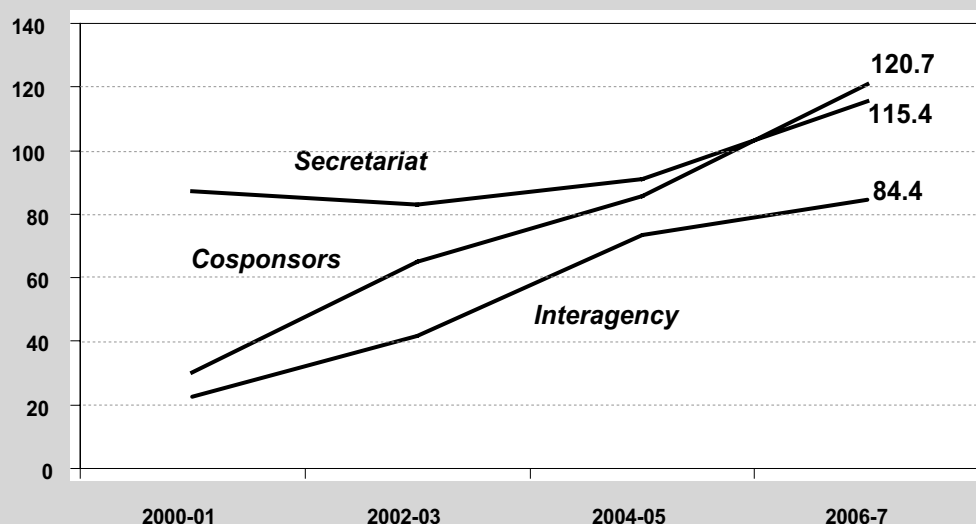


Figure 4.

The overall Unified Budget includes not only the “core” budget, but also Cosponsors’ own global and regional resources and supplemental budgets. Table 1 presents an overview of the Unified Budget, as well as information on the anticipated country-level expenditures on AIDS by Cosponsors in 2006-2007. Significantly, the proposed Budget reflects substantial increases in AIDS allocations among the Cosponsors’ own organizational and supplemental budgets.

**Table 1: Distribution of core, supplemental, and Cosponsor resources by agency (in US\$ ‘000)<sup>2</sup>**

Agency	Core budget (a)	Supplemental (b)	Cosponsor global/regional resources (c)	Total Unified Budget (a+b+c)	Cosponsor agency-country level resources	Grand total
UNHCR	3 400	750	9 050	13 200	26 800	40 000
UNICEF	19 800	49 000	21 000	89 800	372 200	462 000
WFP	4 000	1 100	15 524	20 624	200 000	220 624
UNDP	12 760	15 640	32 000	60 400	24 400	84 400
UNFPA	17 200	38 000	26 000	81 200	80 000	161 200
UNODC	8 500	16 000	9 000	33 500	30 000	63 500
ILO	8 500	18 500	11 500	38 500	18 000	56 500
UNESCO	9 600	10 100	10 000	29 700	28 500	58 200
WHO	25 500	70 500	30 880	126 880	212 000	338 880
World Bank	11 410	17 315	28 707	57 432	779 283	836 715
Secretariat	115 400	25 000	n/a	140 400	n/a	140 400
Interagency	84 400	21 200	n/a	105 600	n/a	105 600
<b>Total</b>	<b>320 470</b>	<b>283 105</b>	<b>193 661</b>	<b>797 236</b>	<b>1 771 183</b>	<b>2 568 419</b>

<sup>2</sup> The Secretariat and Interagency parts of the Core Budget together account for nearly US\$ 200 million. Around 60% of this amount is spent on work in countries.

*The Unified Budget is funded from several sources.* The Fund of UNAIDS, which is managed by the UNAIDS Executive Director, provides resources for the core budget for Cosponsors, the Secretariat, and interagency activities as well as the supplemental budgets of the Secretariat and interagency activities. Cosponsors also provide funding for AIDS through their own budgetary and planning mechanisms. These include Cosponsor global and regional resources, Cosponsor “supplemental” resources, and Cosponsor country-level resources. Cosponsors’ global and regional resources are provided from the organization’s regular budget; Cosponsors’ supplemental resources are funded by voluntary contributions, raised by the organization concerned and channelled through the organizations’ own budgetary mechanisms. Cosponsors’ country-level resources, which are formally considered to be outside of the Unified Budget, are provided through a combination of regular budget and voluntary contributions, according to the nature and practice of the organization concerned. Resources for the Fund of UNAIDS come entirely from voluntary funds provided by donors (including from one Cosponsor). Donations to the Fund are first used to finance the core budget. Should funding become available during the biennium in excess of core budget requirements, surplus funds will be applied by the Executive Director to the supplemental budget for the actions identified in the Unified Workplan. Donors are strongly encouraged to provide unearmarked contributions to the Fund of UNAIDS, to enable the Joint Programme to implement fully the coordinated set of actions outlined in the Unified Workplan as approved by PCB.

## II. Unified Workplan by principal result

UNAIDS has identified a set of 16 principal results which reflect the anticipated collective impact of the Joint Programme in the response to AIDS. The principal results (PRs) are derived from, and represent the Joint Programme's contribution to meeting the goals articulated in the *Declaration of Commitment on HIV/AIDS* of United Nations General Assembly's Special Session on HIV/AIDS in 2001. This section summarizes the Joint Programme's strategic aims and collective workplan for each of UNAIDS 16 principal results, and identifies achievement indicators which will be used by the Joint Programme to assess progress towards achieving each principal result<sup>3</sup>.

### Core, Supplemental and agency own resources by principal result<sup>4</sup>. (thousands of US\$)

Principal Results	Core	Supplemental	Own Resources	Total
1. UN system coordination	33 275	9 668	480	43 423
2. Human rights	10 574	5 310	3 447	19 331
3. Leadership and advocacy	39 474	9 248	6 998	55 721
4. Partnerships	15 778	13 335	9 526	38 639
5. Country capacity "Three Ones"	44 544	19 952	15 208	79 704
6. HIV prevention programmes	31 147	63 313	41 699	136 159
7. Women and adolescent girls	11 276	19 645	10 965	41 886
8. Children affected by HIV and AIDS	5 742	14 210	6 090	26 042
9. Programmes addressing vulnerability to HIV	8 796	11 620	15 247	35 662
10. Health care systems for treatment of HIV and AIDS	18 580	42 746	31 011	92 337
11. Family and community-based care	4 279	8 831	7 049	20 160
12. National action to alleviate impact	5 415	10 220	9 042	24 677
13. AIDS in conflict- and disaster-affected regions	3 655	4 442	10 429	18 525
14. Strategic information, research and reporting	40 644	22 399	7 900	70 943
15. Resource mobilization, tracking and needs estimation	17 896	14 971	11 190	44 058
16. Human and technical resources	29 395	13 195	7 380	49 969
<b>Total</b>	<b>320 470</b>	<b>283 105</b>	<b>193 661</b>	<b>797 236</b>

<sup>3</sup> For purposes of comparison of budget priorities between bienniums, at the end of the document, in the Appendix, is a table comparing the core budgets 2006-2007 and 2004-2005.

<sup>4</sup> The distribution of resources reflected in this table are estimates based on the budgetary allocations of Cosponsor and Secretariat key results and their main linkages to the agreed Joint Programme principal results.



## 1. UN System Coordination

**Principal result:** UNAIDS will actively promote and facilitate coordinated, coherent and effective UN action, *with stronger strategic positioning, greater capacity, and increased accountability to support the AIDS response at all levels.*

### Achievement indicators

1. Increase in UN financial and human resource allocated for AIDS.
2. Increase in number of joint UN assessment or evaluations at country level.
3. Increase in number of UN country-level implementation support plans on AIDS and joint programming in operation and with credible reporting.

Effective coordination is the linchpin for the Joint Programme's effectiveness in its many strategic endeavours, serving as a prerequisite to achievement of the principal results in 2006-2007. As a recognized global leader, UNAIDS plays a critical role in helping channel the myriad efforts of diverse partners—both within and outside the UN—into coherent, optimally strategic joint action to respond to AIDS, harmonizing action in line with the “Three Ones” principles.

UNAIDS will undertake the following actions to achieve this principal result.

- Play a leadership role in defining the global AIDS agenda and galvanize political commitment at all levels for inclusive, multisectoral efforts that respond to evolution of the epidemic (Secretariat).
- Enhance the strategic coordination and effectiveness of the UN system through effectively functioning UN Theme Groups on HIV/AIDS facilitated by UNAIDS Country Coordinators. (Interagency, Secretariat) and the leadership of the Resident Coordinator system (UNDP).
- In specific subregions, strengthened joint or coordinated action by the UNAIDS family and other partners to address critical issues to catalyse effective support for countries (Interagency).
- Coordinate UN action on AIDS through the UN System Strategic Framework on AIDS (Secretariat).
- Enhanced capacity of UN System staff to respond to the AIDS epidemic at the individual, professional and organizational levels (Interagency).

UNAIDS action to achieve the above principal result represents US\$ 33.3 million of the core budget; US\$ 9.7 million of the supplemental budget; and US\$ 0.5 million which Cosponsors have allocated for this area of work from their own resources.

## 2. Human rights

**Principal result:** UNAIDS will intensify its efforts to ensure that *countries adopt and implement legislation, regulations and policies to address stigma and discrimination and to promote human rights and fundamental freedoms among people living with HIV and members of vulnerable groups.*

### Achievement indicators

1. Increase in the number of countries that report adopting laws and regulations that protect people living with HIV against discrimination.
2. Increase in the number of countries that have a government or civil entity that regularly monitors and reports on violations of human rights and discrimination in relation of AIDS.

The *Declaration of Commitment on HIV/AIDS* recognizes the centrality of human rights to an effective AIDS response. Because of the cross-cutting impact of human rights on the global response, strategies and activities under this principal result are closely linked to activities under other principal results. For example, reduction of HIV-related stigmatization and social, economic and legal vulnerability is essential to achievements of the principal results relating to HIV prevention and vulnerability reduction (principal result number 6 (PR 6) and principal result number 9 (PR 9) as well as on treatment and care (PRs 10 and 11). To assist countries in affording legal protection to groups that have historically been marginalized, UNAIDS and its partner must succeed in exhibiting strong leadership and effective advocacy, as provided in PR 3.

UNAIDS will undertake the following actions to achieve this principal result.

- Advocate for, and support countries in the review and development of a supportive legislative and policy framework for the response (UNDP, Secretariat).
- Increase country capacity to integrate HIV-related human rights into the national response (Secretariat).
- Undertake advocacy and communications—including support for legal reforms—to reduce stigma and discrimination and protect and promote the rights of women, girls and vulnerable groups (UNDP).
- Contribute to reduction of stigma and discrimination and ensure human rights through the promotion of access to quality and educational, health and informational services (UNESCO).
- Contribute to the implementation and scaling up of comprehensive workplace policies and programmes that incorporate a respect for human rights, including with regard to vulnerable populations (ILO).
- Integrate and mainstream AIDS and human rights in policies, standards and programmes that address refugees and other populations of concern to UNHCR (UNHCR).
- Enhance and sustain the involvement of civil society especially people living with HIV and vulnerable populations in policy and programmatic decision-making at global, regional and country levels (Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 10.6 million of the core budget; US\$ 5.3 million of the supplemental budget; and US\$ 3.5 million which Cosponsors have allocated for this area of work from their own resources.

### 3. Leadership and advocacy

**Principal result:** UNAIDS will generate *increased awareness of the AIDS epidemic, its trends and impact, and effective approaches to curb the epidemic and mitigate its impact. UNAIDS will also catalyze greater leadership among government authorities, decision-makers, and key opinion leaders to take needed action and enable an expanded response.*

#### Achievement indicators

1. Increase in the number of government authorities, heads of states, community leaders, religious leaders, representatives from business and nongovernmental organizations demonstrate personal and institutional commitment to action on AIDS issues and priorities in countries.
2. Increase in the number of workplace policies on AIDS at national and local level.

Since its creation in 1996, UNAIDS has led global advocacy efforts to ensure a more comprehensive and effective response to the epidemic. Strong leadership and advocacy are critical to mount the effective response to AIDS epidemic and to making the money work in such key areas as scaling up of prevention, treatment and care, and impact mitigation strategies; pursuit of needed research and development; and mobilization of the resources needed to support an effective response.

UNAIDS will undertake the following actions to achieve this principal result.

- Continue to play a leadership role in defining the global AIDS agenda and galvanize political commitment at all levels for inclusive, multisectoral efforts within the overall framework of the “Three Ones” principles that respond to evolution of the epidemic (Secretariat).
- Amplify global and regional coordinated advocacy, generation of evidence and joint programming in emerging areas. (Secretariat, Interagency).
- Strengthen leadership and capacity of governments, civil society and development partners, communities and individuals to respond effectively to the epidemic with increased commitment and partnership coordination (UNDP).
- Support countries in bringing to scale comprehensive AIDS treatment and care programmes, including: (a) assisting countries in ensuring uninterrupted availability of diagnostics, medicines and other HIV-related supplies and equipment, and (b) working with countries to strengthen the capacity of health systems to respond to AIDS and related conditions (WHO).
- Advocate to strengthen country responses to prevent new infections especially in regions where the epidemic is still maturing and new infections are on the rise (Secretariat).
- Improve the understanding and raise awareness on the impact of AIDS on the world of work (ILO).
- Build political commitment for comprehensive education responses to AIDS (UNESCO).
- Increase awareness of the role of food and nutrition in AIDS and tuberculosis programmes, with particular attention to the importance of reaching children and vulnerable populations (WFP).

UNAIDS action to achieve the above principal result represents US\$ 39.5 million of the core budget; US\$ 9.2 million of the supplemental budget; and US\$ 7.0 million which Cosponsors have allocated for this area of work from their own resources.

## 4. Partnerships

**Principal result:** UNAIDS will help develop and support *broad-based partnerships that include government, empowered civil society and nongovernmental organizations, women, young people, people living with HIV, faith-based organizations, the private sector, philanthropic entities, and intergovernmental organizations. Through these partnerships, UNAIDS will help promote effective action on AIDS at global, regional and country levels.*

### Achievement indicators

1. Increase in number of countries that report functioning government-led, nongovernmental organization-led, donor-led, and private sector-led partnerships for action on AIDS.
2. Increase in number of countries where nongovernmental organizations, people living with HIV, and faith-based organizations are participating in national AIDS planning and reviews.
3. Examples of subregional and regional intergovernmental multipartner bodies, forums and partnerships that address AIDS.

UNAIDS depends on strong partnerships to fulfil its mission. As with the previous principal results, achievement of PR 4 is vital to the achievement of other principal results, such as implementation of the “Three Ones” (PR 5), the scaling up of prevention services (PR 6), expansion of treatment access (PR 10), reduction in the vulnerability of women and girls (PR 7), involvement and communities to provide care and treatment (PR 11), and mobilization of the resources necessary to finance an effective response (PR 15).

UNAIDS will undertake the following actions to achieve this principal result.

- Support implementation of the “Three Ones” principles by ensuring coordinated action by the UN system at country level—strategically aligning such efforts with national strategic priorities—and strengthening partnerships in countries (UNDP, Secretariat).
- Collaborate with UN partners to increase the efficiency, effectiveness and pace of implementation of AIDS programmes in public and private sectors and in civil society (World Bank).
- Strengthen youth-adult partnerships through capacity building of youth in policy, advocacy, resource mobilization and formative research for empowering young people to participate meaningfully in halting the epidemic (UNFPA).
- Enhance the capacity of occupational health services and stronger public-private partnerships to increase access to social protection, treatment, care and support (ILO).
- Support consortia and partner forums with national and international partners to achieve a unified approach and build support for comprehensive education policies for AIDS (UNESCO).
- Partner with universities and research institutions to examine nutritional support as an integral part of care and treatment of people living with HIV and to improve the programmatic focus on food and nutrition in AIDS and TB programmes (WFP).
- Enhance and sustain the involvement of civil society, especially people living with HIV, and vulnerable populations in policy and programmatic decision-making at global, regional and country levels (Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 15.8 million of the core budget; US\$ 13.3 million of the supplemental budget; and US\$ 9.5 million which Cosponsors have allocated for this area of work from their own resources.

## 5. Country capacity: the “Three Ones” principles

**Principal result:** UNAIDS will work to enable all countries *to establish or strengthen a single national AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework that drives the alignment of all partners (including at decentralized levels), and one agreed national monitoring and evaluation framework for AIDS programmes that is capable of producing high-quality estimates on the status and trends of the epidemic, its impact, and the response to it.*

### Achievement indicators

1. Increase in the number of countries that report on:
  - National AIDS Committee being recognized by all major country-level partners as the one national AIDS coordinating authority;
  - implementation of national strategies on AIDS using clear strategic priorities linked to expenditure frameworks.
  - national multisectoral monitoring and evaluation plans having standardized indicators.
2. Increase in number of joint statements, missions and assessments on AIDS issued by country, UN and donors.

Awareness has grown in recent years that traditional ways of doing business at country level—including but not limited to the means by which AIDS programmes are planned and implemented in low and middle income countries by international donors—results in fragmentation, waste and inadequate strategic focus. United in the determination to enhance coordination and strategic impact of AIDS programmes in affected countries, a broad range of stakeholders has reached consensus on the approach known as the “Three Ones”. The UNAIDS Secretariat played a leading role over the last two years in forging this global consensus on the principles for effective, strategically coordinated action at country level. In 2006-2007, UNAIDS aims to accelerate implementation of the “Three Ones” principles and to maximize the strategic impact of this approach.

UNAIDS will undertake the following actions to achieve this principal result.

- Use the Joint Programme’s leadership and advocacy to support implementation of, and adherence to, the “Three Ones” (Secretariat).
- Strengthen each country’s single national AIDS authority by promoting donor coordination, harmonization of diverse stakeholders, and optimal coordination of UNAIDS Cosponsors and other actors (World Bank, Secretariat, Interagency).
- Support each country’s national monitoring and evaluation system by increasing national monitoring and evaluation capacity (World Bank, Secretariat).
- Map technical assistance needs at country and regional levels, and coordinate strengthening of country support needs (Secretariat).
- Assist countries in mainstreaming multisectoral AIDS responses in national development plans, budgets and instruments and into sector-specific policies and programmes (UNDP).
- Increase the capacity of government, business and labour to support national strategic AIDS plans through the implementation of comprehensive workplace AIDS policies and programmes in line with the “Three Ones” principles (ILO).
- Strengthen epidemic surveillance systems at global, regional and country levels, including surveillance of antiretroviral drug resistance (WHO).

- Increase national capacity to design, implement and assess education, communications and information strategies for HIV (UNESCO).
- Provide technical support at country level in the areas of monitoring and evaluation, resource mobilization and partnership-building (Interagency / Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 44.5 million of the core budget; US\$ 20.0 million of the supplemental budget; and US\$ 15.2 million which Cosponsors have allocated for this area of work from their own resources.

## 6. HIV prevention programmes

**Principal result:** UNAIDS will undertake urgent and intensive action to ensure that all countries are able to *establish, implement and scale-up HIV prevention responses*.

### Achievement indicators

1. Increased number of countries where the coverage of HIV prevention activities reached national scale in at least one prevention area e.g., school education; basic services to 80% of pregnant women to prevent mother-to-child transmission of HIV.
2. Condom use at last sex with a non-regular partner.

With more than one half of young women in some African countries lacking basic knowledge of HIV—with one half or more of the world's young people going without basic HIV education and with fewer than one in five persons having access to basic prevention services—much of the world is at risk of falling short of the prevention targets in the *Declaration of Commitment*, which envisions near-universal access among young people to HIV information, education and services and significant reductions in HIV prevalence among young men and women (aged 15–24). In addition to the humanitarian imperative of helping people of all ages protect themselves from infection, the implementation and rapid expansion of evidence-based prevention programmes is essential to the long-term viability and sustainability of efforts to expand access to treatment including antiretroviral therapy.

The Unified Budget and Workplan for the next biennium takes into account the global imperative to bring effective prevention strategies to scale. In promoting the rapid scaling-up of HIV prevention efforts, the Joint Programme will undertake activities that are closely linked with activities under numerous other principal results. For example, UNAIDS' work in the prevention area will include ongoing efforts to provide access for UN staff and dependents to HIV prevention services and tools—an activity area that overlaps with PR 1 (UN system coordination). Similarly, the Joint Programme's prevention agenda in 2006-2007 also includes extensive work to reduce the vulnerability of women and girls (PR 7), children (PR 8), and populations at elevated risk of infection (PR 9), as well as efforts to promote vital research on vaccines, microbicides and other new prevention technologies (PR 14) and strengthen health systems (PR 10).

UNAIDS will undertake the following actions to achieve this principal result.

- Coordinate intensification of HIV prevention within UNAIDS and lead on advocacy and policy development for intensifying HIV prevention (Secretariat).
- Generate the involvement of people living with HIV in prevention policy and programme design (Secretariat).
- Accelerate the scaling up of proven prevention strategies by: (a) providing extensive technical support to countries; (b) strengthening the capacity of health systems to respond to AIDS; and (c) ensuring uninterrupted availability of key prevention technologies (WHO).
- Increase implementation of comprehensive condom programming as a means to prevent HIV infection, with emphasis on protection against both disease and unintended pregnancy, scaling-up of female condom programming, increasing young people's access to male and female condoms, and commodity security in humanitarian settings (UNFPA).
- Increase young people's access to, and use of, prevention information, skills and services (UNICEF); facilitate the establishment or enhancement of AIDS policies and programmes that strengthen national HIV prevention efforts especially for youth in vulnerable situations (UNFPA); and increase youth advocacy and participation (UNFPA).
- Intensify country action through policies and programmes to address women, girls and AIDS, with emphasis on linking AIDS and sexual and reproductive health and HIV prevention for young women and girls (UNFPA).
- Accelerate implementation of comprehensive workplace policies that incorporate HIV prevention information and services (ILO).
- Improve implementation of multisectoral, integrated HIV-prevention efforts in programmes for refugees and other populations of concern to UNHCR (UNHCR).
- Increase the capacity of diverse partners, including communities, to take effective and coordinated actions on HIV prevention (UNDP).
- Strengthen and accelerate efforts to provide comprehensive, gender-sensitive HIV prevention and care to actual and potential victims of trafficking in persons, particularly women and girls (UNODC).
- Support effective HIV prevention for prisoners (UNODC).
- Support research on new prevention technologies such as vaccines and microbicides, operational issues, and knowledge management to facilitate rapid application of research results (WHO).
- Develop the capacity of countries to design, implement and assess efficient education, communication and information strategies and programmes for HIV prevention (UNESCO).
- Ensure that UN staff and dependents have adequate access HIV prevention and other HIV-related services (Interagency).

UNAIDS action to achieve the above principal result represents US\$ 31.1 million of the core budget; US\$ 63.3 million of the supplemental budget; and US\$ 41.7 million which Cosponsors have allocated for this area of work from their own resources.

## 7. Women and girls

**Principal result:** UNAIDS aims to ensure that *policies and programmes are implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.*

### Achievement indicators

1. Increased number of countries with AIDS strategies and action frameworks that address the needs of women and girls.
2. Increased number of countries that monitor and report on the *Declaration of Commitment* (UN General Assembly Special Session on HIV/AIDS) core indicators disaggregated by gender and age.

The share of women among adults living with HIV worldwide increased from 41% in 1998 to approximately 50% in December 2004. Adolescent girls and young women are at particular risk, especially in sub-Saharan Africa, where they experience infection rates more than three times higher than boys and young men. If the epidemic is to be halted and ultimately reversed—as envisioned in the Millennium Development Goals—the world must significantly improve its success in preventing new infections among women and girls.

Although women and girls are more physiologically susceptible than males to contracting HIV during vaginal sexual intercourse, the epidemic's steadily growing burden on women and girls primarily stems from their low status in many parts of the world. Effective prevention for women and girls requires more than information and education, but must also empower women and reduce their social, economic and legal vulnerabilities. Because the empowerment and protection of women and girls is a cross-cutting issue affecting the entire comprehensive response, activities under this principal result overlap with actions identified for several other principal results. Efforts to promote gender equity and women's empowerment, for example, are part and parcel of the Joint Programme's work in the realm of human rights (PR 2). Because women are typically society's primary caregivers, the prevention agenda for women is closely related to programmes to protect and support orphans and other vulnerable children affected by AIDS (PR 8). The empowerment of women and girls is directly related to the world's ability to implement and expand effective prevention measures, an area of work addressed in PR 6. In addition, UNAIDS activities on research and development place high priority on accelerating the development, introduction and use of prevention technologies that women can control without the participation of men, including microbicides, other barrier methods, and preventive vaccines (PR 14).

UNAIDS will undertake the following actions to achieve this principal result.

- Through leadership, advocacy and partnership development, working closely with the Global Coalition on Women and AIDS, ensure greater and sustained involvement of civil society, women and girls, and other key stakeholders in the development, implementation and evaluation of policies and programmes to address AIDS among women and girls; provide the secretariat for the Global Coalition (Secretariat).
- Engage in advocacy and communications to promote recognition of the rights of women and girls (UNDP, Secretariat).



- Increase implementation of comprehensive condom programming as a means of preventing HIV infection, with emphasis on protection against disease and unintended pregnancy, scaling-up of female condom programming, increasing young people's access to male and female condoms, and commodity security in humanitarian settings. (UNFPA).
- Intensify country action through policies and programmes to address women, girls and AIDS, with emphasis on: (a) linking AIDS and sexual and reproductive health; (b) HIV prevention for young women and girls; and (c) sexual and reproductive health needs of HIV-positive women and adolescent girls (UNFPA).
- Promote the access of women and girls to educational, health and information services (UNESCO), including expanded use by adolescent girls of HIV prevention information, skills and services (UNICEF).
- Assist countries in developing and implementing evidence-based national plans for the provision of appropriate AIDS treatment and care to HIV-infected infants and to HIV-positive women who enrol in programmes on mother-to-child transmission of HIV (UNICEF).
- Integrate gender perspectives in the enhanced prevention efforts for actual and potential victims of trafficking in persons and for prison inmates (UNODC).
- Document and disseminate best practices on gender sensitive policies and programmes addressing the situation of women and girls (Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 11.3 million of the core budget; US\$ 19.6 million of the supplemental budget; and US\$ 11.0 million which Cosponsors have allocated for this area of work from their own resources.

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## 8. Children affected by HIV and AIDS

**Principal result:** UNAIDS will ensure that countries are able to adopt and implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.

### Achievement indicators

1. Number of countries with national AIDS strategies and programmes that address the needs of children affected by HIV and AIDS.
2. Increase in number of countries that report enlarged proportion of orphaned and vulnerable children that receive government or community support.

The epidemic's toll on the children of the world continues to increase, with the number of children aged under 18 years in sub-Saharan Africa who have lost one or both parents to AIDS projected to rise to 18 million by 2010. Millions of other children are living in HIV-affected households and are often forced (especially if they are girls) to drop out of school as a result of household circumstances. More than 600 000 infants contract HIV annually, with most such infants dying before the age of five.

Recognizing the importance of special care and support for AIDS-affected children, the *Declaration of Commitment* provides that all heavily affected countries will develop and implement national strategies to support orphans and other affected children, to promote their access to education and other key services, and to protect them from abuse and other potential harm.

The Joint Programme's work in this area will draw from activities undertaken in support of other principal results, with UNICEF providing leadership for the achievement of this result by contributing to increasing the percentage of children affected by HIV and AIDS receiving support and protection as a result of the implementation of national plans of action that have been facilitated through partner efforts.

Initiatives to protect children from stigma and discrimination build on UNAIDS' cross-cutting emphasis on grounding the response in a respect for human rights (PR 2). The Joint Programme will use its leadership and advocacy (PR 3) to continue to raise global awareness of the epidemic's impact on children. In addition, efforts in the next biennium by UNAIDS to strengthen capacity to provide a supportive environment for children will overlap with vulnerability reduction initiatives (PR 9), prevention programmes (PR 6) and with the Joint Programme's work to enable family and community-based care systems to deliver HIV-related care and support (PR 11).

UNAIDS action to achieve the above principal result represents US\$ 5.7 million of the core budget; US\$ 14.2 million of the supplemental budget; and US\$ 6.1 million which Cosponsors have allocated for this area of work from their own resources.

## 9. Programmes addressing vulnerability to HIV

**Principal result:** UNAIDS will ensure that countries are able to develop, implement and scale-up at national and decentralized levels strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of, HIV infection.

### Achievement indicators

1. Increase in the number of countries that have a policy or strategy to promote behaviour change communication for groups with high or increasing rates of HIV infection, including men who have sex with men, injecting drug users, sex workers and others.
2. Increase in the number of countries that report larger coverage with prevention services for populations at higher risk of HIV infection, including injecting drug users, sex workers, men who have sex with men, prisoners.

Prevention efforts have historically focused primarily on encouraging individuals to adopt behaviours that reduce their risk of exposure to HIV. Increasingly, there is recognition that risk-reduction strategies must be accompanied by measures that address the conditions that make individuals and populations more vulnerable to infection. The *Declaration of Commitment* provides that all countries should have in place national strategies that address the factors that increase vulnerability to HIV.

This principal result is closely connected to others. A primary strategy to reduce the vulnerability of individuals and populations is to recognize, promote and protect their human rights, an objective

addressed in PR 2. As vulnerability reduction is an essential component of effective prevention, this principal result necessarily overlaps with PR 6, which focuses on bringing effective prevention measures to scale. PR 7 and PR 8 address the unique needs of certain populations that require vulnerability reduction initiatives—women, girls, young people and children. The two new UNAIDS Cosponsors, WFP and UNHCR, will be making a major contributions in this area in the areas of food security and refugees, in particular.

UNAIDS will undertake the following actions to achieve this principal result.

- Reduce the vulnerability of highly-affected populations through advocacy and communications (UNDP, Secretariat), implementation of legal reforms (UNDP), and efforts to increase access to key educational, health and prevention services (UNESCO).
- Increase of HIV-prevention service coverage for injecting drug users (UNODC).
- Provide comprehensive and gender-sensitive HIV prevention and care for actual and potential victims of trafficking in persons (UNODC).
- Promote the integration of vulnerability reduction in comprehensive, scaled-up workplace initiatives on AIDS (ILO).
- Strengthen measures to reduce the vulnerability of young people (UNFPA, UNICEF).
- Support to the accelerated prevention of HIV through appropriate health sector interventions, including provision of services targeted to vulnerable populations (WHO).
- Promote policies and programmes that reduce the vulnerability of refugees and other populations of interest to UNHCR (UNHCR).
- Increase access to food and nutrition services as part of a comprehensive approach to HIV and AIDS (WFP).

UNAIDS action to achieve the above principal result represents US\$ 8.8 million of the core budget; US\$ 11.6 million of the supplemental budget; and US\$ 15.2 million which Cosponsors have allocated for this area of work from their own resources.

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## 10. Health care systems for treatment of HIV and AIDS

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

### Achievement indicators

1. Number of countries achieving national treatment targets for women, men and children receiving treatment according to WHO guidelines.
2. Number of health care delivery sites where treatment is delivered integrating prevention (condom distribution, and testing and counselling among young people) into treatment.

With leadership from WHO and the entire Joint Programme, the world has embarked on an unprecedented campaign to increase access to antiretroviral therapy in low and middle income

countries. While remarkable progress has been made in bringing antiretroviral therapy to countries that previously lacked access, major obstacles remain to the global scale-up of treatment efforts. As of December 2004 only about 12% of those needing antiretroviral therapy worldwide were able to obtain it.

While major funding for increasing access to treatment is being provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and bilateral donors, the Unified Budget and Workplan 2006-2007 envisions that UNAIDS will provide critical catalytic and coordination support for stronger and more focused multipartner action for accelerating treatment access. In addition to addressing key factors that slow scale-up of antiretroviral therapy, UNAIDS will work with countries and diverse partners to increase access to the full range of essential treatment and care services, including the prevention and treatment of life-threatening opportunistic infections.

Work under this principal result will overlap with plans in other work areas. Increasing access to treatment can potentially buttress HIV prevention efforts (PR 6) by providing additional incentives for testing and counselling, reducing stigma, and attracting people living with HIV to health-care settings where prevention measures can be delivered and reinforced. Effective prevention is also linked to the long term sustainability of treatment. Efforts to ensure equitable access to treatment and care build on a broader commitment to human rights (PR 2) and are part of broader vulnerability reduction strategies (PR 7–PR 9). Accelerating treatment access will require substantially enhanced national capacities (PR 5), strong monitoring and evaluation (PR 14), and the mobilization of unprecedented financial, human and technical resources (PR 15 and PR 16).

UNAIDS will undertake the following actions to achieve this principal result.

- Build, strengthen and sustain national capacity to deliver AIDS treatment and care, including effective delivery of key components of comprehensive care, such as testing and counselling, blood and injection safety, and provision of services to vulnerable populations (WHO, World Bank, UNDP).
- Support countries to ensure an uninterrupted supply of AIDS diagnostics, medications and other supplies and equipment (WHO, World Bank).
- Strengthen the engagement of the world of work in promoting greater access to HIV-related treatment, care and support (ILO).
- Support countries to ensure equitable access to treatment and care for women and girls especially in the context of meeting the sexual and reproductive health needs of those who are HIV-positive (UNFPA), refugees (UNHCR), and other vulnerable populations (WHO).
- Assist countries in implementing prevention services—including but not limited to prevention of mother-to-child transmission—in the context of expanded access to antiretroviral therapy (WHO, UNICEF, UNFPA).
- Strengthen research efforts, national surveillance systems, and monitoring and evaluation systems to accelerate implementation and ensure the highest quality of national treatment programmes (WHO, Secretariat).
- Ensure the delivery of comprehensive, high-quality treatment and care services to UN staff and dependents (Interagency).

UNAIDS action to achieve the above principal result represents US\$ 18.6 million of the core budget; US\$ 42.7 million of the supplemental budget; and US\$ 31.0 million which Cosponsors have allocated for this area of work from their own resources.

## 11. Family and community-based care

**Principal result:** UNAIDS will ensure that countries are able to strengthen family- and community-based care systems to provide and monitor treatment, support to people living with HIV (including treatment literacy and adherence), and equitable access to HIV-related medicines.

### Achievement indicators

1. Number of countries that report on complimentary services being provided by civil society on prevention and care and included in the National Strategic plans and reports.
2. Number of countries that report increased coverage of home-based care, i.e. external support to chronically ill individuals and their families.

In the face of acute capacity limitations in resource-limited settings, efforts to bring essential AIDS programmes to scale must make optimal use of every available source of human resources. In virtually every country, there is substantial underutilized capacity in family and community networks. By strategically leveraging these resources and providing the necessary support, countries can significantly increase coverage for vital AIDS interventions.

Activities to promote family and community-based care will both strengthen, and draw from, efforts to achieve other principal results. Optimizing the utilization of family and community-based care will accelerate the scaling-up of treatment and care (PR 10), prevention programmes implementation (PR 6), efforts on securing supportive environments for children affected by HIV and AIDS (PR 11) and impact mitigation initiatives (PR 12). Maximum use of such potent resources as family and community networks will also make other financial, human and technical resources (PR 15 and PR 16) go even further.

UNAIDS will undertake the following actions to achieve this principal result.

- Increase access to food and nutrition, and promote the integration of such services into the broader response (WFP).
- Enhance the capacity of communities and individuals to work in partnership with governments and other stakeholders to strengthen national responses (UNDP).
- Increase the capacity of occupational health services and strengthen public-private partnerships to increase access to social protection, treatment, care and support (ILO).
- Support the scaling-up of treatment programmes for HIV-infected infants and for women enrolled in programmes to prevent mother to child transmission of HIV (UNICEF).
- Facilitate partnering of community-based groups with the public sector to leverage resources and strengthen capacity to implement prevention and care programmes (Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 4.3 million of the core budget; US\$ 8.8 million of the supplemental budget; and US\$ 7.0 million which Cosponsors have allocated for this area of work from their own resources.

## 12. National action to alleviate impact

**Principal result:** UNAIDS will support countries to *integrate AIDS, as both emergency and development issues, into national and sector development processes and instruments, and to develop and implement sector-specific strategies to address the economic and social impact of the AIDS epidemic, including in the workplace.*

### Achievement indicators

1. Number of countries that assessed socioeconomic impact of AIDS and developed responses in at least one key area.
2. Increased number of countries that have AIDS response incorporated into its general development plans (such as National Development Plans, Common Country Assessments, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers) covering AIDS impact.

In many countries AIDS is steadily undermining the institutions on which societies depend for resilience, economic and political development, and transmission of values and knowledge. Although the epidemic represents the pre-eminent threat to international development, its impact and the response to it are often not reflected in national and sectoral development processes and instruments.

The Joint Programme has played a leading role in increasing awareness—globally and in countries—on the links between AIDS and development. In 2006-2007, UNAIDS will build on these successes to ensure that countries and specific sectors understand, and effectively respond to, the broad-based threat posed by the epidemic.

Impact alleviation activities in 2006-2007 will both affect, and benefit from, activities under other principal results. Measures to support and protect children affected by AIDS (PR 8) represent an important component of impact mitigation. Incorporation of AIDS responses in key development processes and instruments will promote resource mobilization (PR 15) and help countries cultivate the diversity of partners (PR 4) needed to forge a multisectoral response to the epidemic.

UNAIDS will undertake the following actions to achieve this principal result.

- Promote implementation of workplace policies and programmes that: (a) mitigate the epidemic's impact on national economies and the work force and (b) strengthen the management and development of human capacity (ILO).
- Ensure that national and sectoral AIDS efforts are based on sound economic analyses of AIDS impact on national economies (World Bank, Secretariat).
- Integrate comprehensive multisectoral AIDS responses into key development plans, budgets and instruments, such as Poverty Reduction Strategies, Medium-term Expenditure Frameworks, heavily indebted poor country debt initiative and others (UNDP, World Bank, Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 5.4 million of the core budget; US\$ 10.2 million of the supplemental budget; and US\$ 9.0 million which Cosponsors have allocated for this area of work from their own resources.

### 13. AIDS in conflict- and disaster-affected regions

**Principal result:** UNAIDS will accelerate the adoption of international, regional/ subregional and national policies *to incorporate AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural-disaster situations.*

#### Achievement indicators

1. Number of countries affected by conflict, natural disasters and experience humanitarian crisis, and countries with other special circumstances that have integrated AIDS in humanitarian plans and strategies for uniformed services.
2. Number of countries that report integrated AIDS programmes for refugees and local surrounding populations in conflict- and disaster-affected regions.

In 2003, more than 70 countries were identified as unstable, with more than 40 million people having been displaced as a result of conflict. The United Nations Security Council resolved in 2000 that AIDS programmes should be integrated in all international peacekeeping operations. The *Declaration of Commitment* reflects the unanimous commitment of Member States to address AIDS in the contexts of conflict and disaster and to develop and implement AIDS policies for national military and uniformed services.

The Joint Programme has exhibited global leadership on this issue of growing importance. The UNAIDS Secretariat and numerous Cosponsors actively participate in UN efforts to ensure the integration of AIDS initiatives into timely, well-coordinated responses to conflicts and humanitarian disasters. In partnership with the UN Department of Peacekeeping Operations, UNAIDS has incorporated HIV and AIDS training and education in all UN peacekeeping operations and is either assisting, or making plans to assist, national military and uniformed services in nearly 80 countries.

Activities planned in the next biennium, which will build on these partnerships and achievements, will overlap with plans under other principal results. Major areas of emphasis for incorporation of AIDS programmes in conflict- and disaster-affected regions include HIV prevention (PR 6), treatment and care (PR 10), vulnerability reduction (PR 9), and impact mitigation (PR 12). UNHCR, as a new UNAIDS Cosponsor, will play a key role in bringing HIV prevention and care and support services to vulnerable populations in conflict-affected areas and crisis situations.

UNAIDS will undertake the following actions to achieve this principal result.

- Lead and coordinate advocacy and policy on AIDS in emergency and post-crisis settings (Secretariat).
- Integrate and mainstream AIDS and human rights in the implementation of policies and programmes for refugees and other persons of concern to UNHCR (UNHCR).
- Ensure integration of HIV and AIDS in vulnerability assessments for humanitarian assistance (WFP, UNHCR, Secretariat).
- Enhance the inclusion of refugees, returnees and other populations of concern to UNHCR in national and subregional AIDS strategic planning (UNHCR).
- Mobilize sufficient resources to support development and implementation of effective and comprehensive measures to address AIDS among refugees and other persons of concern to UNHCR (UNHCR).

- Ensure commodity security in humanitarian settings, including as a key component of comprehensive condom programming (UNFPA).
- Support countries in crisis to respond to the epidemic, especially in critical sectors such as health, education and agriculture (UNDP).
- Increase the efficiency, effectiveness and pace of implementation of multisectoral programmes for refugees and other populations of concern to UNHCR (World Bank, UNHCR).
- Integrate food and nutrition programmes in the response to conflict and disaster-affected regions (WFP).

UNAIDS action to achieve the above principal result represents US\$ 3.7 million of the core budget; US\$ 4.4 million of the supplemental budget; and US\$ 10.4 million which Cosponsors have allocated for this area of work from their own resources.

## 14. Strategic information, research and reporting

**Principal result:** UNAIDS will support the availability of *up-to-date data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response; operational research on effective responses; and promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.*

### Achievement indicators

1. Number of countries that regularly collect, analyse and report surveillance, coverage and outcome data reporting using the WHO standard methodologies.
2. Increase in the global financial support towards operational and biological research, including vaccine development.

Strategic planning and the ability to respond to emerging trends depend on timely access to reliable, accurate information on the epidemic. The Joint Programme has been a leader of global efforts to improve the quality, accessibility and timeliness of monitoring and evaluation initiatives, but the global response continues to suffer from the weakness of HIV-related information and analytic systems.

Also essential are substantially stronger efforts to enhance the evidence foundation on which global, regional and national responses are based. While the imperative to bring interventions to scale is evident, optimal means for doing so are not always clear. Operational research helps promote the expedited and successful implementation and expansion of national responses.

Although available prevention strategies have been proven to be effective, the development and introduction of new prevention technologies represent an urgent global priority. This is especially important for women and girls, who often lack the means to protect themselves from infection. In 2006-2007, the Joint Programme will strengthen its efforts to accelerate research on vaccines, microbicides and other female-controlled methods.

This principal result addresses issues that cut across the full breadth of planned UNAIDS activities for the biennium. Strategic information is essential for the development and implementation of sound policies and programmes in all aspects of the response, while research is especially vital to ensure the success and sustainability of prevention (PR 6) and therapeutic (PR 10) initiatives.



UNAIDS will undertake the following actions to achieve this principal result.

- Generate and widely disseminate up-to-date and reliable data, information and analysis on global, regional and national trends regarding the epidemic, its impact, and national responses (Secretariat).
- Support research efforts to advance the knowledge for an effective response, including research on vaccines, microbicides, operational issues, and knowledge management processes (WHO).
- Strengthen surveillance systems at all levels (WHO).
- Harmonize monitoring and evaluation approaches at all levels (Secretariat).
- Support countries to develop and implement one national monitoring and evaluation system. (World Bank).
- Develop methods and provide guidance for the monitoring and evaluation of workplace programmes (ILO).
- Promote knowledge-sharing to increase understanding of the relationship between HIV and AIDS and education (UNESCO).
- Increase the inclusion of refugees, returnees and other persons of concern to UNHCR in national and subregional strategy development (UNHCR).
- Generate evidence to support joint programming in priority areas (Secretariat, Interagency).

UNAIDS action to achieve the above principal result represents US\$ 40.6 million of the core budget; US\$ 22.4 million of the supplemental budget; and US\$ 7.9 million which Cosponsors have allocated for this area of work from their own resources.

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## 15. Resource mobilization, tracking and needs estimation

**Principal result:** UNAIDS will promote the *mobilization and utilization of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector, and individuals in the response to HIV and AIDS.*

### Achievement indicators

1. Increase in international funding for AIDS prevention, treatment and research (disaggregated).
2. Increase in the number of countries that undertake national spending assessments.
3. Number of countries that have an AIDS budget line in either line ministries' budgets or national development programmes.

Since the beginning of the epidemic, the inadequacy of financial resources for AIDS efforts has impeded the implementation of an effective response. As the rate of new infections and the number of people needing antiretroviral therapy increase, financial needs for an effective response will grow. In particular, a failure to invest in evidence-based prevention programmes will lead in the future to crushing and unsustainable resource demands for treatment and care.

Although the world has significantly increased spending on AIDS, funding levels remain inadequate. If current spending trends continue, the world will fall far short of amounts needed in 2007 to reach coverage targets for a comprehensive response.

Achievement of the Millennium Development Goals and the prevalence targets in the Declaration depends on mobilization of substantially greater financial resources. Most of the financing to close the resource gap will need to come from international donors.

UNAIDS will undertake the following actions to achieve this principal result.

- Develop consistent global resource needs estimates and build working level capacity to cost prevention, treatment and care interventions (Secretariat).
- Undertake effective advocacy to mobilize the financial resources needed for an effective response based upon projected resource needs (Secretariat).
- Using the Joint Programme’s leadership and advocacy to support implementation of, and adherence to the “Three Ones” principles in resource mobilization, tracking, and needs estimation (Secretariat).
- Improve donor and stakeholder coordination through such mechanisms as partnerships and resource mobilization campaigns in collaboration with governments, donors and UN agencies through the Resident Coordinator system (UNDP).
- Assist countries in integrating AIDS into development instruments, including mechanisms to support the mobilization of debt relief to help finance the response to the epidemic (UNDP).
- Improve the efficiency, effectiveness and pace of implementation for AIDS programmes through expanded coverage of donor funding (World Bank).
- Mobilize additional resources for children affected by AIDS through the Global Campaign and development instruments such as Poverty Reduction Strategy Papers (UNICEF).
- Mobilize greater resources for initiatives that address food and nutrition components of AIDS efforts (WFP).
- Increase resource allocation for AIDS and refugees, returnees and other mobile and displaced persons through raised awareness and integration of such programmes in national, subregional and regional strategic plans for AIDS (UNHCR).
- Increase the capacity of ILO’s tripartite constituents and other relevant stakeholders to mobilize resource for the response in the world of work (ILO).

UNAIDS action to achieve the above principal result represents US\$ 17.9 million of the core budget; US\$ 15.0 million of the supplemental budget; and US\$ 11.2 million which Cosponsors have allocated for this area of work from their own resources.

## 16. Human and technical resources

**Principal result:** UNAIDS will work to ensure the ability of all countries in need, regardless of HIV prevalence, to *identify, access and utilize human and technical resources for priority AIDS activities.*

### Achievement indicators

1. Number of countries with successful applications for grants (Global Fund to Fight AIDS, Tuberculosis and Malaria, and other donors) and which demonstrate an increasing rate of disbursements.
2. Increase in the number of UN implementation support plans on AIDS that have a technical assistance plan to meet the country needs.

A critical impediment to the ability to accelerate the implementation and expansion of critical AIDS programmes is the acute shortage of human and technical resources in many countries. The impacts of human resource limitations extend across virtually the entire breadth of work categories in the Unified Workplan. In 2006-2007 the Joint Programme will strengthen its efforts to preserve, build and sustain national capacity to respond effectively to AIDS. In parallel with building and sustaining the national human capital and institutional capacity, a major coordinated effort will be put in place to ensure timely and targeted access of countries to adequate external expertise, including cross-regional exchange and experience sharing.

UNAIDS will undertake the following actions to achieve this principal result.

- Using the Joint Programme's leadership and advocacy to support implementation of, and adherence to the "Three Ones" principles in the coordination and strengthening of human and technical resources (Secretariat).
- Support measures to strengthen management and development of human and institutional capacity to support an expanded response to AIDS, including through the UNDP South African Capacity Initiative (UNDP).
- Strengthen the management and development of human capacity, with emphasis on education sector, health sector, rural development and food production and informal economy (ILO).
- Mobilize greater resources for food and nutrition programmes needed in an expanded response (WFP).
- Establish and support effective functioning of regional technical support facilities to enable timely provision of technical expertise to meet national needs (Secretariat, Interagency).
- Facilitate national partners' access to additional human and technical resources as well as more effective use of available resources to meet priority needs to respond to the AIDS epidemic and its impact (Secretariat).

UNAIDS action to achieve the above principal result represents US\$ 29.4 million of the core budget; US\$ 13.2 million of the supplemental budget; and US\$ 7.4 million which Cosponsors have allocated for this area of work from their own resources.

### III. Workplans by Cosponsors, Secretariat, and interagency

The biennial UNAIDS Unified Workplan identifies each Cosponsor's comparative advantages to maximize the leadership, effectiveness and breadth of the Joint Programme's efforts to strengthen the global response. The diverse activities of the UNAIDS Secretariat and Cosponsors are coordinated under the umbrella of the UN Theme Group on HIV/AIDS in more than 130 countries. The convening agency mechanism has proved especially useful in promoting strategic coordination and planning in key thematic areas among UN agencies and external partners.

This section summarizes planned activities and budgetary allocations for each Cosponsor and for the Secretariat under the Unified Budget and Workplan 2006-2007. It also provides similar information on collective interagency activities planned for the biennium. Tables 2 and 2a provide an overview of the combined core, supplemental and Cosponsor resources by geographic area. Figure 5 shows the trend in the allocation of the core budget to regions versus globally. Further details on each of the Cosponsors' and Secretariat key results, the strategy to achieve them, and indicators of achievement are included in Annex 1.

**Table 2: Distribution of core, supplemental, and Cosponsor resources by global and regional management units (in US\$ '000)**

Agency	Sub-Saharan Africa	Middle East and N. Africa	Asia and Pacific*	Europe and Central Asia	Americas	Global	Total
UNHCR	2 400	1 150	1 400	650	300	7 300	13 200
UNICEF	18 405	3 095	13 211	4 903	5 436	44 750	89 800
WFP	3 350	1 031	2 835	516	516	12 376	20 624
UNDP	18 934	3 787	8 994	4 734	5 680	18 271	60 400
UNFPA	34 226	1 590	20 818	4 448	4 662	15 456	81 200
UNODC	1 900	1 900	8 300	8 000	1 900	11 500	33 500
ILO	10 000	2 900	6 200	4 500	4 400	10 500	38 500
UNESCO	7 774	1 323	3 262	879	2 326	14 136	29 700
WHO	49 755	3 350	17 675	6 975	10 600	38 525	126 880
World Bank	16 950	812	5 335	2 550	3 333	28 452	57 432
Secretariat	20 400	6 000	15 000	10 000	9 000	80 000	140 400
Interagency	46 200	5 500	21 700	13 500	12 000	6 700	105 600
<b>Total</b>	<b>230294</b>	<b>32 438</b>	<b>124 730</b>	<b>61 655</b>	<b>60 153</b>	<b>287 996</b>	<b>797 236</b>

Note : the distribution of resources in this table varies slightly from PCB document UNAIDS/PCB(17)05.4 due to a technical adjustment in the distribution of World Bank resources.

\* Excludes Central Asia.

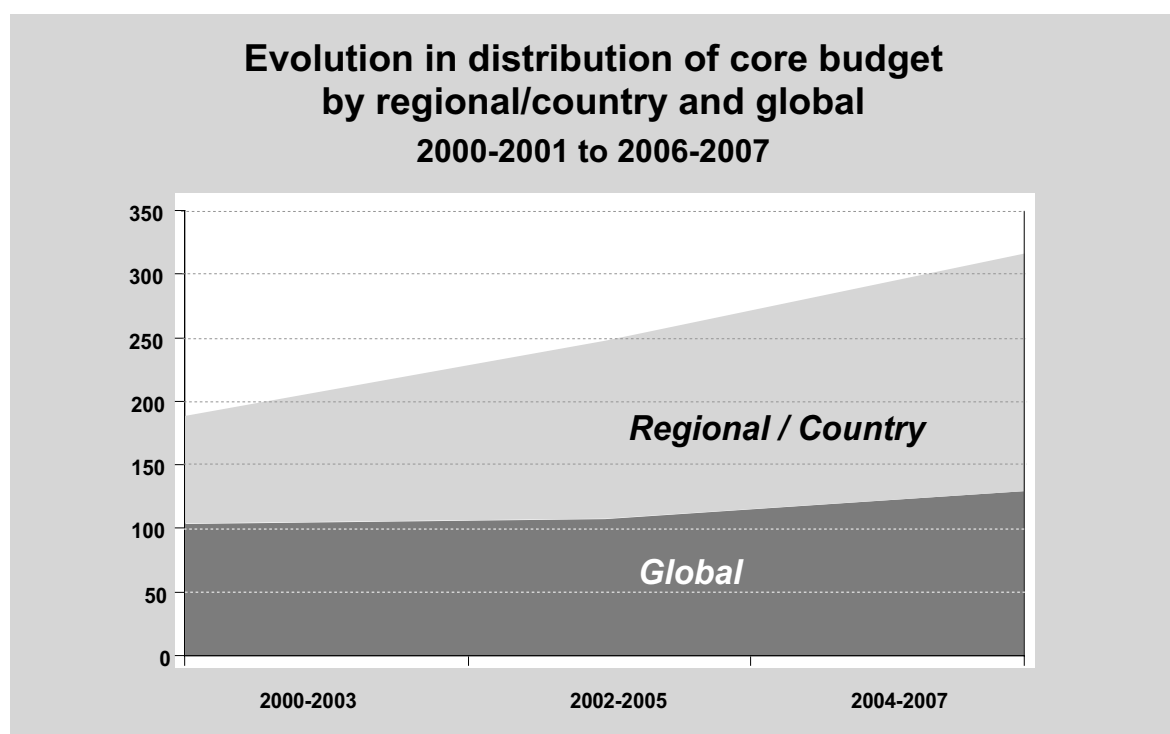


Figure 5.

**Table 2a: Distribution of Unified Budget and Workplan regional resources by agency (core, supplemental and Cosponsor resources in US\$ '000)**

Agency	Sub-Saharan Africa	Middle East and North Africa	Asia and Pacific*	Europe and Central Asia	Americas	Total
UNHCR	2 400	1 150	1 400	650	300	5 900
UNICEF	18 405	3 095	13 211	4 903	5 436	45 050
WFP	3 350	1 031	2 835	516	516	8 248
UNDP	18 934	3 787	8 994	4 734	5 680	42 129
UNFPA	34 226	1 590	20 818	4 448	4 662	65 744
UNODC	1 900	1 900	8 300	8 000	1 900	22 000
ILO	10 000	2 900	6 200	4 500	4 400	28 000
UNESCO	7 774	1 323	3 262	879	2 326	15 564
WHO	49 755	3 350	17 675	6 975	10 600	88 355
World Bank	16 950	812	5 335	2 550	3 333	28 980
Secretariat	20 400	6 000	15 000	10 000	9000	98 900
Interagency	46 200	5 500	21 700	13 500	12 000	60 400
<b>Total</b>	<b>230 294</b>	<b>32 438</b>	<b>124 730</b>	<b>61 655</b>	<b>60 153</b>	<b>509 270</b>
<b>Percentage</b>	<b>45%</b>	<b>6%</b>	<b>25%</b>	<b>12%</b>	<b>12%</b>	<b>100%</b>

## 1. Office of the United Nations High Commissioner for Refugees (UNHCR)

UNHCR is the UN system's designated agency to lead and coordinate international action to protect refugees and to resolve refugee problems worldwide. In addition to refugees, UNHCR also provides assistance to individuals in similarly desperate circumstances who do not legally qualify as refugees and are consequently often ineligible for normal relief or protection. Working in 116 countries, UNHCR is presently helping approximately 17 million people.

The newest UNAIDS Cosponsor, UNHCR's HIV-related programmes have in recent years become more comprehensive, integrating voluntary counselling and testing, prevention of mother-to-child transmission of HIV and other programme elements. UNHCR actively works to dispel the myth that refugees increase the risk of HIV transmission in their host communities.

In 2006-2007, UNHCR will aim to achieve the following key results.

1. Integrate and mainstream AIDS and human rights of refugees and other persons of concern to UNHCR through effective implementation of UNHCR's protection policies and standards.
2. Increase the inclusion and integration of refugees, returnees and other persons of concern to UNHCR in country and subregional AIDS strategies, proposals and interventions, with a consequent increase in resources at global, regional and national levels.
3. Improve implementation of multisectoral and integrated AIDS interventions for refugees and other persons of concern to UNHCR.

**Table 3. UNHCR summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	HIV/AIDS, human rights and protection	500	250	1 250	2 000
2	Integration and resource mobilization	900	250	1 800	2 950
3	Implementation of HIV/AIDS interventions	2 000	250	6 000	8 250
<b>Total</b>		<b>3 400</b>	<b>750</b>	<b>9 050</b>	<b>13 200</b>

**Table 4. UNHCR summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	1 700	300	5 300	7 300
Sub-Saharan Africa	600	200	1 600	2 400
Middle East and North Africa	300	100	750	1 150
Asia and Pacific	500	100	800	1 400
Europe and Central Asia	200	50	400	650
Americas	100	–	200	300
<b>Total</b>	<b>3 400</b>	<b>750</b>	<b>9 050</b>	<b>13 200</b>

The proposed *supplemental budget* would enable UNHCR to implement AIDS awareness campaigns in specific repatriation and reintegration programmes in Africa, to expand advocacy work on promoting the inclusion of antiretroviral therapy for refugees in national programmes on AIDS in Africa and to implement the UNHCR's HIV information System in host countries with significant refugee populations in Africa and Asia.

## 2. United Nations Children's Fund (UNICEF)

UNICEF pursues comprehensive strategies to protect and promote the well-being of the world's children. HIV and AIDS has been identified by UNICEF's board as one of UNICEF's core priorities, along with girls' education, immunization, child protection, and early childhood.

An original UNAIDS Cosponsor, UNICEF promotes effective HIV-prevention measures for young people, prevention of mother-to-child transmission, treatment and care for children and families, and support for orphans and other vulnerable children. UNICEF spearheaded efforts to develop *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, which has united diverse partners in a common agenda to mitigate the epidemic's impact on children and families.

In 2006-2007, UNICEF will aim to achieve the following key results.

1. Increase access and utilization of prevention, information, skills and services required to reduce adolescent vulnerability to AIDS.
2. Increase the percentage of children affected by AIDS who are receiving support and protection as a result of the implementation of national action plans facilitated through partner efforts.
3. Implement and monitor evidence-based national plans to deliver treatment and care to HIV-infected infants and to women who participate in programmes to prevent mother-to-child transmission of HIV, in connection with the scaling-up of comprehensive treatment and prevention efforts.

**Table 5. UNICEF summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Prevention among adolescents	4 950	12 250	5 250	22 450
2	Children affected by HIV/AIDS	7 920	19 600	8 400	35 920
3	Care and support	6 930	17 150	7 350	31 430
<b>Total</b>		<b>19 800</b>	<b>49 000</b>	<b>21 000</b>	<b>89 900</b>

**Table 6. UNICEF summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	5 666	25 529	13 555	44 750
Sub-Saharan Africa	5 404	8 624	4 377	18 405
Middle East and North Africa	1 100	1 617	378	3 095
Asia and Pacific	3 971	7 350	1 890	13 211
Europe and Central Asia	1 810	2 793	300	4 903
Americas	1 849	3 087	500	5 436
<b>Total</b>	<b>19 800</b>	<b>49 000</b>	<b>21 000</b>	<b>89 800</b>

For key result one, *supplemental funding* will enable UNICEF to expand its coverage and increase measurable impact at country level, for example, to support AIDS programming for Especially Vulnerable Adolescents in 20 additional countries. For key result two, supplemental funding will enable UNICEF to support Angola, Botswana, Burundi, Eritrea, Democratic Republic of Congo, Madagascar, South Sudan and some West African countries to undergo assessments of the situation of children and AIDS and plan a response with the goal of implementing costed national action plans. For key result three, supplemental funding will ensure strengthened programme efficiency through continued programme evaluations, strategy reviews and increased budgeting for solving programme bottlenecks towards achieving the 2010 UN General Assembly's Special Session on HIV/AIDS targets in the area of prevention of infection in children and increased access to care, support and treatment for pregnant women and children in the 34 countries which represent 91% of the total burden of HIV in women.

### 3. World Food Programme (WFP)

WFP is the UN's front-line agency in the fight against global hunger. In 2003, WFP fed 104 million people in 81 countries, including most of the world's refugees and internally displaced people.

WFP has played a leading role in raising awareness of, and effectively addressing on the ground, the role of food and nutrition in the response to AIDS, a link that became especially apparent during the food crisis in southern Africa in 2002. Hunger makes people living with HIV more prone to opportunistic infections, and may cause people to risk becoming infected by engaging in sex in exchange for necessities. One of the epidemic's most serious effects is the steady erosion of agricultural sectors in many hard-hit countries. PCB's endorsement of WFP as Cosponsor of UNAIDS is a formal acknowledgement that an effective response to AIDS requires intensive and sustained efforts to promote food security.

In 2006-2007, WFP will aim to achieve the following key results.

1. Increase awareness of the role of food and nutrition in AIDS and tuberculosis programmes, with special attention to reaching children and vulnerable populations.
2. Increase resources for food and nutrition components of AIDS programmes.
3. Increase programming oriented toward food and nutrition within global, regional and national responses to AIDS.



**Table 7. WFP summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Increased awareness on the role of food and nutrition in HIV and AIDS	1 000	165	2 503	3 668
2	Increased resources	1 000	280	3 959	5 239
3	Increased food and nutrition programming	2 000	655	9 062	11 717
<b>Total</b>		<b>4 000</b>	<b>1 100</b>	<b>15 524</b>	<b>20 624</b>

**Table 8. WFP summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	2 400	660	9 316	12 376
Sub-Saharan Africa	650	178	2 522	3 350
Middle East and North Africa	200	55	776	1 031
Asia and Pacific	550	151	2 134	2 835
Europe and Central Asia	100	28	388	516
Americas	100	28	388	516
<b>Total</b>	<b>4 000</b>	<b>1 100</b>	<b>15 524</b>	<b>20 624</b>

The *supplemental budget* would enable WFP to broaden the scope of operational research covering such topics as using food as an intensive for AIDS treatment adherence, the role of food-based safety nets in prevention, vulnerability reduction, mitigation, care and support. Additional resources will also allow WFP to expand the work on building national capacity for AIDS and TB food-based programming and AIDS and school feeding.

#### **4. United Nations Development Programme (UNDP)**

An original UNAIDS Cosponsor, UNDP is the UN's development network. UNDP works on the ground in 166 countries to build national capacity and assist countries in addressing challenges to development. In countries, the UNDP Resident Representative typically functions as the UN Resident Coordinator, helping promote strategic coherence and effectiveness of the entire UN system's country-level efforts.

In 2006-2007, UNDP will aim to achieve the following key results.

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 partnerships/coordination.

2. Implementation of AIDS responses as multisectoral and multilevel national, district and community actions that mainstream AIDS (including gender issues) into national development plans, budgets and instruments—including poverty reduction strategy papers, medium-term expenditure frameworks—and into sectoral policies and programmes.
3. Stigma and discrimination reduces, and rights of women, girls and vulnerable groups better protected through advocacy, communication and legal reform.
4. Human and institutional capacity built for improved AIDS programmes in least-developed and/or most heavily-affected countries.
5. The UN Resident Coordinator system supported to implement UN development assistance frameworks and UN country implementation support plans and to strengthen partnerships to enhance the principles of one national AIDS authority and one agreed multisectoral AIDS action framework.

**Table 9. UNDP summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Leadership and capacity	3 190	3 910	8 000	15 100
2	Implementation of AIDS response	3 190	3 910	8 000	15 100
3	Stigma and discrimination	2 552	3 130	6 400	12 082
4	Human and institutional capacity	3 190	3 910	8 000	15 100
5	UN resident coordinator system	638	780	1 600	3 018
<b>Total</b>		<b>12 760</b>	<b>15 640</b>	<b>32 000</b>	<b>60 400</b>

**Table 10. UNDP summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	3 860	4 731	9 680	18 271
Sub-Saharan Africa	4 000	4 902	10 032	18 934
Middle East and North Africa	800	981	2 006	3 787
Asia and Pacific	1 900	2 329	4 765	8 994
Europe and Central Asia	1 000	1 226	2 508	4 734
Americas	1 200	1 471	3 009	5 680
<b>Total</b>	<b>12 760</b>	<b>15 640</b>	<b>32 000</b>	<b>60 400</b>

The *supplemental budget* would enable UNDP to scale up its response, broaden the partnership base, and increase coverage of countries and communities that benefit from support in the following areas: leadership and capacity development; generation of a broad based, multisectoral and multilevel response; development of capacity for sustainable access to antiretroviral drugs; advocacy, communication, and human rights; and human and institutional capacity development. It also will enable UNDP to increase coverage of countries where the UN Resident Coordinator system and UN Country Teams are supported to strengthen the UN system response to AIDS at country level.

## 5. United Nations Population Fund (UNFPA)

An original UNAIDS Cosponsor, UNFPA has made HIV prevention an institutional priority. As the world's largest international source of funding for population and reproductive health programmes, UNFPA positions its work within the context of strengthening linkages between sexual and reproductive health and AIDS focusing on three priority areas: HIV prevention in young people including through youth-adult partnerships; comprehensive condom programming for both male and female condoms; and HIV prevention in women and girls (executed through a dual role of preventing infection among women and girls and addressing the sexual and reproductive health needs of HIV-positive women and adolescent girls).

In 2006-2007, UNFPA will aim to achieve the following key results.

1. Establish and/or enhance youth-friendly policies and programmes that: (a) strengthen national HIV prevention efforts, especially for youth in vulnerable situations and (b) empower young people to effectively participate in halting the epidemic.
2. Increase implementation of comprehensive condom programming as a means of preventing HIV infection, with emphasis on: (a) promotion of dual protection (i.e., protection against both disease and unintended pregnancy); (b) scaling-up of female condom programming; (c) increasing young people's access to male and female condoms; and (d) commodity security in humanitarian settings.
3. Intensify country action through policies and programmes to address women, girls and AIDS, with emphasis on: (a) linking AIDS and sexual and reproductive health; (b) HIV prevention for young women and girls; and (c) sexual and reproductive health needs of HIV-positive women and adolescent girls.

**Table 11. UNFPA summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Young people	8 400	12 000	10 000	30 400
2	Comprehensive condom programming	4 400	20 000	9 000	33 400
3	Women, girls and HIV/AIDS	4 400	6 000	7 000	17 400
<b>Total</b>		<b>17 200</b>	<b>38 000</b>	<b>26 000</b>	<b>81 200</b>

**Table 12. UNFPA summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	5 160	1 976	8 320	15 456
Sub-Saharan Africa	3 850	20 596	9 780	34 226
Middle East and North Africa	690	380	520	1 590
Asia and Pacific	3 850	12 388	4 580	20 818
Europe and Central Asia	2 000	1 178	1 270	4 448
Americas	1 650	1 482	1 530	4 662
<b>Total</b>	<b>17 200</b>	<b>38 000</b>	<b>26 000</b>	<b>81 200</b>

*Supplemental funding* would have the greatest impact on the level of national and regional coverage of UNFPA work in 2006-2007. Supplemental funds will enable UNFPA to further catalyse and support action to strengthen the linkages between sexual and reproductive health and HIV and AIDS as outlined in the *New York Call to Commitment*. They will facilitate accelerated action in support of and in partnership with the Global Coalition on Women and AIDS, voluntary counselling and testing and prevention of infections among young women and adolescent girls; technical support for implementation of the framework on services to meet the sexual and reproductive health needs of HIV positive women; strengthening of national capacity for comprehensive condom programming especially through the expansion of the female condom initiative; and further building of regional and national capacities to deliver and measure coverage of scaled up evidenced-based AIDS programmes for young people.

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## **6. United Nations Office of Drugs and Crime (UNODC)**

The United Nations Office on Drugs and Crime implements the drug and crime programmes of the United Nations Secretariat in an integrated manner, addressing drug control, crime prevention and terrorism prevention in the context of sustainable development and human security. A Cosponsor of UNAIDS since 1999, UNODC has been assisting governments and nongovernmental organizations to develop and implement comprehensive HIV prevention and care programmes for drug users. UNODC also assists governments in developing and implementing HIV and AIDS prevention and care programmes in prison settings, which include prisons, pre-trial detention centres and closed institutions for juveniles in conflict with the law. UNODC has begun strengthening the capacity of governments and nongovernmental organizations to protect those who have been trafficked in order to avert or reduce negative health and social consequences, particularly HIV infection. Headquartered in Vienna, UNODC operates 12 regional offices and ten country offices.

In 2006-2007, UNODC will aim to achieve the following key results.

1. Increase and improve service coverage for HIV prevention and care for injecting drug users in countries where use of contaminated injection equipment in the course of drug use is a major or potentially major route of HIV transmission.
2. Develop a global agreed strategy on prevention and care in prison settings and establish national prevention and care programmes in prison settings of selected countries.
3. Provide actual and potential victims of trafficking in persons, particular women and girls, with comprehensive, gender-sensitive prevention and care in selected countries of origin and destination.

**Table 13. UNODC summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Prevention and care among injecting drug users	5 000	7 000	4 500	16 500
2	Prevention in prison settings	2 000	5 000	2 500	6 500
3	Trafficking in persons: Prevention and care	1 500	4 000	2 000	7 500
<b>Total</b>		<b>8500</b>	<b>16 000</b>	<b>9000</b>	<b>33 500</b>

**Table 14. UNODC summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	2 900	5 500	3 100	11 500
Sub-Saharan Africa	500	900	500	1 900
Middle East and North Africa	500	900	500	1 900
Asia and Pacific	2 200	3 900	2 200	8 300
Europe and Central Asia	1 900	3 900	2 200	8 000
Americas	500	900	500	1 900
<b>Total</b>	<b>8 500</b>	<b>16 000</b>	<b>9 000</b>	<b>33 500</b>

The *supplemental budget* would mainly be used for regional capacity building, exchange of experience and developing best practice in local languages for prevention and care for injecting drug users and in prison settings. In the area of trafficking in persons, the supplemental budget will mainly be used for improving intercountry and interregional cooperation and increased advocacy.

## 7. International Labour Organization (ILO)

The UN agency with special responsibility for the world of work, ILO promotes social justice and internationally recognized human and labour rights. Working with its tripartite constituents (government, business and labour), ILO formulates international labour standards and provides technical assistance in areas related to its mission.

With an estimated 26 million workers worldwide living with HIV, ILO's cosponsorship of UNAIDS reflects recognition of the important role of the workplace in the response to the epidemic. The ILO *Code of Practice on HIV/AIDS and the World of Work* is the internationally accepted workplace guideline on HIV/AIDS.

In 2006-2007, ILO will aim to achieve the following key results.

1. Increase 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 in accordance with the "Three Ones" principles.
2. Scale up the implementation of comprehensive AIDS 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 attention to vulnerable populations.
3. Enhance the capacity of occupational health services and strengthened public-private partnerships, including community outreach programmes, to extend access to social protection, treatment, care and support.
4. Develop methods based on established workplace indicators and provide guidance for monitoring and assessing the implementation and impact of workplace programmes in the private sector (formal and informal) and the public sector.
5. Develop and implement mechanisms to strengthen the management and development of human capacity.

**Table 15. ILO summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Capacity of ILO's tripartite constituents	2 000	5 000	2 000	9 000
2	Comprehensive AIDS workplace policies	3 000	5 000	5 000	13 000
3	Occupational health services and community outreach	1 000	2 000	1 500	4 500
4	Monitoring and assessing the impact	1 000	1 500	1 000	3 500
5	Human capacity development	1 500	5 000	2 000	8 500
<b>Total</b>		<b>8 500</b>	<b>18 500</b>	<b>11 500</b>	<b>38 500</b>

**Table 16. ILO summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	3 500	2 500	4 500	10 500
Sub-Saharan Africa	1 500	6 000	2 500	10 000
Middle East and North Africa	400	1 500	1 000	2 900
Asia and Pacific	1 200	3 500	1 500	6 200
Europe and Central Asia	1 000	2 500	1 000	4 500
Americas	900	2 500	1 000	4 400
<b>Total</b>	<b>8 500</b>	<b>18 500</b>	<b>11 500</b>	<b>38 500</b>

*Supplemental funding* would allow the ILO to strengthen its support to monitoring the implementation of the ILO *Code of Practice*, to scale up implementation of comprehensive AIDS workplace programmes with integrated prevention, care and protection and of human rights as well as to expand the geographical coverage of such programmes to over 20 countries in five regions. Additional supplemental funding, if fully mobilized, will enable the ILO to expand its support to community level through public-private partnerships, and to extend support on monitoring of the AIDS impact on the workplace to small and medium enterprises and informal economy.

## 8. United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO functions as a laboratory of ideas and a standard-setter in its areas of responsibility. An original UNAIDS Cosponsor, UNESCO focuses on the role of education in preventing HIV transmission and on efforts to mitigate the epidemic's impact on education sectors. UNESCO is the convening agency for the UN's interagency collaborative work on AIDS and education.

In 2006-2007, UNESCO will aim to achieve the following key results.

1. Build political commitment for comprehensive education responses to AIDS.
2. Develop capacity to design, implement and assess efficient education, communication and information strategies and programmes for HIV prevention.
3. Improve policies and practices through the development, promotion and sharing of knowledge on the relationship between AIDS and education.
4. Reduce stigma and discrimination, and ensure human rights, through the promotion of access to quality educational, health and information services for key populations.

**Table 17. UNESCO summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Political commitment for comprehensive education responses to AIDS	2 000	1 200	1 500	4 700
2	Capacity for efficient education, communication and information	5 000	6 000	5 200	16 200
3	Knowledge on AIDS and education	1 100	900	1 200	3 200
4	Reducing stigma and discrimination	1 500	2 000	2 100	5 636
<b>Total</b>		<b>9 600</b>	<b>10 100</b>	<b>10 000</b>	<b>29 700</b>

**Table 18. UNESCO summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	4 473	4 683	4 980	14 136
Sub-Saharan Africa	3 015	2 610	2 149	7 774
Middle East and North Africa	407	406	510	1 323
Asia and Pacific	732	1 144	1 386	3 262
Europe and Central Asia	250	309	320	879
Americas	723	948	655	2 326
<b>Total</b>	<b>9 600</b>	<b>10 100</b>	<b>10 000</b>	<b>29 700</b>

The *supplemental budget* would enable UNESCO to increase the number of adapted language versions of materials designed to support comprehensive education responses, in particular in the effort to reach rural populations and other marginalized groups as well as extending support to regions that typically may not be considered high priority, for example the Arab States and some parts of Latin America; to go beyond the planned 15 countries participating in the Global Initiative on AIDS and Education; to expand operational research on AIDS and education; to accelerate implementation of AIDS workplace policies in schools and other learning environments.

## 9. World Health Organization (WHO)

WHO is the UN system's lead agency on health issues. Established in 1948, WHO aims to help all peoples attain the highest possible standard of health. WHO is governed by 192 Member States through the World Health Assembly. In addition to its Geneva-based headquarters, WHO operates through six regional offices and works with health ministries and other health sector organizations in over 160 countries worldwide. WHO supports the response to AIDS through advocacy, facilitating the development of internationally agreed global norms and standards, promoting research into new methods and technologies for responding to AIDS, strengthening surveillance systems, developing and disseminating evidence-based scientific technical tools and guidelines, and provision of extensive technical assistance to countries.

WHO promotes a comprehensive public health approach to AIDS that includes both prevention and treatment as part of a continuum of services. The main focus of WHO's work is on helping countries build the capacity of their health sector to provide comprehensive prevention, treatment and care services that are integrated into overall health service delivery. Particular emphasis is placed on development of human resources through support for training and health workforce planning, and on helping countries to deal with the impact of AIDS on human resources in the health sector.

As part of its work on AIDS, WHO has been the lead UNAIDS cosponsor on the "3 by 5" Initiative. In 2006-2007, WHO will continue to lead UNAIDS efforts to scale up treatment and care by advocating treatment and prevention scale-up, developing and improving treatment guidelines, pre-qualifying HIV medicines, and actively helping countries strengthen their health sector to provide comprehensive treatment and prevention services. WHO will continue to provide strategic information and technical



support to countries on procurement and supply chain management to help ensure an uninterrupted supply of HIV medicines, diagnostics, and other HIV-related commodities.

AIDS is an organization-wide priority, and WHO's HIV-related activities include a broad array of interventions necessary for a comprehensive response to AIDS in the health sector. In addition to strengthening the health sector to provide better HIV prevention, treatment and care, WHO addresses AIDS in the context of ethics and human rights; gender, women and AIDS; reproductive health; maternal, child and adolescent health; mental health and substance abuse; surveillance and strategic information; community involvement; school health; nutrition; and a number of other important areas.

In 2006-2007, WHO will aim to achieve the following key results.

1. Increased global and national commitment and financial resources available to scale up HIV and AIDS prevention and treatment in countries.
2. Countries supported to accelerate prevention and scale up treatment equitably through a public health approach.
3. Countries supported to strengthen the capacity of their health systems to respond to HIV and AIDS, including through greater community involvement.
4. Countries supported to ensure an uninterrupted supply of HIV-related commodities and medicines.
5. Evidence-based normative tools and guidelines developed, including through research on technological innovations, operational research and targeted evaluation.
6. Global, regional and national surveillance systems strengthened.

**Table 19. WHO summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Global and national commitment and financial resources to scale up HIV/AIDS prevention and treatment	2 550	7 050	3 085	12 685
2	Accelerating prevention and scaling up treatment	5 610	15 510	6 795	27 915
3	Capacity of health systems	5 100	14 100	6 175	25 375
4	HIV-related commodities and medicines	4 590	12 690	5 560	22 840
5	Operational research and targeted evaluation	4 080	11 280	4 940	20 300
6	Strengthening surveillance systems	3 570	9 870	4 325	17 765
<b>Total</b>		<b>25 500</b>	<b>70 500</b>	<b>30 880</b>	<b>126 880</b>

**Table 20. WHO summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	12 800	15 230	10 495	38 525
Sub-Saharan Africa	5 100	33 640	11 015	49 755
Middle East and North Africa	1 150	1 125	1 075	3 350
Asia and Pacific	3 600	10 010	4 065	17 675
Europe and Central Asia	1 700	3 235	2 040	6 975
Americas	1 150	7 260	2 190	10 600
<b>Total</b>	<b>25 500</b>	<b>70 500</b>	<b>30 880</b>	<b>126 880</b>

The *supplemental budget* is more than 57% of the total WHO contribution to the Unified Budget and Workplan, and is by far the most important component of the WHO budget for AIDS. Supplemental funds are an integral part of the planning and budgeting process for all AIDS activities in WHO, and are essential to the achievement of all key results and effective implementation of nearly all activities at all levels. Without supplemental funds, WHO will not be able to continue to effectively support prevention and treatment scale-up efforts. Supplemental funds will make it possible for WHO to successfully advocate with countries to scale up prevention, treatment and care; provide much-needed support to countries to access and effectively use funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other sources; support and promote operational research and research on HIV vaccines and other technologies; address issues related to gender, women and AIDS; develop evidence-based normative tools and guidelines; strengthen global and regional surveillance systems; and provide high-quality technical support to countries to strengthen their health sector response to AIDS.

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## 10. The World Bank

The World Bank's mission is to fight poverty and improve living standards in developing countries. Working through five closely associated institutions that are owned by member countries, the Bank advances its mission by providing loans, policy advice, technical assistance, and knowledge-sharing services to low and middle income countries.

The World Bank has dramatically scaled up its financial and technical support to countries for AIDS. The Bank is one of the three largest financiers of AIDS programmes. By the end of 2004, it had committed more than US\$ 2 billion in grants, credits and loans to more than 80 AIDS programmes globally. The majority of this funding has come through the Multi-Country HIV/AIDS Program for Africa which has committed more than US\$ 1.1 billion to twenty-nine country and four subregional projects. In addition, the Bank has committed US\$ 117.65 million to nine country projects and one subregional project under the Caribbean Multi-Country HIV/AIDS Program. In addition to the Global HIV/AIDS Programme established in 2002, and the AIDS Campaign Team for Africa, the Bank has established an HIV/AIDS Coordinating unit for the South Asia region. During 2005, the Bank is developing its Global HIV/AIDS Program of Action. The characteristics of World Bank support are:

- flexible, rapid and increased lending for AIDS;
- innovative partnerships, especially with civil society, for example, the Treatment Acceleration Program in Burkina Faso, Ghana and Mozambique;
- helping to ensure that AIDS is a key area of development focus through poverty reduction strategy papers, economic work, support for harmonization (“Three Ones” principles); and
- disseminating lessons learned through knowledge management products and country level assistance for programme monitoring and evaluation.

In 2006-2007, the World Bank will aim to achieve the following key results.

1. Improve the efficiency, effectiveness and pace of implementation of AIDS programmes in the public and private sectors and in civil society, especially at the community level and across national boundaries, in collaboration with UN agencies and other partners.
2. Translate the “Three Ones” into action by strengthening a single national AIDS authority through effective and efficient use of available resources, improved donor coordination to facilitate rapid action on AIDS programmes, and harmonization of efforts at global and regional levels, through closer collaboration among UNAIDS Cosponsors and other stakeholders, especially those providing substantial funding.
3. Accelerate the scaling-up of treatment and care, through effective and timely use of World Bank resources for treatment and care, including expanded treatment programmes at country-level; use of World Bank Multi-Country AIDS Plan resources to support strengthening health systems, including subregional projects; and ensuring an effective and reliable supply of AIDS medicines and diagnostics.
4. Support the development and implementation of one national AIDS programme monitoring and evaluation system, through strengthened partnerships of UN Cosponsors, donors and partners in support of the “Three Ones”; enhanced national capacity and systems to improve decision-making; and expansion to additional geographical and technical areas based upon lessons learned under the 2004-2005 Unified Budget and Workplan.
5. Effectively address the economic and social impact of the epidemic, by ensuring that AIDS policies and programmes are based on sound economic analyses of country needs and responses; integrating AIDS policies and programmes into national poverty reduction strategies; and improving programme implementation by improving the allocation of resources at country-level (e.g., national budgets and medium-term expenditure frameworks).

**Table 21. World Bank summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Improving HIV/AIDS programme implementation	2 560	4 800	7 050	14 410
2	Strengthening a single AIDS authority	2 000	2 600	6 890	11 490
3	Scaling up care and treatment	1 000	1 800	8 675	11 475
4	One AIDS monitoring and evaluation system	3 730	4 350	2 850	10 930
5	Economic and social impact	2 120	3 765	3 242	9 127
<b>Total</b>		<b>11 410</b>	<b>17 315</b>	<b>28 707</b>	<b>57 432</b>

**Table 22. World Bank summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	6 910	15 000	6 542	28 452
Sub-Saharan Africa	1 600	1 325	14 025	16 950
Middle East and North Africa	300	0	512	812
Asia and Pacific	1 360	825	3 150	5 335
Europe and Central Asia	650	0	1 900	2 550
Americas	590	165	2 578	3 333
<b>Total</b>	<b>11 410</b>	<b>17 315</b>	<b>28 707</b>	<b>57 432</b>

Note: the distribution of core resources in this table varies slightly from PCB document UNAIDS/PCB(17)05.4 due to a subsequent technical adjustment.

The *supplemental budget* will be important in enabling the World Bank to support more effective AIDS responses in five integrated areas as identified in the draft World Bank Global HIV/AIDS Program of Action: (i) support for strengthening national HIV/AIDS strategies to ensure they are truly prioritized and strategic and integrated into development planning; (ii) accelerating implementation to increase the scope and quality of priority activities; (iii) strengthening country monitoring and evaluation systems and evidence based responses to enable countries to assess and improve programmes; and (iv) analytic work and its dissemination, to improve AIDS knowledge and its use; and partnerships to achieve concerted and harmonized AIDS responses.

## 11. UNAIDS Secretariat

The work of the Joint Programme is facilitated by the UNAIDS Secretariat, which is based in Geneva and at regional level supporting UNAIDS presence in over 60 countries, including UNAIDS Country Coordinators (UCCs) and technical advisers. The Secretariat undertakes a set of key functions on behalf of the Joint Programme in the areas of leadership and advocacy; strategic information; monitoring and evaluation, civil society engagement and partnerships and human, technical and financial resource mobilization. The Secretariat will continue the trend to dedicate more of its effort and resources to providing assistance to countries to scale up the response to AIDS.

The Secretariat supports the ability of the Cosponsors to undertake their HIV-related activities and to participate effectively in decision-making within the Joint Programme. The Secretariat coordinates development of the Unified Budget and Workplan and systems for performance monitoring.

In 2006-2007, the Secretariat will aim to achieve the following key results, which are based on the five functions of UNAIDS approved by PCB.

1. Provide leadership for establishing the global AIDS agenda and galvanizing political commitment for a pro-active, targeted and optimally effective response at all levels that is geared to the evolution of the epidemic and that engages diverse partners and stakeholders, including intergovernmental bodies, governments, other key partners, UNAIDS and the broader UN system.

2. Generate and widely disseminate 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.
3. Harmonize monitoring and evaluation approaches at global, regional and country levels to generate reliable and timely information on the epidemic and the response.
4. Generate stronger and sustained involvement of civil society, people living with HIV, and population groups at elevated risk of HIV infection, through global, regional and national partnerships that facilitate the regular and structured engagement of civil society in policy and programme decision-making.
5. Mobilize increased human, technical and financial resources to meet priority needs in the response to the epidemic (including mitigation of its impact), and maximize the effective and efficient use of available resources.

**Table 23. UNAIDS Secretariat summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Leadership, coordination and advocacy	45 400	7 000	n/a	52 400
2	Strategic information	25 000	2 000	n/a	27 000
3	Monitoring and evaluation	10 500	7 000	n/a	17 500
4	Civil society engagement and partnerships	11 500	7 000	n/a	18 500
5	Resource mobilization	23 000	2 000	n/a	25 000
<b>Total</b>		<b>115 400</b>	<b>25 000</b>	<b>n/a</b>	<b>140 400</b>

**Table 24. UNAIDS Secretariat summary of 2006-2007 budget in US\$ '000 (by region)<sup>5</sup>**

Region	Core	Supplemental	Own Resources	Total
Global	72 000	8 000	n/a	80 000
Sub-Saharan Africa	14 400	6 000	n/a	20 400
Middle East and North Africa	4 000	2 000	n/a	6 000
Asia and Pacific	11 000	4 000	n/a	15 000
Europe and Central Asia	7 000	3 000	n/a	10 000
Americas	7 000	2 000	n/a	9 000
<b>Total</b>	<b>115 400</b>	<b>25 000</b>	<b>n/a</b>	<b>140 400</b>

*Supplemental funding* will enable the Secretariat to provide more assistance to countries to implement the “Three Ones” principles; to accelerate programming of regional and subregional initiatives on women, girls and AIDS along the seven areas of work identified under the auspices of the Global Coalition on Women and AIDS; to galvanize partnership building to expand action at national level in the area of uniformed services; and to increase coverage of countries that benefit from support in

<sup>5</sup> The Secretariat undertakes directly a number of activities in support of countries. It also supports interagency activities, for example, by fielding UNAIDS Country Coordinators and country level advisers. Taken together, around 60% of the Secretariat and Interagency parts of the Budget is spent on work in countries.

the area of monitoring and evaluation capacity building. Supplemental funding would also be used to address critical emerging issues which require action by the UNAIDS Secretariat on behalf of UNAIDS but which were not anticipated at the time the budget was adopted and for which funds are not provided in the core budget.

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## 12. Interagency activities

The interagency component of the Unified Budget and Workplan represents one of the most tangible manifestations of the uniqueness of UNAIDS within the UN System. While various components of the Unified Budget finance activities by individual Cosponsors or the Secretariat, the interagency budget provides funding for joint or collective action by the UNAIDS family as a whole. These interagency activities enable UNAIDS to act not only through coordination of action by different players, but collectively. For example, UNAIDS Coordinators and technical advisers at country level act on behalf of the whole Joint Programme: all ten Cosponsors and the Secretariat. Not only does this allow the UN to speak with one voice at country level, but it is a practical means to ensure that the various UN agencies act in concert, focusing their action on areas where they have comparative advantages and avoiding duplication of effort. The Secretariat plays a key role in facilitating the implementation of interagency activities, for example, by providing the managerial framework for UNAIDS country level staff (UNAIDS Country Coordinators and technical advisers) made available through the interagency budget.

In 2006-2007, the Joint Programme will achieve the following key results in its interagency activities.

1. **Global support to countries** (US\$ 4.3 million). Collective UNAIDS action to provide an enabling environment to increase national action. This key result has four components:
  - 1.1. Special Envoys of the Secretary General on HIV/AIDS (US\$ 1.1 million core);
  - 1.2. Interagency action on key strategic issues (US\$ 1.5 million core);
  - 1.3. UNAIDS joint action to expand the response through the International AIDS Conference (US\$ 1.2 million core);
  - 1.4. Coordination of UN action on AIDS and Humanitarian Crisis (US\$ 500 000).
  
2. **Regional support to countries** (US\$ 5.9 million core; US\$ 10 million supplemental). Coordinated and collective action by UNAIDS on the regional level to provide critical support to countries to scale up their response to AIDS. This key result has two components:
  - 2.1. Establishment and functioning of technical support facilities: regional and subregional platforms to expedite technical, coordination, harmonization support, timely access to qualified human and technical and financial resources for national AIDS programmes (US\$ 3.9 million core; US\$ 5.0 million supplemental). *Supplemental funding* will enable more technical support facilities to be established.
  - 2.2. In specific subregions, strengthened joint or coordinated action by the UNAIDS family and other partners to address critical issues to catalyse effective support for countries (US\$ 2.0 million core; US\$ 5.0 million supplemental). *Supplemental funding* will enable more joint subregional action to be undertaken.

- 3. Country level support** (US\$ 71.8 million core; US\$ 10.0 million supplemental). 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. This key result has three components:
- 3.1. Strategic support provided by UNAIDS Country Coordinators in over 60 countries (US\$ 37.9 million core; US\$ 4.0 million supplemental). *Supplemental funding* will allow the placement and support of UNAIDS Country Coordinators in more countries;
  - 3.2. Country level technical advisers in key areas including monitoring and evaluation, resource mobilization and partnership development (US\$ 17.9 million core; US\$ 6.0 million supplemental). *Supplemental funding* will allow the placement and support of more technical advisers;
  - 3.3. Programme acceleration funds for timely, catalytic action to leverage national action (US\$ 16 million core).
- 4. UN System staff capacity on AIDS** (US\$ 2.4 million core; US\$ 1.2 million supplemental resources. Cosponsors and the Secretariat use their own resources to increase staff capacity on HIV). Enhanced capacity of UN System staff to respond to the AIDS epidemic at the individual, professional and organizational levels. This key result has four components:
- 4.1. Comprehensive and coordinated HIV and AIDS workplace programmes in implementation in UN system organizations headquarters', regional, and country offices, fully integrated into the on-going work of UN system agencies (US\$ 1.4 million core; US\$ 1.2 million supplemental; agencies' own resources also contributes to this work).
  - 4.2. UN staff members and their families have complete information on available HIV and AIDS prevention, care, and treatment services, particularly in countries with high prevalence and /or inadequate services. (US\$ 500 000 core).
  - 4.3. UN staff members and their families have access to essential HIV prevention commodities, particularly in countries with high prevalence and/or undependable access to essential commodities. (US\$ 500 000 core; agencies' own resources also contributes to this work).
  - 4.4. Increased knowledge and competence of staff on HIV and AIDS, including human resource professionals, UN-affiliated medical personnel and technical staff in various areas with responsibilities for or related to the development, implementation, monitoring and evaluation of programmes addressing AIDS to enable them to support national responses more effectively and contribute to the elimination of stigma and discrimination surrounding AIDS. (Funding for this activity is provided directly from the budgets of Cosponsors and the Secretariat).

*Supplemental funding* would enable the Joint Programme to: (i) undertake operations research to gauge the impact of the HIV and AIDS epidemic on UN system operations in priority countries; and (ii) expand the HIV and AIDS Learning Strategy and workplace policy implementation to the UN's humanitarian workforce in areas removed from UN country offices.

**Table 25. Interagency activities summary of 2006-2007 budget in US\$ '000 (by key result)**

Key results		Core	Supplemental	Own Resources	Total
1	Global support to countries	4 300	-	n/a	4 300
2	Regional support to countries	5 900	10 000	n/a	15 900
3	Country level support	71 800	10 000	n/a	81 800
4	UN staff capacity on AIDS	2 400	1 200	*n/a	3 600
<b>Total</b>		<b>84 400</b>	<b>21 200</b>	<b>n/a</b>	<b>105 600</b>

\* Not included as part of the Unified Budget, but Cosponsors' own resources for this work are contained in Cosponsors' own internal human resource management budgets.

**Table 26. Interagency activities summary of 2006-2007 budget in US\$ '000 (by region)**

Region	Core	Supplemental	Own Resources	Total
Global	6 700	-	n/a	6 700
Sub-Saharan Africa	38 000	8 200	n/a	46 200
Middle East and North Africa	3 000	2 500	n/a	5 500
Asia and Pacific	17 700	4 000	n/a	21 700
Europe and Central Asia	10 000	3 500	n/a	13 500
Americas	9 000	3 000	n/a	12 000
<b>Total</b>	<b>84 400</b>	<b>21 200</b>	<b>n/a</b>	<b>105 600</b>



## IV. Performance monitoring

The Unified Budget and Workplan for 2006-2007 strengthens the Joint Programme's basis for performance monitoring, reporting and accountability as requested by PCB. Mirroring the structure of the Workplan, indicators of achievement are provided at two levels in the Unified Workplan: at the level of each of the Joint Programme's 16 principal results, and for each of the 49 key results which fall under the responsibility of either the Secretariat or individual Cosponsors. The indicators for the 16 principal results are contained in this document, and the indicators for the 49 key results are included in Annex 1. In the Unified Budget and Workplan performance monitoring framework the two levels are linked and mutually dependent. The goal is to facilitate assessment of the Joint Programme's performance at an aggregate level, as well as monitoring of the progress of individual Cosponsors and the Secretariat.

The indicators for the principal results were developed in a collaborative process between the Evaluation Office of the UNAIDS Secretariat and the monitoring and evaluation experts of Cosponsors. The indicators are both quantitative and qualitative in nature. They are intended to provide an objective means to verify the extent to which each of the principal results will have been achieved during the biennium. For each indicator, baseline information is being identified against which progress will be measured, as is the methodology to develop the data or information required. Indicators for key results were developed by the agency responsible for the particular key result. Development of baseline information, means of verification and reporting on those indicators fall under the responsibility of the respective Cosponsor or the Secretariat.

Performance monitoring of the progress in achieving principal results will be coordinated by the Secretariat with active involvement and participation of the Cosponsors. Reviews of collective UNAIDS progress will take place annually. Monitoring achievement of individual key results will be the responsibility of each agency and will occur in accordance with their institutional reporting cycle, but not rarer than annually. The UNAIDS Secretariat will compile performance data on the achievement of key results in a report which will be used to facilitate further programming and reprogramming, strengthen strategic planning, and increase the evidence base for evaluation of UNAIDS' collective progress. A summary report on progress in implementing the Unified Workplan will be made to PCB after the first year of the biennium. A full performance report on the implementation of the Unified Workplan for the biennium 2006-2007 will be submitted to PCB the following year (i.e., in May or June 2008). That report will include reporting on achievement against the pre-defined indicators, at both principal result and key result levels.

In 2006-2007 UNAIDS will allocate substantially greater institutional effort on joint programme evaluations in selected areas of work. These in-depth assessments will provide critical information to assist UNAIDS in refining its targets, adjusting its working methods, and, where indicated, altering strategies to enhance its support to countries in key thematic or programmatic areas.

In undertaking progress monitoring in the aggregate and conducting in-depth programme evaluations, UNAIDS will draw on the following resources:

- Cosponsor Evaluation Working Group (CEWG),
- UNAIDS Monitoring and Evaluation Reference Group (MERG); and
- Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET).

Performance monitoring under the Unified Budget and Workplan 2006-2007 will also benefit from the Joint Programme's successful efforts to strengthen its monitoring and evaluation capacity at country level.

## V. Technical notes

**Cosponsoring organizations:** Funds, Programmes or Specialized Agencies of the United Nations (including also the World Bank) which, together with the UNAIDS Secretariat, constitute the Joint United Nations Programme on HIV/AIDS (UNAIDS).

**Cosponsors' own resources:** resources allocated for HIV and AIDS by the Cosponsoring Organization concerned using its own resources. These resources are often provided through the regular budget of the organization, and may be funded through assessed contributions. Some Cosponsors use the term "regular resources" to describe these funds.

**Core budget:** the minimum level of funding which UNAIDS identifies as being required to fund the most essential activities contained in the Unified Workplan.

**Fund of UNAIDS:** the *Fund of UNAIDS*, which is managed by the UNAIDS Executive Director, provides resources for the *core budget* for Cosponsors, the Secretariat, and interagency activities as well as the supplemental budgets of the Secretariat and interagency activities. Resources for the Fund come entirely from voluntary contributions, mainly from Member States of the United Nations. Donations to the Fund are first used to finance the *core budget*. Should funding become available during the biennium in excess of *core budget* requirements, surplus funds will be applied by the Executive Director to the *supplemental budget* for the actions identified in the *Unified Workplan*.

**Indicator:** quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor.

**Key result:** result to be achieved by the respective Cosponsoring Organization, or the Secretariat with resources from the Unified Budget. The Unified Workplan contains a total of 49 *key results*, three to six for each Cosponsor and the Secretariat. Each *key result* contributes to achievement of one or more *principal result*.

**Principal result:** result to be achieved through the contributions of various Cosponsoring Organizations and the Secretariat. The *Unified Workplan* contains 16 *principal results*. The *principal results* contribute to the achievement of the goals identified in the *Declaration of Commitment* of the UN General Special Session on HIV/AIDS.

**Result:** the output, outcome or impact of an intervention.

**Results-based management:** a management strategy focusing on performance and achievement of outputs, outcomes and impacts.

**Supplemental Budget:** resources for Cosponsoring Organizations, the Secretariat or interagency activities, specified in the *Unified Workplan*, which are sought by the respective organization to expand on activities funded from the core budget. The Secretariat is responsible to raise the supplemental resources requested for itself and for interagency activities through voluntary contributions. Cosponsors' supplemental resources are funded by voluntary contributions, raised by the organization concerned and channelled through the organizations' own budgetary and financial mechanisms.

**Unified Budget:** the complete set of budgets which are, or may become available to implement the *Unified Workplan*. The *Unified Budget* includes the *core budget*, *supplemental budget* and *Cosponsors' own resources*. The *Unified Budget* is biennial, covering a period of two calendar years; the first year of the two-year cycle is an even year (2004-2005, 2006-2007 and so on).

**Unified Workplan:** the entire range of activities on HIV and AIDS undertaken at global and regional levels implemented by the ten UNAIDS Cosponsoring Organizations, the UNAIDS Secretariat and interagency activities. The *Unified Workplan* also includes country level action by the UNAIDS Secretariat and interagency activities.

## Appendix

**Comparison of the core budget between bienniums**  
**(according to 2004-2005 areas of work)**  
*(in thousands of US\$)*

Unified Budget Area of Work	2004-2005	Increase	2006-2007
Capacity and leadership	71 403	10 441	81 844
Prevention and vulnerability reduction	56 822	22 576	79 398
Care, support and treatment	29 318	9 095	38 377
Socioeconomic impact	27 537	8 898	36 435
Research and development	6 265	1 863	8 128
Resources and monitoring and evaluation	59 125	17 163	76 288
<b>Total</b>	<b>250 470</b>	<b>70 000</b>	<b>320 470</b>

## Notes

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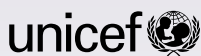
The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials



The **United Nations High Commissioner for Refugees (UNHCR)** is mandated to lead and co-ordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. UNHCR combats HIV and AIDS among refugees, returnees and other persons of concern while ensuring that their human rights are duly respected regardless of HIV status. UNHCR advocates for and promotes the integration of refugees into HIV policies and programs of countries of asylum, addresses and mainstreams HIV into gender and age dimensions with special emphasis on the needs of refugee women and children, adopts a sub-regional approach reflecting the cycle of displacement and advocates for the elimination of HIV related stigma and discrimination against all persons of its concern.



Soon after its creation in 1946, the **United Nations Children's Fund (UNICEF)** was mandated to advocate for the recognition and fulfillment of children's human rights. This UN mandate is realised through partnerships in 162 countries, areas and territories. In its response to the AIDS epidemic, UNICEF is working towards reducing paediatric HIV infections and increasing access for HIV/AIDS treatment for women and children. Other key priorities focus on providing quality support to an increased number of children affected by HIV/AIDS and reducing adolescent risks and vulnerability through access and use of prevention information, skills and services.



The **World Food Programme (WFP)** is the world's largest humanitarian agency. It helps poor households affected by hunger and AIDS by using food aid and other resources to address prevention, care and support. WFP's food assistance helps keep parents alive longer, enables orphans and vulnerable children to stay in school, permits out-of-school youth to secure viable livelihoods and enables tuberculosis patients to complete their treatment. WFP works in partnership with governments, other United Nations agencies, non-governmental organizations and communities and helps people—regardless of their HIV status—who lack adequate food to secure nutrition and food security.



The **United Nations Development Programme (UNDP)** is a development agency with strong country presence. Its role is to promote an enabling policy, legislative and resource environment which helps create an effective response to AIDS. UNDP supports countries in placing AIDS at the centre of national development agendas; promotes government, civil society, private sector and community leadership; helps countries to develop capacity for action as well as to plan, manage and implement responses to the epidemic. UNDP also works to ensure that women and people living with HIV are empowered and directly involved in the response to AIDS.



**UNFPA**, the **United Nations Population Fund**, builds on over three decades of experience in reproductive health and population issues by focusing its response to the epidemic—in over 140 countries—on HIV prevention among young people and pregnant women, comprehensive male and female condom programming and strengthening the integration of reproductive health and AIDS. UNFPA further contributes through meeting the reproductive health rights and needs of HIV-positive women and adolescents, promoting voluntary counselling and testing as well as services which prevent mother-to-child HIV transmission, improving access to HIV and AIDS information and education and to preventive commodities, including those needed in emergency settings. It also provides demographic and socio-cultural studies to guide programme and policy development.



The **United Nations Office on Drugs and Crime (UNODC)** is responsible for coordinating and providing leadership for all United Nations drug control activities, and for international cooperation in preventing and combating transnational crime and terrorism. In this context, UNODC supports comprehensive approaches to HIV prevention and care among injecting drug users. In prison settings, UNODC assists in implementing international instruments, norms and standards, which ensure that all inmates receive health care, including for HIV and AIDS. UNODC helps governments to combat people trafficking, and provides guidance to reduce trafficked victims' health consequences, particularly from HIV infection and AIDS.



The **International Labour Organization (ILO)** promotes decent work and productive employment for all, based on principles of social justice and non-discrimination. The ILO's contribution to UNAIDS includes: its tripartite membership, encouraging governments, employers and workers to mobilize against AIDS; direct access to the workplace; long experience in framing international standards to protect the rights of workers; and a global technical cooperation programme. The ILO has produced a *Code of Practice on HIV/AIDS and the world of work*—an international guideline for developing national and workplace policies and programmes.



Within the UN system, the **United Nations Educational, Scientific and Cultural Organization (UNESCO)** has a special responsibility for education. Since ignorance is a major factor in the AIDS epidemic, prevention education is at the top of UNESCO's agenda. Education is needed to make people aware that they are at risk or vulnerable, as well as to generate skills and motivation necessary for adopting behaviour to reduce risk and vulnerability and to protect human rights. UNESCO works with governments and civil society organizations to implement policies and programmes for prevention education, and to mitigate the impact of AIDS on education systems.



The objective of the **World Health Organization (WHO)** is the attainment by all peoples of the highest possible level of health. Its work in HIV and AIDS is focused on the rapid scale up of treatment and care while accelerating prevention and strengthening health systems so that the health sector response to the epidemic is more effective and comprehensive. WHO defines and develops effective technical norms and guidelines, promotes partnership and provides strategic and technical support to Member States. The Organization also contributes to the global AIDS knowledge base by supporting surveillance, monitoring!



The **World Bank's** mission is to fight poverty and improve living standards in developing countries. The Bank is one of the largest financiers of HIV/AIDS programs and has committed more than US\$ 2 billion in grants, credits and loans. Within UNAIDS the Bank has responsibility for economic analysis and the development of country monitoring and evaluation systems and is also recognized for its leading role in strategic planning, institution building and implementation. The Bank's response is comprehensive, encompassing prevention, care, treatment and impact mitigation.



The **UNAIDS Secretariat** acts as a catalyst and coordinator of action on AIDS at global, regional and country levels. It serves the entire Joint Programme from its headquarters in Geneva and Regional Support Teams in Bangkok, Cairo, Dakar, Johannesburg, Panama and Port of Spain. The Secretariat supports UN Theme Groups on HIV/AIDS in over 60 countries through the posting of UNAIDS Country Coordinators and expert staff.

