



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (32)/13.9

Issue date: 20 May 2013

THIRTY-SECOND MEETING

Date: 25-27 June 2013

Venue: Executive Board Room, WHO, Geneva

Agenda item 4.3

UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework

2014-2015 Results, Accountability and Budget Matrix

Additional documents for this item:

- i. UNAIDS Unified Budget, Results and Accountability Framework
UNAIDS Budget for 2014-2015 (UNAIDS/PCB(32)/13.8)
- ii. 2012-2015 Unified Budget, Results and Accountability Framework ([UBRAF](#) Part I) (UNAIDS/PCB(28)/11.10)
- iii. 2012-2015 Unified Budget, Results and Accountability Framework ([UBRAF](#) Part II) (UNAIDS/PCB(29)/11.23)
- iv. 2012 Performance monitoring report (UNAIDS/PCB(29)/13.5)
- v. Financial report and audited financial statements for the year ended 31 December 2012 (UNAIDS/PCB(32)/13.6)
- vi. Interim financial management update for the 2012–2013 biennium for the period 1 January 2012 to 31 March 2013 (UNAIDS/PCB(32)/13.7)

Action required at this meeting – the Programme Coordinating Board is invited to:

- a. *approve* US\$ 485 million as the core budget for 2014-2015 and the proposed allocation between the 11 Cosponsors and the Secretariat;
- b. *endorse* the continued simplification and refinement of the indicators, with the support of UNAIDS Monitoring and Evaluation Reference Group, and;
- c. *remind* all constituencies to use UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework to meet their reporting needs.

Cost implications of decisions:

US\$ 485 million.

UNAIDS 2014-2015 RESULTS, ACCOUNTABILITY AND BUDGET MATRIX

1. This document provides a detailed presentation of UNAIDS 2014-2015 budget (UNAIDS/PCB(32)/13.8). It largely mirrors the corresponding matrix prepared for the current biennium, with adjustments made to reflect programmatic priorities, guidance from the PCB and recommendations of external reviews as well as lessons learned in implementing the 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF).¹
2. For each of the strategic goals and functions in the UBRAF, the Matrix identifies the expected outcomes and outputs, i.e., what the Joint Programme aims to achieve and how the Joint Programme will support their achievement. Deliverables are also included to describe the specific contributions of the Cosponsors and the Secretariat. New or revised deliverables have been included, where necessary, and the Matrix also captures deliverables of UN Women for the first time.
3. For each output, the expected level and focus of effort is shown by indicating the core UBRAF resources at the global and regional/country levels with resources for high impact countries shown separately. The core resources represent the essential needs of the Joint Programme to support the achievement of the strategic goals and targets in the UBRAF. Allocations take into account the implementation and expenditures in 2012 as well as programmatic priorities for 2014-2015.
4. In addition to the core UBRAF resources, the Matrix also captures the funds that Cosponsors themselves expect to raise for HIV specific or HIV focused activities, referred to as 'non-core' or 'other AIDS funds', where funding in a measurable way contributes to results in the UBRAF. These are shown for each Cosponsor at the level of strategic goals and functions (in the last eight pages of the Matrix).²
5. The Matrix includes a set of indicators to measure progress at three levels: at the level of the overall response to AIDS to determine progress against the strategic goals and targets, at the level of outcomes to measure achievements in distinct areas, and at the level of outputs to assess the contributions of the Cosponsors and the Secretariat.
6. The indicators for the 2012-2015 UBRAF were developed and finalized through a consultative process with member states and civil society, and independent advice provided by the UNAIDS Monitoring and Evaluation Reference Group (MERG).³ Wherever possible, the indicators are aligned with existing and validated reporting tools and mechanisms to ensure best possible reporting and minimise reporting burden. For each indicator a definition has been developed which includes the targets and benchmarks and the scope of the indicators.
7. For 2014-2015, some indicators are not complete as it has not yet been possible to analyse all data sources and fully consult on the development of new targets (e.g., when 2015 targets have already been reached). In addition, recommendations of the MERG to simplify the indicator set and improve the quality of the indicators to ensure stronger links between resources, results and indicators still need to be considered.

¹ UNAIDS 2012-2013 Results, Accountability and Budget Matrix (UNAIDS/PCB(29)/11.23).

² The Cosponsors' other AIDS funds do not include funding in which HIV is mainstreamed, or funds that are supportive of HIV responses more generally and indirectly advance work on AIDS. For the World Bank, where appropriate, estimates are made of the proportion of health systems, social protection or other funds that directly contribute to the achievement of UBRAF results.

³ Update on indicators, monitoring and evaluation of the 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) UNAIDS/PCB(30)/12.9.

8. The MERG also recommended considering other ways to complement the indicator based reporting, which by definition will always be limited in some respects. In order to describe the achievements of the Joint Programme, particular attention will therefore be given to expanding thematic and programmatic evaluations, and using information from evaluations to improve performance.
9. Programmatic, thematic, regional, or country evaluations will be coordinated by the Cosponsor Evaluation Working Group (CEWG), which has also developed guidelines for specific evaluations and established a database of assessments and evaluations conducted by the Joint Programme (including all eleven Cosponsors and the Secretariat).
10. Further refinements and improvements in performance measurement and reporting are also expected following the completion of two years of implementation of the 2012-2015 UBRAF and a mid-term review of the UBRAF scheduled to be conducted in 2014.

GOAL A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work				
Impact Indicators	Baseline / Progress⁴	Target/ Scope	Data source	Frequency⁵
a. Percentage of young people aged 15-24 who are living with HIV	<p>2009 Female =0.6% (0.5-0.7) Male =0.3% (0.2-0.3)</p> <p>2011 Female = 0.6% (0.4 - 0.6) Male = 0.3% (0.2 - 0.4)</p>	<p>2015 Prevalence reduced by 30%</p>	ANC sentinel surveillance ; DHS (generalized epidemics); Previously UNGASS #22; GARPR 1.6 - MDG indicator	Every 1-2 years
b. Percentage of men who have sex with men and sex workers who are living with HIV	<p>2009 MSM: (n=67) Median (range): 6% (0%-32%) SW: (n=78) Median (range): 3% (0%-40%)</p> <p>2011 MSM (n=105) Median (range): 7.62% (0% - 50%) Sex Workers (n=84) Median (range): 4.49% (0% - 70%)</p>	<p>2015 MSM: Prevalence reduced by 50%⁶ SW: Prevalence reduced by 30%</p>	IBBS, HSS ; Previously UNGASS #23 (CEI ⁷) ; GARPR 1.10 and 1.14	Every 2 years
c. Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse	<p>2009 Female (n=40) Median (range): 25% (0%-66%) Male (n=41) Median (range): 32% (7%-74%)</p> <p>2011 Female (n=88) Median (range): 34% (0%-90%) Male (n=91) Median (range): 42% (5%-93%)</p>	<p>2015 Condom use doubled from a median baseline of 25% (f) and 32% (m)</p>	DHS survey, MIC Survey (2008-2010); Previously UNGASS #17; GARPR 1.4 - MDG indicator	Every 3-5 years

⁴ Unless specified, baseline values refer to 2009 data reported in 2010.

⁵ Indicates the frequency of data collection from the primary data source(s). UBRAF reporting is annual and draws on data collected at different intervals.

⁶ In the absence of consistent incidence measurement across countries, reduction in prevalence, combined with increasing number of people tested for HIV and on ART can complement the picture on changes in incidence. Reduction in prevalence should not be reached at the cost of increased mortality (high stigma and low access to treatment can keep new infections high, and increase mortality).

⁷ CEI: core indicator for concentrated and low-level epidemic settings

Outcome A1.1 Evidenced-informed combination prevention policies and programmes for young people prioritized to specific localities and contexts.

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	<p>2009 Females (n=48) Median (range): 28% (5%-65%) Males (n=44) Median (range): 34% (5%-62%)</p> <p>2011 Female: (n=110) Median (range): 28.64% (3% - 86%) Male: (n=100) Median (range): 32.62% (2.5% - 88%)</p>	<p>2015 Doubled from median baselines of 34% (males) and 28% (females).</p>	Population based surveys e.g. DHS, MICS, BSS; Previously UNGASS #13; GARPR 1.1- MDG indicator	Every3-5 years

Output A1.1.1 Strengthened capacity of young people, youth-led organizations, key service providers and partners to develop, implement, monitor and evaluate HIV prevention programmes

Output Indicators	Baseline /Progress	Target/Scope	Data source	Frequency
a. Strengthened national capacity among key stakeholders ⁸ for the design and implementation of quality, comprehensive age-specific sexuality education in policy and curricula	<p>2011 UCO survey All countries⁹: 76%(n=73);N=96 HICs¹⁰: 74%(n=28);N=38</p> <p>2012 UNJT Report (JPMS) All countries: 83% (n=86); N=104 HICs: 89% (n=34); N= 38</p>	<p>2013 All countries: 84% HICs: 87%</p> <p>2015 All countries: 90% HICs: 100%</p>	Joint UN Team survey (complemented with data from UNFPA COAR, UNESCO SISTER)	Annual (UNESCO bi-annual)
a. Strengthened national capacity for the provision of essential Sexual and Reproductive Health Services (SRH) services to young people	<p>2011 UCO survey All countries: 84% (n=80); N=95 HICs: 76%(n= 29); N= 38</p> <p>2012 UNJT Report (JPMS) All countries: 79% (n=82); N=104 HICs: 79% (n=30); N= 38</p>	<p>2013 All countries: 90% HICs: 88%</p> <p>2015 All countries: 95% HICs: 100%</p>	Joint UN Team survey (complemented with data from UNFPA COAR)	Annual

⁸ Key stakeholders defined as: Ministries of Education, educational institutions, implementing partners especially for out of school youth

⁹ Unless specified otherwise, "All countries" refers to countries with UNAIDS presence.

¹⁰ "HICs" – UNAIDS focuses its intensified action on 38 High Impact Countries which bear brunt of the HIV burden. Following countries are identified as HICs: Nigeria, Ethiopia, Mozambique, Uganda, Kenya, Tanzania, Zambia, Malawi, Zimbabwe, Cameroon, Democratic Republic of Congo, Indonesia, Ghana, Angola, Chad, Cote d'Ivoire, Burundi, Central African Republic, South Africa, India, Russian Federation, China, Brazil, Lesotho, Swaziland, Botswana, Namibia, South Sudan, Ukraine, Myanmar, Thailand, Haiti, Islamic Republic of Iran, Rwanda, Guatemala, Jamaica, Cambodia and Djibouti.

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	136,900	91,000	99,700	-	11,700	130,000	9,600	39,900	151,000	669,800
UNICEF	1,397,100	562,500	427,500	157,500	202,500	634,400	243,000	157,500	427,500	4,209,500
UNFPA	609,200	640,200	542,300	342,000	290,900	1,067,100	259,700	334,600	333,200	4,419,100
ILO	275,700	353,000	41,400	20,400	29,000	23,700	34,400	-	35,300	812,900
UNESCO	1,016,500	3,140,000	493,400	123,600	460,500	544,800	311,400	75,000	459,500	6,624,700
WHO	123,000	120,000	50,000	13,000	40,000	24,000	20,000	27,000	23,000	440,000
World Bank	39,400	209,200	15,400	6,200	12,300	62,000	7,100	6,100	30,800	388,400
Subtotal Output A1.1.1	3,597,700	5,115,900	1,669,800	662,600	1,046,900	2,486,000	885,100	640,100	1,460,400	17,564,500
Subtotal Outcome A1.1	3,597,700	5,115,900	1,669,800	662,600	1,046,900	2,486,000	885,100	640,100	1,460,400	17,564,500
DELIVERABLES										
<p>Policies Joint deliverables J1.1 UNICEF, UNFPA</p> <p>a. Develop national strategies on social change and behaviour communication for young people and their communities, promoting safer attitudes, lifestyles and behavioural norms delaying sexual debut, using condoms for dual protection from sexually transmitted infections (including HIV) and pregnancy, responsible sexual behaviour, including reducing the number of sexual partners.</p> <p>b. Develop and support mass media programmes to influence harmful social and cultural norms, and the provision of youth-friendly health services for the prevention, treatment and care of HIV within the country context.</p> <p>J1.2 UNFPA, ILO</p> <p>a. Revise and introduce policies and legal frameworks to meet human rights standards, to remove legal barriers to access HIV prevention and care services, including condoms and to enhance access to HIV services for young workers (Recommendation 200).</p> <p>J1.3 UNFPA, UNESCO</p> <p>a. Implement and scale-up evidence-informed, skills-based and age-specific comprehensive sexuality education addressing HIV and sexual risk behaviours among young people.</p>					<p>Policies Individual deliverables 1.1 UNICEF</p> <p>a. Develop guidance and provide technical support towards implementation, monitoring and evaluation of evidence-informed, skills based and age-specific comprehensive sexuality education through school and community-based programmes.</p> <p>1.2 UNESCO</p> <p>a. Support education sector sub-systems and institutions in playing a critical role in HIV prevention through accelerated and effective sector-wide policy, planning and programmatic responses that include sound monitoring and evaluation of education sector efforts as part of the national response.</p> <p>b. Advocate for and expand the evidence base on removing legal, social and cultural barriers to accessing sexual and reproductive health education and services for key populations.</p>					
<p>Service integration Joint deliverables J2.1 UNICEF, UNFPA, UNODC, WHO</p> <p>a. Develop and/or review SRH/HIV policies and programmes including comprehensive intervention packages for young people (particularly marginalised adolescent girls, young people who inject drugs,</p>					<p>Capacity Individual deliverables 2.1 UNHCR</p> <p>a. Scale-up existing programmes and develop new prevention programmes when applicable to reduce HIV sexual transmission among populations affected by humanitarian situations.</p>					

<p>young prisoners and young sex workers and their partners).</p> <p>J2.2 UNFPA, WHO</p> <p>a. Strengthen national capacity to advocate for and incorporate integration of HIV prevention and linkages with SRH, gender and HIV care in national strategic development plans and frameworks, expanding access to prevention.</p>	
<p>Capacity</p> <p>Joint deliverables</p> <p>J3.1 UNICEF, UNFPA, UNESCO</p> <p>a. Strengthen and promote youth participation at all levels in the design, implementation, monitoring and evaluation of HIV prevention, sexuality education programmes and services through institutional mechanisms, with parents and adults in the community as supportive partners.</p> <p>J3.2 UNICEF, World Bank</p> <p>a. Expand capacity and coverage of quality HIV prevention interventions and uptake, including information and services addressing structural gaps and reduce the risk and vulnerability to HIV infection among adolescents and young people through sexual transmission.</p> <p>J3.3 UNFPA, UNESCO</p> <p>a. Strengthen national capacity and capacity of service providers, including youth led and youth serving organisations on youth friendly SRH/HIV, to scale up effective prevention programmes and implement age appropriate, gender and rights based sexual reproductive health and HIV education including new prevention approaches and technologies in schools' curricular and community settings including peer education.</p> <p>J3.4 WHO, World Bank</p> <p>a. Provide standards, guidance, tools and methods to implement and scale-up evidence-informed, quality prevention programmes, including models of health service delivery for adolescents (including adolescent sexual and reproductive health integration of male circumcision, HIV testing and counselling, and sexuality education).</p> <p>Strategic information</p> <p>Joint deliverables</p> <p>J5.1 UNICEF, UNFPA, WHO, World Bank</p> <p>a. Develop strategic information/analytical work on risk, vulnerability, reasons for changes in HIV prevalence and behaviours and response to HIV in key populations, including young people to inform policies, programmes, planning and funding frameworks.</p>	<p>Access to condoms</p> <p>Individual deliverables</p> <p>3.1 UNODC</p> <p>a. Increase access to male and female condoms and to STIs prevention and treatment for people living in prisoners and other closed settings and for people who inject drugs.</p> <p>b. Support countries in removing legal barriers to access condoms in prisons and other closed settings.</p> <p>Strategic information</p> <p>Individual deliverables</p> <p>4.1 UNICEF</p> <p>a. Monitor national and sub-national response for adolescents and advocate for and support countries to strengthen collection and reporting of age disaggregated service data and youth-specific programme monitoring to enhance knowledge of epidemic and response in young people.</p> <p>4.2 WHO</p> <p>a. Monitor report on and evaluate progress in scaling up HIV prevention interventions in the health sector.</p> <p>4.3 World Bank</p> <p>a. Support countries to incorporate strategic prevention into national strategic and operational planning processes.</p> <p>b. Support governmental decision making on cost effective combinations and funding allocations on HIV prevention and impact mitigation.</p> <p>c. Support country efforts to use HIV prevention science and mathematical modelling to estimate and forecast the impact of individual and combinations of HIV prevention programmes at sub-national, national and regional levels.</p>

Outcome A1.2 Evidenced-informed combination prevention policies and programmes prioritized to specific localities, contexts and key populations including, men who have sex with men, sex workers, transgender people and migrants at risk of HIV are implemented

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
<p>a. Percentage of sex workers reporting the use of a condom with their most recent client</p>	<p>2009 (n=86) Median (range): 81% (5%-99%)</p> <p>2011 (n=84) Median (range): 85.14% (0.82% - 98.78%)</p>	<p>Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.</p>	<p>Behavioural surveillance or other special surveys Previously UNGASS #18, GARPR 1.8</p>	<p>Every 2-3 years</p>

b. Percentage of men who have sex with men reporting the use of a condom the last time they had anal sex with a male partner	2009 (n=86) Median (range): 57% (11%-89%) 2011 (n=95) Median (range): 59.75% (19.92% - 91.45%)	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Behavioural surveillance or other special surveys Previously UNGASS #19, GARPR 1.12	Every 2-3 years
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Output A1.2.1 Informed vocal and capable organizations of men who have sex with men, sex workers and transgender people engaged as partners to advance universal access to HIV prevention, treatment, care and support, including in municipalities, and at least one comprehensive HIV programme in place providing non-judgemental, non-stigmatizing and relevant services.

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Municipal level comprehensive HIV prevention, treatment and care programmes implemented for and with men who have sex with men, sex workers and/or transgender people.	2011 UCO survey All countries: 73% (n=74); N=89 HICs :74% (n=28) N= 38 2012 UNJT Report (JPMS) All countries: 51% (n=53); N=104 HIC: 63% (n=24); N=38	2015: Increased by at least one municipal programmes from baseline in all 30+ countries <i>Different targets to be considered for CEI and GEI countries.</i>	Joint UN Team survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	188,300	75,000	57,000	21,000	27,000	84,600	32,400	21,000	57,000	563,300
UNDP	589,700	1,177,500	395,400	131,800	197,700	197,700	197,700	65,900	131,800	3,085,200
UNFPA	652,100	487,100	487,700	269,300	538,900	884,600	208,300	169,200	308,400	4,005,800
ILO	282,600	298,000	37,600	-	-	-	41,000	-	-	659,200
UNESCO	254,100	261,700	128,300	-	76,700	121,100	-	-	25,100	867,000
WHO	520,000	413,000	205,000	50,000	160,000	60,000	52,000	80,000	60,000	1,600,000
World Bank	77,900	418,600	123,300	6,200	92,400	3,100	7,100	43,000	3,100	774,500
Subtotal Output A1.2.1	2,564,700	3,130,900	1,434,300	478,300	1,092,800	1,351,000	538,500	379,100	585,400	11,554,900
Subtotal Outcome A1.2	2,564,700	3,130,900	1,434,300	478,300	1,092,800	1,351,000	538,500	379,100	585,400	11,554,900

DELIVERABLES

Policies Joint deliverables J1.1 UNDP, UNFPA, UNESCO, WHO	Technical assistance and Capacity Individual deliverables 1.1 UNFPA
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- a. Strengthen and engage informed, vocal and capable organizations of men who sex with men, transgender people, and sex workers as partners to advance universal access and expand comprehensive and linked HIV prevention and SRH services.

J1.2 UNICEF, UNDP, UNFPA

- a. Provide technical assistance, guidance and advocacy to organizations and/or leadership of men who have sex with men, sex workers, and transgender people engaged as partners including adolescents and young people to advance universal access and address the needs of men who have sex with men, transgender people and sex workers through strengthened partnerships with municipal authorities, the use of law, public policy and inclusive governance.

J1.3 UNFPA, UNODC

- a. Implement HIV prevention policies and programmes among uniformed services, people living in prisons and other closed settings.

J1.4 UNFPA, ILO

- a. Develop prevention policies and scale up HIV prevention and care services for displaced populations, young people and vulnerable workers, including mobile and migrant workers.

Technical assistance and Capacity

Joint deliverables

J2.1 UNICEF, UNFPA, UNDP, UNODC, UNESCO, WHO

- a. Strengthen capacity among UN staff, global, regional and national level partners, including through In Reach Training, to advocate for and programme with people who inject drugs, men who have sex with men, sex workers, and transgender people and PLHIV as change agents.

J2.2 UNDP, UNFPA, WHO

- a. Support HIV monitoring and evaluation and operational guidelines for programmes with sex workers, men who have sex with men and transgender people to be implemented at national, sub-national and service delivery levels.

J2.3 WHO, World Bank

- a. Provide tools and guidance to countries to inform strategic planning, target setting, service delivery and resource allocation for men who have sex with men, sex workers, and transgender people prevention and care.

Services

Joint deliverables

J3.1 UNICEF, UNFPA, WHO

- a. Support capacity of countries to (1) implement an integrated package¹¹ for sex workers, MSM and transgender people; (2) expand coverage of effective prevention interventions for sexual transmission of HIV; (3) develop comprehensive combination prevention programmes linking prevention of sexual transmission of HIV with other HIV prevention interventions and (3) rapidly implement new prevention technologies and approaches.

- a. Provide advocacy and technical assistance to expand HIV prevention programmes and SRH services including condoms and lubricants for men who have sex with men, sex workers, and transgender people in municipal and national responses.

1.2 UNESCO

- b. Support exchange of good practice and expand evidence base on empowering men who have sex with men, sex workers, and transgender people to claim their human rights and essential HIV services.

1.3 ILO

- c. Strengthen the engagement of men who have sex with men, sex workers (and their clients) and transgender people in HIV workplace prevention programmes

Services

Individual deliverables

2.1 UNHCR

- d. Support and implement programmes to reduce HIV sexual transmission in countries of asylum and those hosting internally displaced people.
- e. Scale up existing programmes and develop new HIV prevention programmes for key populations in humanitarian settings.

¹¹ Integrated package includes community empowerment; protection against discrimination and violence; access to condoms and lubricants, SRH services including STI prevention and treatment, family planning and prevention of unintended pregnancies, abortion and post abortion care, catch-up HBV immunization and community health care services; voluntary testing and counselling, antiretroviral treatment, and harm reduction adapted from WHO, UNFPA, UNAIDS, NSWP *Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low-and-Middle-Income Countries: Recommendations for a public health approach*

Outcome A1.3 Combination prevention programming meeting needs of individuals and communities scaled up, and integrating most effective new and emerging prevention technologies (e.g. male circumcision, microbicides, PREP, HIV vaccines)

Outcome Indicators	Baseline /Progress	Target/ Scope	Data source	Frequency
a. Relevant new technologies has been piloted and/or integrated into HIV prevention programmes, policies and strategies.	<p>2011 UCO survey All countries: 46% (n= 49); N=93 HICs: 68% (n= 26); N=38</p> <p>2012 UNJT Report (JPMS)¹² ARV treatment as prevention All countries: 22% (n=23); N=104 HICs: 34% (n=13); N=38 Microbicides All countries: 3% (n=3); N=104 HICs: 5% (n=2); N=38</p> <p>PrEP All countries: 12% (n=13); N=104 HICs: 29% (n=11); N=38 VMMC All countries: 17% (n=18); N=104 HICs: 42% (n=16); N=38</p>	<p>2013: 65%; 2015: 80%</p>	Joint UN Team survey	Annual

Output A1.3.1 New and emerging HIV prevention technologies and approaches (including male circumcision, microbicides, PREP, HIV vaccines) supported and included in the scale up of combination prevention if they continue to show effectiveness in trials.

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Support provided to countries to translate research on new technologies into implementation and scale-up	<p>2011 UCO survey¹³ All countries: 40% (n=37);N=93 HICs: 46% (n= 17); N=38</p> <p>2012 UNJT Report (JPMS) All countries: 22% (n=23); N=104 HICs: 37% (n=14); N=38</p>	<p>2013: 55% 2015: 70%</p>	Joint UN Team survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	185,600	174,800	110,800	40,800	52,500	164,500	63,000	40,800	110,800	943,600
WHO	1,970,000	1,100,000	290,000	30,000	195,000	175,000	60,000	160,000	120,000	4,100,000
World Bank	39,400	208,000	15,400	6,200	12,300	61,900	7,100	6,100	30,800	387,200
Subtotal Output A1.3.1	2,195,000	1,482,800	416,200	77,000	259,800	401,400	130,100	206,900	261,600	5,430,800

¹² 2012 Data shows countries supported by the Joint UN Team on AIDS towards piloting and/or translating research on new technologies into policy or implementation and /or scale-up in the past 12 months. On the other hand, 2011 baseline data counts all countries that either piloted or integrated new technology into HIV programme.

¹³ 2011 baseline and 2012 data both count countries receiving 4 or more types of support towards translating new technologies and/or piloting new technology into implementation and/or scale-up.

DELIVERABLES	
<p>Joint deliverables</p> <p>J1. UNICEF, UNFPA, WHO</p> <p>a. Build evidence and guidance on new prevention technologies to support scale-up and improvement in prevention approaches, including regional and country HIV vaccine initiatives.</p> <p>b. Provide guidance and support to expand combination prevention programmes, with focus on (1) standards, quality control, national regulation and procurement of male and female condoms and lubricants; (2) including male circumcision devices, technologies and approaches to support scaling up HIV prevention where appropriate; (3) guidance on prevention for people living with HIV; (4) counselling and testing, combination prevention and treatment for discordant couples; (5) expanding disclosure and adherence support, transition and risk reduction services for adolescents living with HIV; and (6) advocate for and support research and development on female condoms.</p> <p>c. Scale up male circumcision programmes, including biomedical and behavioural aspects and the impact of women.</p> <p>J2. WHO, World Bank</p> <p>a. Provide normative guidance and capacity building for HIV surveillance and monitoring and evaluating prevention interventions.</p>	<p>Individual deliverables</p> <p>1. WHO</p> <p>a. Support countries to improve access to affordable prevention commodities.</p> <p>b. Provide technical guidance and research support on (1) the safe and effective use of ARV-based prevention technologies including PrEP and PEP and (2) on developing a research agenda on new prevention technologies and approaches, including vaccines, microbicides and the role of ARVs in prevention (including ART for prevention).</p> <p>c. Provide guidance and support on preventing HIV transmission within health care settings, including safe blood supplies, injection and surgical safety and universal precautions.</p> <p>d. Support UNAIDS/WHO regional and country HIV vaccine initiatives.</p> <p>2. World Bank</p> <p>a. Support the development of Investment Cases, bringing together cost effectiveness and implementation science data, including data on the application of new and emerging technologies, to help countries make an informed case for sustaining investments in HIV and AIDS prevention.</p>

Output A1.3.2 Strengthened capacity to plan, implement and evaluate combination prevention programmes that meet the needs of individuals and communities				
Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Development or revision of a National/Sectoral HIV and AIDS workplace policy (ies) to implement workplace programmes	<p>2011 ILO report 49 countries (63% HICs)</p> <p>2012 UNJT Report (JPMS) All countries: 46% (n=48); N=104 HICs : 61% (n=23); N=38</p>	<p>2013 60 countries (70% HICs)</p> <p>2015 70 countries (80% HICs)</p>	Joint UN Team Survey complemented by information from ILO	Annual
b. Strengthened national capacity in logistics management of commodities	<p>2011 UCO Survey All countries: 63% (n=60); N=95 HICs : 55% (n=21); N= 38</p> <p>2012 UNJT Report (JPMS) All countries: 46% (n=48); N=104 HICs: 61% (n=23); N=38</p>	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team survey (complemented with data from UNFPA COAR)	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	136,900	90,800	99,700	-	11,700	140,000	9,600	39,900	161,000	689,700
UNICEF	263,200	112,500	85,500	31,500	40,500	126,900	48,600	31,500	85,500	825,700
UNDP	417,100	617,100	205,700	82,300	41,100	138,000	82,300	41,100	82,300	1,707,000
UNFPA	737,900	622,100	447,100	146,100	259,400	1,221,800	80,300	68,100	348,300	3,931,100

ILO	308,400	449,000	33,000	24,800	34,600	25,400	38,400	25,300	35,300	974,200
WHO	120,000	90,000	40,000	10,000	30,000	30,000	20,000	30,000	30,000	400,000
World Bank	540,200	2,933,700	215,700	86,300	172,500	868,700	86,200	86,000	430,200	5,419,400
Subtotal Output A1.3.2	2,523,700	4,915,200	1,126,700	381,000	589,800	2,550,800	365,400	321,900	1,172,600	13,947,100
Subtotal Outcome A1.3	4,718,700	6,398,000	1,542,900	457,900	849,600	2,952,200	495,500	528,900	1,434,200	19,377,900
Total Goal A1	10,881,200	14,644,800	4,647,000	1,598,800	2,989,300	6,789,200	1,919,000	1,548,100	3,480,000	48,497,000

DELIVERABLES**Joint deliverables****J1. UNICEF, UNDP, UNFPA, WHO, World Bank**

a. Support countries to expand coverage of effective programmes and interventions for prevention of heterosexual transmission of HIV, including multiple concurrent partnerships.

J2. UNICEF, UNFPA, WHO, World Bank

a. Develop strategic information/analytical work on risk, vulnerability, factors contributing to changes in HIV prevalence and behaviours and response to HIV in key populations, including young people to inform policies, programmes, planning and funding frameworks.

J3 UNFPA, ILO, UNHCR

a. Develop strategies and programmes to increase demand, access & use of male & female condoms and lubricants, for sexually active populations including key populations, young people, young workers (especially in the informal economy) & in humanitarian settings.

J4. UNFPA, WHO

a. Establish reproductive health commodity security in countries as an integral & permanent component of the overall health sector plan.

Individual deliverables**1. UNHCR**

a. Work with countries of asylum and those hosting internally displaced people to support the implementation of programmes reducing sexual transmission of HIV.

b. Scale-up existing programmes and develop new prevention programmes when applicable to reduce HIV sexual transmission among populations affected by humanitarian situations.

2. UNICEF:

a. Support countries to develop, implement and evaluate national programmes to reduce early sexual debut and age-disparate sex in young women and girls.

3. UNDP

a. Support countries to understand and address key socio-economic factors that drive sexual transmission and to follow-up with appropriate planning and action outside the health sector.

4. ILO

a. Support the active engagement of ministries of labour, employers' organizations, workers organization and networks of people living with HIV in the design, implementation, monitoring and evaluation of HIV and AIDS prevention workplace programmes and policies.

b. Provide policy advice and technical support to develop national and sectoral workplace policies and programmes to provide all means of prevention (including condoms) (based on *Recommendation 200*).

5. World Bank

a. Support the development of Investment Cases, bringing together cost effectiveness and implementation science data to help countries make an informed case for sustaining investments in HIV and AIDS prevention.

GOAL A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half				
Impact Indicators	Baseline¹⁴/ Progress	Target/ Scope	Data source	Frequency
a. Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	2009 400,000 (= 27% transmission) 2011 (n=117) Median (range): 55.5% (0% - 109.33%)	Reduction in new paediatric infections: 2013: By 50% 2014: By 65% 2015: By 85%	Early Infant Diagnosis (EID) testing laboratories, Spectrum estimates, central statistical offices, and/or sentinel surveillance Previously UNGASS #25, GARPR 3.2 (reformulated)	Every 2 years
b. Maternal deaths associated with HIV (number and per cent)	2008 -21,000 ¹⁵ 2010 22,400	2013: 36% reduction (<13,400) 2015: 50% reduction (<10,500)	Maternal Mortality Report	Every 2 years

Outcome A2.1 In countries with the greatest number of HIV-positive pregnant women -generalised epidemic settings¹⁶, HIV incidence reduced among women of reproductive age. Unmet need for family planning reduced; Anti-retroviral drugs provided to pregnant women with HIV; Coverage of care and support for HIV-infected mothers, infants and partners scaled up				
Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of HIV- positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	2010: 48% 2009: Number of women in low and concentrated epidemics: 56,612 2011 (n=141) Median (range): 64% (0% -277.92%)	2013: > 50% 2015: 90% By 2015, all eligible HIV+ pregnant women in need of treatment (WHO 2010 guidelines) for their own health	Programme monitoring and HIV surveillance. Previously UNGASS #5, GARPR 3.1	Annual

Output A2.1.1 Global plan and monitoring framework, for eliminating new HIV infections among children and for keeping their mothers alive, developed and implemented.				
Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
National plan and targets for the elimination of MTCT of HIV in place and implemented (<i>in 22 priority countries</i>)	0 in June 2011	22 (100%) in 2013	PMTCT IATT Secretariat (UNICEF)	Annual

¹⁴ Baselines (and targets) under Goal A2 aligned to the 2011 Global Plan to Eliminate HIV infections in children.

¹⁵ 2008 value

¹⁶ Under the Global Elimination Plan, PMTCT services will be strengthened in 22 high-burden, with a focus on the 13 countries where approximately 80% women in need of PMTCT (using 2009 baseline): Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Uganda, United Republic of Tanzania, Swaziland, Zambia and Zimbabwe.

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	141,200	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	411,600
WHO	420,000	200,000	130,000	25,000	100,000	100,000	50,000	85,000	90,000	1,200,000
Subtotal Output A2.1.1	561,200	277,300	159,000	40,400	119,300	150,600	72,800	102,400	128,600	1,611,600
DELIVERABLES										
Joint deliverables										
J1. UNICEF, UNFPA, WHO										
a. Provide evidence-based policy guidance, technical support and lead advocacy at global, regional and country levels to promote the elimination of MTCT, and paediatric care and treatment, including through inter-agency task teams (IATTs).										

Output A2.1.2 Maternal and child health systems and services strengthened, including antenatal care and deliveries by skilled attendants, and PMTCT integrated with sexual and reproductive health.

Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National Plan implemented for strengthening the bi-directional (two-way) integration of sexual and reproductive health and HIV services.	<p>2011 All countries: 32% (n=30); N=94 HICs: 37% (n=14); N=38</p> <p>2012 All countries: 43% (n=29); N= 67</p>	<p>2013: 66%</p> <p>2015: 100%</p>	Scorecard on Gender Equality in National HIV Responses	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,300
WFP	-	57,600	2,900	-	-	12,700	2,900	-	10,400	86,500
UNFPA	232,000	206,300	-	62,600	68,900	258,600	45,000	77,300	41,300	992,100
WHO	230,000	125,000	55,000	10,000	12,000	39,000	20,000	31,000	48,000	570,000
Subtotal Output A2.1.2	578,900	466,200	86,900	88,000	100,200	360,900	90,700	125,700	138,300	2,035,900

DELIVERABLES	
<p>Joint deliverables</p> <p>J1. UNICEF, UNFPA, WHO</p> <p>a. Provide policy operational guidance and technical support to countries to improve bi-directional linkages and integration of:</p> <ol style="list-style-type: none"> HIV interventions and services within maternal, neonatal and child health services (UNICEF, UNFPA, WHO); PMTCT services into other sexual and reproductive health services (UNICEF, UNFPA); HIV prevention, voluntary counselling and testing, family planning, ARVs for PMTCT and infant feeding (UNICEF, UNFPA, WHO); Infant and young children feeding and PMTCT programmes (UNICEF). <p>J2. UNICEF, WFP, WHO</p> <p>a. Increase access to optimal ARV regimens for pregnant women, primary prevention with special attention to adolescent girls and optimal infant and young child feeding.</p> <p>J3. UNICEF, WHO</p> <p>a. Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems and integration of health care services by national governments, partners and civil society organisations into national responses.</p>	<p>Individual deliverables</p> <p>1. UNFPA</p> <p>a. Support primary prevention of HIV among women of childbearing age and prevention of unintended pregnancies among women living with HIV</p> <p>2. UNODC</p> <p>a. Advocate and promote provision of PMTCT services for women living in prisons and other closed settings.</p>

Output A2.1.3 Implementation of PMTCT improved, including rural and urban areas

Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. PMTCT strategy/plans explicitly address low level and concentrated epidemic settings and access to services are implemented.	2012 UNJT Report (JPMS) All countries: 61%, (n=63); N=104 HIC: 58%, (n=22); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,200	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,200
WHO	265,000	250,000	85,000	10,000	30,000	45,000	20,000	55,000	70,000	830,000
Subtotal Output A2.1.3	381,900	327,200	114,000	25,400	49,300	95,600	42,800	72,400	108,600	1,217,200

DELIVERABLES

<p>Joint deliverables</p> <p>J1. UNICEF, UNFPA, WHO</p> <p>a. Provide policy, operational guidance and technical support to countries to improve bi-directional linkages and integration of:</p> <ol style="list-style-type: none"> HIV interventions and services within maternal, neonatal and child health services (UNICEF, WHO); 	<p>Individual deliverables</p> <p>1. WHO</p> <p>a. Provide guidance and develop enhanced country capacity for surveillance, monitoring and evaluation of PMTCT programmes.</p>
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<p>2. PMTCT services into other sexual and reproductive health services (UNICEF, UNFPA);</p> <p>3. HIV prevention, voluntary counselling and testing, family planning, ARVs for PMTCT and infant feeding (UNICEF, WHO);</p> <p>4. (4) Infant and young children feeding and PMTCT programmes (UNICEF).</p> <p>J2. UNICEF, WHO</p> <p>a. Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems and integration of health care services by national governments, partners and civil society organisations into national responses.</p>	
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Output A2.1.4 Reliable information and monitoring systems established, and external donor support and technical assistance mobilized

Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Effective national M&E system for the elimination of MTCT programme has been established for the collection, analysis dissemination and use of data	2012 UNJT Report (JPMS) All countries: 27%, (n=28); N=104 HICs: 34%, (n=13); N=38	Targets will be set during the UBR AF 2012-2015 mid-term review early in 2014.	Joint UN Team survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,200	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,200
WHO	220,000	200,000	73,000	15,000	22,000	45,000	30,000	50,000	45,000	700,000
Subtotal A2.1.4	336,900	277,200	102,000	30,400	41,300	95,600	52,800	67,400	83,600	1,087,200
Subtotal Outcome A2.1	1,858,900	1,347,900	461,900	184,200	310,100	702,700	259,100	367,900	459,100	5,951,800

DELIVERABLES

Joint deliverables	Individual deliverables
<p>1. UNICEF, WHO</p> <p>a. Lead advocacy and coordination efforts at global, regional and country level to promote elimination of MTCT initiative including through the inter-agency task team (ATT).</p>	<p>1. UNICEF</p> <p>a. Support evidence-based advocacy and mobilization of resources through analysis of elimination plans, programming approaches and strategic visioning.</p> <p>2. WHO</p> <p>a. Provide guidance and develop enhanced country capacity for surveillance, monitoring and evaluation of PMTCT programmes.</p> <p>b. Support operational research on PMTCT in priority countries and link with national scale-up efforts.</p>

Outcome A2.2 In low and concentrated epidemic settings, HIV incidence reduced among women of reproductive age. Unmet need for family planning reduced; Anti-retroviral drugs provided to pregnant women with HIV; Coverage of care and support for HIV-infected mothers, infants and partners scaled up

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of HIV- positive pregnant women who receive antiretrovirals to	2010: 48%	2013: > 50% 2015: 90%	Programme monitoring and HIV surveillance. Previously UNGASS #5,	Annual

reduce the risk of mother-to-child transmission	<p>2009: Number of women in low and concentrated epidemics: 56,612</p> <p>2011 (n=141) Median (range): 64% (0% -277.92%)</p>	By 2015, all eligible HIV+ pregnant women in need of treatment (WHO 2010 guidelines) for their own health	GARPR 3.1	
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Output A2.2.1 PMTCT service delivery decentralized and integrated into routine antenatal, delivery and postnatal care settings and other sexual and reproductive health services (e.g. family planning, management of sexually transmitted disease).

Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
Percentage of pregnant women who are tested for HIV and receive their results - during pregnancy, during labour and delivery and during postpartum period (< 72 hours), including those with previously known HIV status	<p>2009: estimated 26% of 125 million pregnant women in low-and middle-income countries received an HIV test 2008: 21 % 2005: 7%</p> <p>2009: Approximately 51% of pregnant women testing positive were reported to have been assessed for eligibility to receive antiretroviral therapy for their own health. 2008: 34%</p> <p>2011 39% of 111 million pregnant women received an HIV test and received HIV-negative results (n= 124 countries)</p>	<p>2013: 50% 2015: 80%</p>	Universal Access Country Report – Indicator Ref. I.8	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	443,900	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,334,600
WFP	0	336,300	6,900	0	0	29,200	6,900	0	24,200	403,500
WHO	270,000	340,000	145,000	10,000	100,000	80,000	40,000	85,000	80,000	1,150,000
Subtotal Output A2.2.1	713,900	933,200	247,000	60,700	163,400	275,200	121,700	142,000	231,000	2,888,100

DELIVERABLES

Joint deliverables

J1. UNFPA, WHO

- a. Strengthen advocacy, guidance and capacity to integrate PMTCT into 1) health sector planning and 2) sexual and reproductive health services and to implement package of services and 3) antenatal, delivery and post-natal care services

Individual deliverables

1. UNICEF

- a. Support sub-national analysis of programme performance for better resource investment to achieve equitable access to services.
b. Support innovation to PMTCT service delivery to improve access, quality and utilization.

	<p>2. WFP</p> <p>a. Integrate food and nutrition support within PMTCT programmes to increase adherence, treatment success and HIV-free survival.</p> <p>3. UNODC</p> <p>a. Advocate and support countries to provide PMTCT services to female drug users and women living in and/or released from prisons and other closed settings.</p> <p>4. UNHCR</p> <p>a. Advocate and support the provision of PMTCT in humanitarian settings.</p>
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Output A2.2.2 Paediatric HIV treatment and care integrated into existing child health services and treatment programmes to address the needs of exposed and infected children.

Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National policy on the routine offer of testing children in inpatient settings, nutritional intervention settings at facility and community levels, and in immunization settings (generalized epidemics)	<p>2012</p> <p>Countries with gen. epidemic (N=37)</p> <p>a. Inpatient settings: 49% (n=18)</p> <p>b. Nutritional intervention settings at facility and community levels: 30% (n=11)</p> <p>c. Immunization settings: 32% (n=12)</p>	By 2015:100%	Universal Access Country Report	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	47,000	31,400	60,400	-	4,400	127,000	2,900	29,900	112,700	415,500
UNICEF	378,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,268,800
WFP	96,100	154,900	-	-	-	50,000	-	-	-	301,000
WHO	180,000	215,000	85,000	10,000	48,000	48,000	30,000	40,000	44,000	700,000
Subtotal Output A2.2.2	701,200	658,100	240,500	60,700	115,800	391,000	107,700	126,900	283,500	2,685,300

DELIVERABLES

Individual deliverables

1. UNHCR

a. Support the integration of PMTCT into maternal and child health programmes in refugee settings.

2. UNICEF

a. Invest in development of continuum of care models that adequately serve both mothers and children in effective care services.

2. WFP

a. Integrate provision of food and nutrition (specialised food products) support to child health service delivery particularly for HIV-exposed infants and children.

3. WHO

a. Support the integration of PMTCT into health sector planning.

Output A2.2.3 PMTCT policy and programmes expanded, including antiretrovirals (prophylaxis and treatment for eligible women), sexual and reproductive health (including MHCH, family planning, STIs and GBV), primary prevention and nutritional support.

Output indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of infants born to HIV-infected women receiving any ARV prophylaxis for PMTCT in the first six weeks of life	2010: 42% 2011: 34%	By 2015: 85%	Universal Access Country Report MoH health facility service provision records	Annual
b. Strengthened national capacity among community-based interventions for family planning	2012 UNJT Report (JPMS) All countries: 40 %, (n=42); N=104 HICs: 47%, (n=18); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team survey (complemented with data from UNFPA COAR)	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	378,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,268,800
UNFPA	232,000	170,100	51,000	-	151,500	167,400	-	-	57,800	829,700
WHO	160,000	250,000	70,000	10,000	40,000	40,000	20,000	50,000	40,000	680,000
Subtotal Output A2.2.3	770,100	677,000	216,100	60,700	254,900	373,400	94,800	107,000	224,600	2,778,500
Subtotal Outcome A2.2	2,185,300	2,268,300	703,500	182,100	534,100	1,039,500	324,200	375,900	739,000	8,351,900
Total Goal A2	4,044,200	3,616,200	1,165,400	366,300	844,200	1,742,200	583,300	743,800	1,198,100	14,304,000

DELIVERABLES

Joint deliverables

J1. UNICEF, WFP

- a. Integrate provision of food and nutrition (specialised food products) support to child health service delivery particularly for HIV-exposed infants and children.

J2. UNICEF, WHO

- a. Support annual reporting on progress achieved towards the elimination of MTCT.
b. Support national and sub-national analysis of programme performance for better resource investment to achieve equitable access to services.

Individual deliverables

1. UNFPA

- a. Provide advocacy and guidance to, and strengthen capacity of, countries to integrate PMTCT services into sexual and reproductive health services and to implement strategies and a package of services.

2. UNODC

- a. Advocate and promote provision of PMTCT services for women living in prisons and other closed settings.

3. WHO

- a. Provide support to countries to address their policy and programmatic needs to eliminate MTCT and as appropriate to incorporate on-going strategies on elimination of congenital syphilis.

4. UNHCR

- a. Advocate and support the provision and integration of PMTCT in MCH programmes in humanitarian settings

GOAL A3: All new HIV infections prevented among people who inject drugs

Impact Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Percentage of people who inject drugs who are living with HIV	<p>2009 (n=60) Median (range): 8% (0%to 63%)</p> <p>2011 (n=65) Median (Range): 6.9% (0% - 52.42%)</p>	<p>By 2013, reduced to 6.5%</p> <p>By 2015, reduced to 5%¹⁷</p>	<p>Sentinel surveillance survey</p> <p>Previously UNGASS #23, GARPR 2.5</p>	<p>Every 2-3 years</p>

Outcome A3.1 Strengthened regulations, policies and legislative reforms, which are evidence-informed and human rights focused, and support harm reduction and opioid substitution therapy for people who inject drugs¹⁸

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Countries with laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for people who inject drugs	<p>2009</p> <p>NCPI A (Governments) All countries: 50% (n=52) ; N=104 HICs: 50% (n=19); N=38</p> <p>NCPI B (Civil society) All countries: 65% (n=68) ; N=104 HICs: 66% (n=25); N=38</p> <p>2011</p> <p>NCPI A (Governments) All countries: 53% (n=55) ; N=104 HICs: 58% (n=22); N=38</p> <p>NCPI B (Civil society) All countries: 70% (n=73); N=104 HICs: 74% (n=28); N=38</p>	<p>2015</p> <p>(a) Domestic action to influence laws and legal barriers in at least 50 countries;</p> <p>(b) Law successfully reformed in at least 20 countries.</p> <p>(reported by population group where possible)</p>	<p>NCPI 2012¹⁹ (AIII.Q2; BIII. Q2)</p>	<p>Every 2 years</p>

¹⁷ In the absence of consistent incidence measurement across countries, reduction in prevalence, combined with increasing number of people tested for HIV and on ART can complement the picture on changes in incidence. Reduction in prevalence should not be reached at the cost of increased mortality (high stigma and low access to treatment can keep new infections high, and increase mortality).

¹⁸ In at least 20 countries.

¹⁹ Was previously NCPI 2010 Part A.I Q6 and Part B.I Q3: "Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups

Output A3.1.1 Review and adaptation of national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV have been facilitated.

Output Indicators	Baseline /Progress	Target / Scope	Data source	Frequency
a. Policy guidance and tools addressing the needs and vulnerability of people who inject drugs have been adapted and implemented in the past 12 months.	<p>2011 UCO Survey All countries:51% (n=48); N=94 HICs: 53% (n=20); N=38</p> <p>2012 UNJT Report (JPMS) All countries: 57%, (n=59); N=104 HICs: 66%, (n=25); N=38</p>	<p>2013 All countries: 67% HICs: 79%(n=30)</p> <p>2015 All countries:80% HICs: 100% (n=38)</p>	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	90,000	75,500	87,100	21,000	87,100	24,700	32,400	21,000	27,000	465,800
UNDP	102,800	102,800	48,000	6,900	41,100	13,700	13,700	6,900	6,900	342,800
UNODC	575,000	230,000	320,900	16,700	221,900	178,700	109,100	240,800	-	1,893,000
Subtotal Output A3.1.1	767,800	408,300	456,000	44,600	350,100	217,100	155,200	268,700	33,900	2,701,600

DELIVERABLES

Joint deliverables	Individual deliverables
<p>J1. UNICEF, UNODC a. Advocate and assist countries in reviewing and adapting national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV, including the protection of children, adolescents and youth who inject drugs and access to services.</p> <p>J2. UNDP, UNODC a. Support countries in protecting the human rights of people who inject drugs, working in partnership with people who inject drugs and their organisations and other civil society partners, to address the intersections of drug use and sexual transmission, including in prisons and closed settings.</p>	<p>1. UNODC a. Provide technical assistance and build capacity of countries to review and align national policies and operational plans on illicit drugs and criminal justice with national HIV strategic plans.</p>

Output A3.1.2 Evidence base developed which supports public health approaches for HIV prevention, treatment and care services including opioid substitution therapy for people who inject drugs, and those living in prisons and other closed settings.

Output Indicators	Baseline /Progress	Target/ Scope	Data source	Frequency
a. Evidence informs public health approaches to HIV prevention, treatment and care services including opioid substitution therapy for people who inject drugs, and for people living in	<p>2011 UCO Survey People who inject drugs All countries: 48% (n=46); N=95 HICs: 34% (n=13); N=38</p>	<p>2012 UNJT Report (JPMS) People who inject drugs All countries: 45% (n=47); N=104 HICs: 53% (n=20); N=38</p>	<p>2013: At least 85 countries 2015: At least 100 countries</p>	<p>Joint UN Team Survey</p> <p>Annual</p>

prisons and other closed settings	People in prisons & other closed settings All countries: 79% (n=75); N=95 HICs (79% (n=30); N=38		Prison inmates All countries: 54% (n=56); N=104 HICs: 66% (N=25); N=38							
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	1,150,000	345,000	160,400	25,000	110,600	59,600	109,100	60,200	-	2,019,900
UNODC	200,000	100,000	75,000	-	70,000	20,000	-	35,000	20,000	520,000
World Bank	77,300	418,600	138,700	12,300	24,600	30,900	27,700	12,200	30,800	773,100
Subtotal Output A3.1.2	1,427,300	863,600	374,100	37,300	205,300	110,500	136,800	107,400	50,800	3,313,100
Subtotal Outcome A3.1	2,195,100	1,271,900	830,100	81,900	555,400	327,500	292,000	376,200	84,700	6,014,700
DELIVERABLES										
Joint deliverables					Individual deliverables					
J1. UNODC, WHO					1. UNODC					
a. Synthesize evidence and advocate for public health approaches for HIV prevention, treatment and care among people who inject drugs (injection and non-injection), amphetamine-type stimulants and cocaine use, hazardous alcohol use and opioid substitution therapy.					a. Support countries to strengthen their national M&E systems to track progress of the HIV response among people who inject drugs and among people living in prison and other closed settings.					
J2. UNODC, World Bank					2. World Bank					
a. Undertake synthesis and analysis of global epidemics of HIV among people who inject drugs conducted.					a. Support countries to evaluate different models of injecting drug use models b. Provide analytics to show cost effectiveness and return on investment of injecting drug use programmes					

Outcome A3.2 (i) Expanded needle and syringe programmes to regularly reach people who inject drugs;
(ii) Expanded opioid substitution therapy to regularly reach people who inject opioids;
(iii) Increased coverage of other evidence based opioid substitution therapy services for people who use opioids and/or stimulant drugs;
(iv) Expanded (doubled) access to timely and uninterrupted antiretroviral therapy for people using drugs and living with HIV, and for people in prisons and other closed settings who are living with HIV.

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of people injecting drugs who reported using sterile injecting equipment the last time they injected	2010 (n=50) Median (range): 80% (7%-99%) 2011 (n=48) Median (range): 77.6% (0% - 96.8%)	85% by 2013 and 90% by 2015	Behavioural surveillance or other special surveys GARPR 2.3	Every 2 years

Output A3.2.1 HIV prevention, treatment, care and support provided, with opioid substitution therapy for people who inject drugs, and HIV prevention, treatment, care and support provided for people living in prisons and other closed settings.										
Output Indicators		Baseline / Progress			Target/Scope		Data source		Frequency	
a. Provision of comprehensive HIV services to people living in prisons		2012 UNODC Report Countries with UNODC presence: 5% (n=5); N=96 HICs: 5% (n=2); N=38			2013: increase number of countries by 15% 2015: increase number of countries by 30%		UNODC Corporate Results Framework; Special surveys		Annual	
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	40,000	75,400	87,100	21,000	87,100	24,700	32,400	21,000	27,000	415,700
UNFPA	188,900	54,000	-	-	68,900	-	-	-	33,000	344,800
UNODC	1,725,000	1,725,000	1,403,800	58,300	1,035,500	625,400	381,800	632,300	-	7,587,100
UNESCO	127,100	104,700	88,800	-	61,400	48,400	-	-	8,400	438,700
WHO	430,000	450,000	250,000	-	300,000	20,000	-	30,000	20,000	1,500,000
Subtotal Output A3.2.1	2,511,000	2,409,100	1,829,700	79,300	1,552,800	718,500	414,200	683,300	88,300	10,286,300
Subtotal Outcome A3.2	2,511,000	2,409,100	1,829,700	79,300	1,552,800	718,500	414,200	683,300	88,300	10,286,300
Subtotal Goal A3	4,706,100	3,681,000	2,659,800	161,200	2,108,200	1,046,000	706,200	1,059,400	173,000	16,301,000
DELIVERABLES										
Joint deliverables										
J1. UNICEF, UNFPA, UNODC, UNESCO										
a. Support countries to implement youth-friendly education, harm reduction and opioid substitution therapy services.										
J2. UNFPA, UNODC, WHO										
a. Facilitate selection, approval, procurement and distribution of affordable prevention and treatment medicines and commodities for people who inject drugs, including opioid substitution drugs, sterile injecting equipment and condoms, both in community and in prisons and other closed settings.										
J3. UNODC, WHO										
a. Provide technical support to countries for setting targets, national strategic planning and strengthening services in collaboration with PLHIV and networks of people who inject drugs, to deliver comprehensive HIV prevention, treatment and care including opioid substitution therapy.										
J4. UNODC, WHO										
a. Provide guidance to countries on prevention and management of active viral hepatitis in the context of HIV infection including global case definition of chronic liver disease for use in resource-poor settings in an HIV context (main focus on people who inject drugs).										

GOAL B1: Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment					
Impact Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. Percentage of eligible adults and children currently receiving antiretroviral therapy	<p>2009 Median (range): 36% (33%-39%) (5,254,000²⁰) Global number of children (<15): 356,407 (2009) Global number of adults(15+): 4,805,450 (2009) Global number of females: 1,859,745 (2009) Global number of males: 2,579,099 (2009)</p>	<p>2011: (2012 Global Report)</p> <ul style="list-style-type: none"> • 8 million people received ART. • 54% of people eligible for ART in low and middle income countries were receiving it. • Women ART coverage: 68% (LMIC) • Men ART coverage: 47% (LMIC) • children ART coverage : 28% (worldwide) 	<p>2013: 11 million people living with HIV will receive ART. 2015: 15 million people living with HIV will receive ART.</p>	<p>Programme monitoring and HIV surveillance Previously UNGASS #4; GARPR 4.1 MDG Indicator</p>	<p>Annual</p>

Outcome B1.1 Increased delivery and access to timely and uninterrupted treatment, care and support for people living with HIV				
Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of adults and children with HIV known to be receiving treatment 12 months after initiation of antiretroviral therapy	<p>2010 Average global retention rate: 81% Males (n=77) Median (range): 89% (38%-100%) Females (n=72) Median (range) 88% (50%-100%) Under 15 (n=64) Median (range): 90% (0%-100%) Over 15 (n=88) Median (range): 87% (50%-100%)</p> <p>2011 (Global Report) (n= 133) Median (range): 83.5% (41% - 100%)</p>	<p>2015 (average global retention rate): 90%</p>	<p>Programme monitoring tools (cohort/group analysis forms; Antiretroviral therapy registers and antiretroviral therapy cohort analysis report form). UA report (pp.105-106 for 2010 data) Previously UNGASS#24; GARPR 4.2</p>	<p>Annual</p>

²⁰ Not all countries are able to provide disaggregated data. As a result, the total number of people receiving treatment is higher than the sum of disaggregated categories (gender and age).

Output B1.1.1 Global guidance adapted and implemented to achieve the five pillars of Treatment 2.0, including support for strategic information that measures effectiveness and impact, with particular focus on countries with high prevalence and low ART coverage.

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. UN joint teams provided technical assistance for implementation of Treatment 2.0	<p>2011 UCO Survey All countries: 58% (n=45); N=77 HICs: 47% (n=18); N=38</p> <p>2012 UNJT Report (JPMS) All countries: 37% (n=38); N=104 HICs: 84% (n=32); N=38</p>	2013: 28 HICs 2015: 38 HICs	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	260,400	173,600	124,400	-	20,000	200,100	14,700	31,600	186,800	1,011,700
UNICEF	181,500	145,300	62,700	33,500	41,800	108,700	29,300	37,600	104,500	744,900
WFP	96,100	240,200	-	-	-	-	-	-	0	336,300
WHO	1,200,000	2,160,000	480,000	30,000	420,000	340,000	130,000	300,000	340,000	5,400,000
Subtotal Output B1.1.1	1,738,000	2,719,100	667,100	63,500	481,800	648,800	174,000	369,200	631,300	7,492,900

DELIVERABLES

Joint deliverables

J1. UNICEF, WHO

- a. Strengthen global guidance and HIV service provision for adolescents living with HIV through drug and supply chain management and preventing stock-outs and addressing overstocks of ARV and underlying causes.

J2. UNHCR, UNICEF, WFP, WHO

- a. Provide overall leadership and advocacy for treatment and mobilise resources for partners to achieve the goals of Treatment 2.0 at global, regional and country levels.
- b. Identify evidence gaps and advocate for research across the five pillars of Treatment 2.0 initiative.
- c. Support countries in generating strategic information to set country specific targets and monitor progress towards Treatment 2.0 goals and Universal Access (treatment, care and support).

Individual deliverables

1. UNICEF

- a. Strengthen HIV service provision for adolescents living with HIV through (1) policy and operational guidance, technical assistance and training for service providers; (2) national ownership, coordination synergies to accelerate paediatric and adolescent treatment and care scale up, and (3) global monitoring of adolescents living with HIV.

2. WHO

- a. Co-coordinate Treatment 2.0 initiative (incl. partner mobilization, civil society service delivery partners and communities, advocacy and tracking progress leadership and policy recommendations).
- b. Provide guidance, tools and country support for monitoring (1) outcome and impact of treatment, care and support; (2) acquired and transmitted HIV drug resistance; (3) ARV pharmaco-vigilance.

Output B1.1.2 Drug regimens optimized, with minimal toxicities, high barriers to resistance, limited drug interactions and fixed dose combinations or easy-to-use paediatric formulations (Pillar 1)

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Countries using stavudine -based regimen as first-line antiretroviral therapy	<p>2009 33 countries among 54 surveyed have started to phase out stavudine</p> <p>2012 79 countries</p>	<p>2013: 50 countries surveyed have phased out</p> <p>2015: All 54 countries surveyed have phased out by 2015 ("Zero" - All priority countries should have phased out stavudine -based regimen as first-line antiretroviral therapy by 2015 (WHO)</p>	WHO survey on ARV use	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	36,300	0	6,700	3,500	4,400	11,600	3,100	4,000	11,100	80,700
WHO	650,000	420,000	150,000	10,000	80,000	90,000	30,000	80,000	90,000	1,600,000
Subtotal Output B1.1.2	686,300	420,000	156,700	13,500	84,400	101,600	33,100	84,000	101,100	1,680,700

DELIVERABLES**Joint deliverables****J1. UNICEF, WHO**

- Disseminate and provide technical support for roll-out of revised guidelines on ART for HIV + adults and children; diagnosis, prevention and management of opportunistic infections and co-infections in adults and children and technical guidance on paediatric ARV product selection.
- Develop prioritized list of desired new ARV combinations and conduct focused advocacy with industry and other stakeholders.

Individual deliverables**1. WHO**

- Maintain Essential Medicines List and Expression of Interest List; prequalify medicines and publish in the *WHO List of Prequalified Medicines*.

Output B1.1.3 Promotion and Expansion in the use of point-of-care and other simplified platforms for diagnosis and treatment monitoring (Pillar 2 of Treatment 2.0) (e.g. rapid diagnosis, point-of-care CD4 and viral load testing, and tests for related conditions)

Output Indicators	Baseline/ Progress	Target/Scope	Data source	Frequency
a. CD4 point of care (POC) technology for HIV diagnosis or patient monitoring is used	<p>2010: 6 countries</p> <p>2012: 24 countries</p>	38 - All HIV defined priority countries should be using POC technology by 2015	WHO survey on ARV use, which also includes laboratory coverage: CD4, VL and EID.	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	72,600	24,100	8,800	4,700	5,900	15,200	4,100	5,300	14,600	155,300

WHO	620,000	415,000	125,000	10,000	45,000	95,000	25,000	70,000	95,000	1,500,000
Subtotal Output B1.1.3	692,600	439,100	133,800	14,700	50,900	110,200	29,100	75,300	109,600	1,655,300
Subtotal Outcome B1.1	3,116,900	3,578,200	957,600	91,700	617,100	860,600	236,200	528,500	842,000	10,828,900

DELIVERABLES

Individual deliverables

1. UNICEF

a. Provide operational guidance technical support, advocacy, and policy recommendations to countries to accelerate adoption of new Point of Care (POC) technologies for early infant HIV diagnosis (EID) and CD4.

2. WHO

a. Provide global guidance and technical support on (1) Point of Care (POC) and other simplified diagnostics; (2) selection, procurement, use and maintenance of simplified laboratory technologies for diagnosis and monitoring, treatment of TB, HIV and viral hepatitis.

b. Prequalify priority diagnostics and publish WHO List of Prequalified Diagnostics; include technical updates and external quality assessments; Serve as Secretariat for *Global Incidence Working Group* for development of validation protocols and training in countries.

Outcome B1.2 Increased Access to and availability of, affordable HIV-related commodities

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Weighted average ART drug treatment cost per patient in low and middle income countries	<p>2009 First line regimen: 155 (USD) Second line regimen 1678 (USD)</p> <p>2012 First line regimen: USD 107</p>	<p>2013 First line regimen 150 (USD) Second line regimen 1215 (USD)</p> <p>2015 First line regimen 147 (USD) Second line regimen 984 (USD)</p>	WHO, The Lancet, 2011 (Investment framework study group)	Annual

Output B1.2.1 National systems²¹ strengthened to make use of TRIPS flexibilities, pooled procurement and local production, cost-reduction and financial sustainability for drugs, diagnostics and non-commodity costs (Pillar 3)

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National health system and plan contains key components to address the HIV epidemic (HIV medicines; HIV diagnostics; provision of condoms and other essential HIV commodities; and use of intellectual property policy and law, including TRIPS flexibilities)	<p>2012 UNJT Report (JPMS) All countries: 20% (n=21); N=104 HICs: 24% (n=9); N=38</p>	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team Survey	Annual

²¹ Legislative, procurement and other systems

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	-	24,100	8,800	4,700	5,900	15,200	4,100	5,300	14,600	82,700
UNDP	405,700	355,700	41,100	13,700	54,900	82,300	41,100	27,400	13,700	1,035,600
WHO	520,000	370,000	75,000	-	45,000	60,000	20,000	50,000	60,000	1,200,000
Subtotal Output B1.2.1	925,700	749,800	124,900	18,400	105,800	157,500	65,200	82,700	88,300	2,318,300
DELIVERABLES										
<u>Joint deliverables</u> J1. UNICEF, WHO a. Publish global and regional trends in drugs and other commodities use. b. Provide advice on use of TRIPS flexibilities and other mechanisms to reduce cost of medicines and commodities.					<u>Individual deliverables</u> 1. UNDP a. Provide support to reduce cost through appropriate use of market mechanisms, TRIPS flexibilities and innovation policy. 2. WHO a. Act as Secretariat for the <i>AIDS Medicines and Diagnostics Network</i> of technical partners. b. Maintain and update <i>Global Price Reporting Mechanism</i> database and forecast global and regional demand for drugs and other commodities.					

Output B1.2.2 Service delivery decentralized and integrated with prevention and other health programmes to increase access to and quality and sustainability of treatment (Pillar 4 of Treatment 2.0).

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency						
a. UNAIDS guidance on health service delivery was used to develop and/or review country policies and strategies or implement key actions without a formal, written national policy.	Data collection for the guidance on health service delivery can begin only in 2014 for 2013 since the guidelines will not be available until 2013	Target to be set using 2013 baseline	Joint UN Team Survey	Annual						
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	245,000	163,400	59,400	31,600	39,600	102,900	27,700	35,600	98,900	804,100
WFP	349,000	1,152,900	40,400	-	-	231,400	40,400	-	181,200	1,995,300
WHO	620,000	670,000	190,000	20,000	80,000	110,000	40,000	120,000	150,000	2,000,000
Subtotal Output B1.2.2	1,214,000	1,986,300	289,800	51,600	119,600	444,300	108,100	155,600	430,100	4,799,400

DELIVERABLES**Individual deliverables****1. UNICEF**

- a. Strengthen capacity at facility and community-level to deliver care for children living with, and exposed to HIV.
- b. Support countries in addressing stock outs and overstocks of ARV and their underlying causes.

2. WFP

- a. Integrate food and nutrition support with HIV treatment to increase treatment success and adherence, and reduce malnutrition.

3.WHO

- a. Provide guidance, tools, strategic information and technical support on (1) decentralized, integrated service delivery; (2) retention in care; (3) HIV testing algorithms, testing strategies, selection of HIV testing approaches, and testing for discordant couples; and (4) procurement and supply management.

Output B1.2.3 Demand for treatment increased by mobilising communities, promoting policies and engaging them in service design, delivery, adherence and providing care and support (incl. nutritional) ensuring human rights of affected communities (Pillar 5).

Output Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. Percentage of HIV programme services estimated to be provided by civil society (<i>testing and counselling/ reduction of stigma and discrimination, clinical services ART/OI Home-based care/ Programmes for OVC</i>)'	2009 Testing and Counselling All countries: 8%(n= 8); N=104 HICs: 5% (n=2); N=38 Stigma and discrimination All countries 30% (n=31); N=104 HICs: 21% (n=8); N=38 Clinical services: All countries:3% (n=3); N=104 HICs: 3% (n= 1); N=38 Home based care All countries: 33% (n=34); N=104 HICs: 42% (n=16);N=38 Programmes for OVC All countries: 17% (n=18); N=104 HICS: 24% (n=9); N=38	2011 Testing and Counselling All countries: 8% (n=8) ; N=104 HICs: 5% (n=2); N=38 Reducing Stigma and Discrimination All countries: 32% (n=33) ; N=104 HICs: 32% (n=12); N=38 Clinical Services All countries: 5% (n=5) ; N=104 HICs: 11% (n=4); N=38 Home-based care All countries: 29% (n=30) ; N=104 HICs: 42% (n=16); N=38 Programmes for OVC All countries: 25% (n=26) ; N=104 HICs: 29% (n=11); N=38	Targets are country and context-specific. Targets will be determined by countries, based on baseline involvement of Civil Society in service delivery.	NCPI 2012 -BI.Q7	Every 2 years

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	145,200	109,900	26,400	14,100	17,600	45,700	12,300	15,800	44,000	431,000
WFP	483,700	1,008,800	40,300	18,400	-	231,400	40,400	-	181,200	2,004,200
ILO	330,000	540,000	40,200	-	27,200	24,000	33,100	-	35,300	1,029,800
UNESCO	127,100	52,300	49,300	-	-	36,300	-	-	16,700	281,800

Subtotal Output B1.2.3	1,086,000	1,711,000	156,200	32,500	44,800	337,400	85,800	15,800	277,200	3,746,800
Subtotal Outcome B1.2	3,225,700	4,447,100	570,900	102,500	270,200	939,200	259,100	254,100	795,600	10,864,500

DELIVERABLESJoint deliverables**J1. UNICEF, WFP, WHO**

- a. Strengthen community systems to ensure community engagement in developing testing and counselling strategies, service design and delivery, adherence and provision of care and support, including food and nutritional support to increase treatment success and adherence.

Individual deliverables**1. WFP**

- a. Integrate food and nutrition support with HIV treatment to increase treatment success and adherence, and reduce malnutrition.

2. ILO

- a. Create demand for HIV testing, promote referrals for vulnerable workers in identified economic sectors, to ensure early diagnosis of HIV and prompt ART through workplace structures. .

3. UNESCO

- a. Strengthen networks of teachers and learners living with HIV to realise their right to Universal Access.

Outcome B1.3 Equitable access to treatment, care and support for key populations is ensured and monitored by countries to inform policy and programme implementation

Outcome Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. Percentage (and number) of eligible adults and children currently receiving antiretroviral therapy	<p>2009 Median (range): 36% (33%-39%) (5,254,000²²) Global number of children (<15): 356,407 (2009) Global number of adults(15+): 4,805,450 (2009) Global number of females: 1,859,745 (2009) Global number of males: 2,579,099 (2009)</p>	<p>2011 (2012 Global Report) • 8 million people received ART. • 54% of people eligible for ART in low and middle income countries were receiving it. • Women ART coverage: 68% (LMIC) • Men ART coverage: 47% (LMIC) • children ART coverage : 28% (worldwide)</p>	<p>2013: 11 million people living with HIV will receive ART. 2015: 15 million people living with HIV will receive ART.</p>	Programme monitoring and HIV surveillance Previously UNGASS #4; GARPR 4.1 MDG Indicator	Annual

Output B1.3.1 Policies and programmes address equitable access to treatment, care and support for children, women and men, with a particular focus on key populations.

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National HIV plans include policies and programmes targeting key populations for equitable access to treatment, care and support	<p>2009 All countries: 73% (n=76) ; N=104 HIC 63% (n=24); N=38 2011 All countries: 78% (n=81) ; N=104 HIC: 71% (n=27); N=38</p>	<p>2013 All countries: 77% HICs: 85% 2015 All countries: 85% HICs: 100%</p>	NCPI 2012 (BIII.Q8) UNAIDS Secretariat review of national plans Joint UN Team Survey	NCPI- Every 2 years UNAIDS Secretariat review of national plans and Joint UN Team survey- Annual

²² Not all countries are able to provide disaggregated data. As a result, the total number of people receiving treatment is higher than the sum of disaggregated categories (gender and age).

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	126,100	108,100	81,100	-	13,800	166,400	5,900	42,300	211,000	754,700
UNICEF	108,900	72,600	25,200	13,500	16,800	43,800	11,800	15,100	42,100	349,800
WHO	130,000	120,000	35,000	-	30,000	25,000	10,000	25,000	25,000	400,000
Subtotal Output B1.3.1	365,000	300,700	141,300	13,500	60,600	235,200	27,700	82,400	278,100	1,504,500

DELIVERABLES

Individual deliverables

1. UNHCR

- a. Provide continuity of ART for PLHIV at onset of humanitarian emergencies and improve access to care, support and treatment.

2. UNICEF

- a. Support countries in accelerating paediatric care and treatment scale up by strengthening national ownership, coordination and resource-mobilisation.
b. Provide operational guidance and technical support to improve guidance and tools on management of early infant diagnosis programs, develop systems to expedite the EID results to underserved areas and allow real-time tracking of ART referrals.

3. WFP

- a. Provide food and nutrition support to PLHIV in humanitarian emergencies to ensure continued access and adherence to HIV treatment and care, and enhanced nutritional recovery and treatment success

4. UNODC

- a. Advocate and support countries to increase access to ARV and to ensure continuity of care for people who inject drugs and for people living in and/or released from prisons and other closed settings.

5. WHO

- a. Disseminate global guidance and support countries to adapt and implement comprehensive services for key populations.

Output B1.3.2 Country-specific strategic information generated to monitor access for key populations, documenting barriers to be addressed

Output Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. Disaggregated data on treatment and care is reported (by age, gender and key populations)	<p>2010 Disaggregated by sex 79% (n= 119) N=149</p> <p>2012 UNJT Report (JPMS) All countries: 18% (n=19);N=104 HICs: 8% (n=3); N=38 Disaggregated by age All countries: 69% (n=72); N=104 HICs: 63% (n=24); N=38</p>	<p>Disaggregated by key populations All countries: 19% (n=20); N=104 HICs: 8% (n=3) ; N=38 Disaggregated by sex: All countries: 67% (n=70); N=104 HICs: 66% (n=25); N=38</p>	<p>2015</p> <ul style="list-style-type: none"> All countries disaggregated for age and sex. All countries with generalized and concentrated epidemics for key populations 	Review of Global and Universal Access report	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	72,600	48,400	17,600	9,400	11,700	30,500	8,200	10,600	29,300	238,300
WFP	204,200	288,200	-	-	-	50,000	-	-	50,000	592,400
WHO	150,000	350,000	75,000	-	60,000	50,000	15,000	60,000	40,000	800,000
Subtotal Output B1.3.2	426,800	686,600	92,600	9,400	71,700	130,500	23,200	70,600	119,300	1,630,700
Subtotal Outcome B1.3	791,800	987,300	233,900	22,900	132,300	365,700	50,900	153,000	397,400	3,135,200
Total Goal B1	7,134,400	9,012,600	1,762,500	217,100	1,019,600	2,165,500	546,200	935,600	2,035,000	24,829,000
DELIVERABLES										
Joint deliverables										
J1.1 UNICEF, WFP, WHO										
a. Support generation of country-specific strategic information to monitor access to services by key populations (including children and adolescents) and technical guidance to allow real-time tracking of ART referrals, expedite early infant HIV diagnosis (EID) results to underserved areas and document barriers to care.										
b. Technical support, to countries to identify bottlenecks to equitable access of ART for children and pregnant women, with an emphasis on M&E capacity building at the sub-national level.										
c. Provide technical guidance, tools and country support to monitor access to treatment for key populations, children and pregnant women, address bottlenecks; and document public health implications of policy and legislative barriers to access.										

GOAL B2: TB deaths among people living with HIV reduced by half

Impact Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Percentage of HIV positive tuberculosis patients who died by the end of tuberculosis treatment	<p>2004 450,000- 520, 000</p> <p>2010 126 countries reported 13% (n=16,774); N=133,661</p>	<p>2012: Reduced 36%</p> <p>2015: Reduced 50%</p>	National TB Programme, M&E	Annual

Outcome B2.1 More people living with HIV diagnosed and receiving treatment for tuberculosis²³

Outcome Indicators	Baseline /Progress	Target/ Scope	Data source	Frequency
a. Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	<p>2009</p> <ul style="list-style-type: none"> • Estimated incident cases of TB/HIV: 1,100,000 • Number of TB/HIV cases on ART: 178,236 (16%) <p>2011</p> <ul style="list-style-type: none"> • Estimated incident cases of TB/HIV: 1,100,000 • Number of TB/HIV cases on ART: 258,029 (23%) 	<p>2013: 50% of HIV-positive incident TB cases for both TB and HIV are treated.</p> <p>2015: 100% of all registered HIV positive TB cases</p>	TB/HIV Programme Estimates WHO M&E guide for TB/HIV activities Previously UNGASS #6, GARPR 5.1	Annual

Output B2.1.1 Country systems strengthened and HIV/TB collaborative activities implemented to reduce the burden of TB and HIV for people living with HIV

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of adults and children enrolled in HIV care during the reporting period whose TB status was assessed and recorded during their last visit (WHO)	<p>2010 58% (based on 69 countries reporting data).</p> <p>2011 42% (based on 47 countries reporting data)</p>	<p>2013: 75%;</p> <p>2015: 100%</p>	TB/HIV M&E (pre-ART/ ART register) WHO M&E guide for TB/HIV activities	Annual

²³ Countries accounting for 85% of the global burden of HIV/TB: Brazil, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Rwanda, South Africa, Swaziland, Thailand, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	53,900	47,900	-	-	55,400	61,300	-	-	-	218,500
WHO	130,000	150,000	40,000	-	30,000	22,000	20,000	32,000	26,000	450,000
Subtotal Output B2.1.1	183,900	197,900	40,000	-	85,400	83,300	20,000	32,000	26,000	668,500
Subtotal Outcome B2.1	183,900	197,900	40,000	-	85,400	83,300	20,000	32,000	26,000	668,500
DELIVERABLES										
Joint deliverables J1. UNICEF, UNODC, WHO a. Support the implementation of HIV/TB collaborative activities within national AIDS and TB planning and programmes and to integrate TB and HIV control efforts into other programmes. b. Engage the infected and affected community in a meaningful collaboration to address HIV and TB. J2. UNICEF, WHO a. Evaluate utility of new TB diagnostics to improve diagnosis of TB in HIV-infected children and develop guidelines for PMTCT/TB integration and scale-up in countries with high TB/HIV co-infection.					Individual deliverables 1. UNODC a. Advocate and provide technical assistance to countries to implement joint HIV/TB programme and activities and to ensure continuity of access for people who inject drugs and for people living in and/or released from prisons and other closed settings. 2. WHO a. Build normative guidance and country capacity to monitor and evaluate collaborative TB/HIV activities and report TB deaths among people living with HIV as well as country, regional and global progress reporting of TB and HIV interventions.					

Outcome B2.2 Burden of TB among people living with HIV reduced ⁵				
Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Percentage of adults and children newly enrolled in HIV care who start (at least one dose) IPT during reporting period."	<u>2010</u> 12% (based on 50 countries reporting data) <u>2011</u> 2% (based on 35 countries reporting)	2013; 30% 2015: 50%	TB/HIV Reporting, Pre-ART registers at HIV care service sites	Annual

Output B2.2.1 Access to ART and IPT to prevent TB for all PLHIV who are eligible, and for all TB patients irrespective of CD4 count				
Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. TB screening and Isoniazid Preventive Therapy are part of the national health system and plan	<u>2011 UCO Survey</u> All countries: 64% (n=61)N=95 HICs: 58% (n=22); N=38 <u>2012 UNJT Report (JPMS)</u> All countries 48% (n=50); N=104 HIC:53% (n=20); N=38	2013: 75% of HICs 2015: 100% of HICs	Joint UN Team survey Government's HIV/AIDS and TB policies, plans and/or guidelines.	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WFP	-	240,000	-	-	-	43,600	15,000	-	28,300	326,900
WHO	540,000	530,000	145,000	10,000	65,000	84,000	46,000	80,000	100,000	1,600,000
Subtotal Output B2.2.1	540,000	770,000	145,000	10,000	65,000	127,600	61,000	80,000	128,300	1,926,900
Subtotal Outcome B2.2	540,000	770,000	145,000	10,000	65,000	127,600	61,000	80,000	128,300	1,926,900
DELIVERABLES										
Joint deliverables J1. UNICEF, WFP, UNODC, WHO					Individual deliverables 1. WHO					
a. Collaborate to support the nationwide implementation of the 'Three Is' HIV/TB collaborative activities within national AIDS and TB programmes.					b. Provide normative guidance and technical support to (1) decentralize HIV treatment and prevention using TB services and promote integration of TB and HIV services into primary health care; and (2) integrate TB prevention and diagnosis into maternal and child health services including PMTCT					

Outcome B2.3 Knowledge of HIV status among TB patients increased and burden of HIV reduced

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Percentage of TB patients who had an HIV test result recorded in the TB register	<p>2009 26% of all registered TB patients</p> <p>2011 40% of all registered TB patients</p>	100% of all registered TB patients. 80% of TB patients in countries know their HIV status.	TB/HIV Reporting	Annual

Output B2.3.1 HIV testing and counselling for TB patients expanded; HIV prevention, treatment and care provided by TB programmes

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Strengthened national capacity among key stakeholders for the implementation of TB or dual HIV/TB workplace policies and programmes	2012 UNJT Report (JPMS) All countries: 64% (n=67); N=104 HICs: 66% (n=25); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team survey (complemented with data from ILO)	Annual
b. Proportion of TB patients with known HIV status.	<p>2010 34%</p> <p>2011 23%</p>	2015: 100%	WHO Global TB Report	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WFP	251,200	1,056,900	28,800	-	-	160,300	28,800	-	129,500	1,655,500
ILO	284,800	280,000	-	-	25,000	23,800	-	-	24,700	638,300
WHO	420,000	225,000	85,000	15,000	58,000	56,000	33,000	50,000	58,000	1,000,000
Subtotal Output B2.3.1	956,000	1,561,900	113,800	15,000	83,000	240,100	61,800	50,000	212,200	3,293,800
Subtotal Outcome B2.3	956,000	1,561,900	113,800	15,000	83,000	240,100	61,800	50,000	212,200	3,293,800
Subtotal Goal B2	1,679,800	2,529,800	298,800	25,000	233,400	451,000	142,800	162,000	366,500	5,889,000
DELIVERABLES										
Individual deliverables										
1. WFP										
a. Integrate food and nutrition support with TB treatment to increase treatment success and adherence, and reduce malnutrition.										
2. ILO										
a. Support national and enterprise level structures to implement comprehensive HIV/TB workplace policies & programmes in sectors such as mining, health and construction which actively promote TB case-finding for workers living with HIV & voluntary counselling & testing for workers with TB.										
3. WHO										
a. Provide (1) normative guidance to integrate HIV prevention, treatment and care into TB services and (2) technical support for nationwide expansion of HIV testing to those with presumptive and confirmed TB.										

GOAL B3: PLHIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Impact Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Proportion of the poorest households who received external economic support in the past 3 months	2011 (n=19) Median (range): 46% (2.1% - 91.7%)	2013: 30% 2015: 60%	Population-based surveys such as Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other nationally representative survey Previously UNGASS #10, GARPR 7.4	Every 3-5 years

Outcome B3.1 Increased access to HIV-sensitive social transfers (cash, food, in-kind) by vulnerable people and households affected by HIV and AIDS

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Domestic and international aid spending by categories and financing sources on category 6: social protection and social services	2010 USD 74,578,497 (64/114 countries reporting 78% expenditure = domestic sources) 2012 Domestic (Public) : US\$283,413,549 International: US\$36,214,690 (66/113 countries reporting 58%)	UNICEF/WHO/ UNAIDS Secretariat Increased domestic spending in 8 out of 10 high prevalence countries	National AIDS Spending Assessment (NASA) Previously UNGASS #1, GARPR 6.1	Every 2 years

Output B3.1.1 HIV sensitive social transfers are incorporated into national social protection policies and programmes (cash, food, in-kind)

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection strengthened (same indicator as B3.1.2)	2012 UNJT Report (JPMS) All countries : 22% (n=23); N=104 HICs: 26% (n=10); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	252,200	169,400	74,400	-	20,000	200,100	14,700	51,600	196,800	979,200
UNICEF	220,500	239,500	89,800	47,900	59,900	217,300	40,100	53,900	89,800	1,058,700

WFP	47,500	336,300	32,300	-	-	156,400	32,300	-	115,300	720,100
ILO	358,000	330,000	34,600	-	25,400	26,100	31,800	-	36,800	842,700
World Bank	77,000	334,800	24,600	12,300	12,300	97,800	7,400	4,900	61,600	632,800
Subtotal Output B3.1.1	955,200	1,410,000	255,700	60,200	117,600	697,700	126,300	110,400	500,300	4,233,500

DELIVERABLES**Joint deliverables****J1. UNHCR, UNICEF, WFP, World Bank**

a. Support the implementation and scale up of HIV sensitive social transfers (cash, food and vouchers) including for HIV affected populations of humanitarian concern.

J2. UNICEF, WFP, ILO, World Bank

a. Provide technical support to countries to ensure national social protection policies and strategies include HIV sensitive social transfers.

Individual deliverable**a. ILO**

a. Ensure UN social protection floor responds to the needs of vulnerable households affected by HIV.

Output B3.1.2 Evidence-based guidance on HIV sensitive social transfers and investments in social protection generated and communications strategies developed

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection (same indicator as B3.1.1)	2012 UNJT Report (JPMS) All countries : 22% (n=23); N=104 HICs: 26% (n=10); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	324,300	216,200	103,800	-	22,400	304,500	28,700	88,100	126,800	1,214,700
UNICEF	436,100	95,800	35,800	19,200	24,000	86,800	16,000	21,600	36,000	771,300
WFP	305,700	384,400	27,600	-	-	150,000	27,600	-	99,200	994,500
UNDP	308,500	308,600	102,800	41,200	20,600	144,000	20,600	20,600	61,800	1,028,700
ILO	312,900	330,000	34,300	-	28,100	-	33,700	-	36,500	775,500
World Bank	77,000	334,800	24,600	12,300	12,300	99,200	7,400	4,900	61,600	634,200

Subtotal Output B3.1.2	1,764,500	1,669,800	328,900	72,700	107,400	784,500	134,000	135,300	421,900	5,418,900
Subtotal Outcome B3.1	2,719,800	3,079,700	584,700	132,900	225,000	1,482,200	260,300	245,700	922,200	9,652,500

DELIVERABLES

Joint deliverables

J1. UNICEF, WFP, UNDP, ILO, World Bank

- a. Strengthen and disseminate global evidence on HIV sensitive social protection.
- b. Develop guidance on HIV sensitive social protection.

J2. UNICEF, WFP, UNDP, ILO, World Bank

- a. Create and implement advocacy campaigns to encourage increases in investment towards HIV-sensitive social protection, including appropriate attention to gender and human rights.

Individual deliverables

1. UNHCR

- a. Advocate for systems of social standard and benefits to include all persons of concern including PLHIV in countries hosting forcibly displaced populations.

2. World Bank

- a. Support countries to undertake analyses to improve the quality of HIV sensitive social protection programmes.
- b. Implementation of programmes for social protection
- c. Building of social protection systems that are HIV sensitive in high HIV burden countries

3. UNICEF

- a. Support operational research on HIV sensitive social protection

Outcome B3.2 National social protection plans and health care financing systems incorporate access to HIV prevention, treatment and care²⁴

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Current school attendance among orphans and non-orphans aged 10-14*	<p>2009 Orphans (n=37) Median (range): 71% (26%-94%) Non-orphans (n=45): Median (range): 89% (31%-99%)</p> <p>2011 Orphans: (n= 44) Median (range): 79.61% (24.71% - 100%) Non-orphans: (n= 43) Median (range): 92.41% (29.11% -100%)</p>	99% by 2015	Population based surveys (e.g. DHS, MICS, other nationally representative survey Previously UNGASS #12, GARPR 7.3 *MDG indicator	Every 3-5 years

²⁴ In 3 high burden middle income countries by 2013

Output B3.2.1 Strategies for national social protection and health care financing systems aligned with best practice and implemented

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Written national health financing and/or social protection strategies in place which explicitly address(es) HIV	<p>2012 UNJT Report (JPMS) NSP for Health Financing All countries: 18% (n=19); N=104 HIC: 21% (n=8); N=38</p> <p>NSP for Social Protection All countries: 33% (n=34); N=104 HIC: 34% (n=13); N=38</p>	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	UN Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	126,700	97,700	32,800	17,500	21,900	79,500	14,700	19,700	32,900	443,400
WHO	90,000	-	-	-	-	-	-	-	-	90,000
World Bank	14,600	502,300	37,000	18,500	18,400	146,800	11,100	7,300	92,400	848,300
Subtotal Output B3.2.1	231,300	600,000	69,800	36,000	40,300	226,300	25,800	27,000	125,300	1,381,700

DELIVERABLES

Joint deliverables

J1. UNICEF, WHO, World Bank

- a. Provide technical support to countries to address progressive health financing

Output B3.2.2 Innovative ways to finance HIV related health care developed including advocacy strategy for progressive and sustainable HIV financing

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of total health expenditure that is paid out-of-pocket is less than 15%	<p>2009 46/190 countries</p> <p>2010 42/191 countries</p>	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	WHO Global Health Expenditure Database (GHED)	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	143,700	47,900	17,900	9,600	12,000	43,400	8,000	10,800	18,000	311,300
WHO	100,000	90,000	25,000	-	20,000	20,000	-	-	25,000	280,000

World Bank	77,000	502,300	37,000	18,500	18,400	148,800	11,100	7,300	92,400	912,700
Subtotal Output B3.2.3	320,700	640,200	79,900	28,100	50,400	212,200	19,100	18,100	135,400	1,504,000
Subtotal Outcome B3.2	552,000	1,240,200	149,600	64,100	90,700	438,500	44,800	45,100	260,700	2,885,700

DELIVERABLES

Joint deliverables

J1. UNICEF, WHO

- a. Advocate for (1) prepayment for health services and health insurance, and against excessive reliance on out-of-pocket expenditures as a means of financing HIV related health expenditure; and (2) broader availability of health care and improved efficiency and effectiveness in HIV service delivery esp. for key populations.

J2. UNICEF, WHO, World Bank

- a. Document and publicize new and innovative ways to finance healthcare, focusing on HIV.
b. Collect strategic information on out-of pocket expenditures

Outcome B3.3 People and households affected by HIV have increased access to care, protection and support²⁵

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
<p>a. Percentage of orphaned and vulnerable children aged 5-17 years, who receive free basic support through schools [Based on UNGASS #10. Subsequently disaggregated into three separate school-based indicators to identify three support services:</p> <ul style="list-style-type: none"> Percentage of orphaned and vulnerable children, aged 5-17 years, who receive bursary support through the school Percentage of orphaned and vulnerable children, aged 5-17 years, who receive emotional/psychological support through the school Percentage of orphaned and vulnerable children, aged 5-17 years, who receive social support, excluding bursary support, through the school 	New indicator being field tested in 4 countries (integration into school-based surveys will depend on results).	50% of OVCs aged 5-17 in school in high prevalence countries receive at least 2 of the 4 forms of support through school-based programmes by 2013 By 2015: 70%	UNESCO (Global Monitoring & Evaluation Framework for Comprehensive Education Responses to HIV and AIDS)	Every 3-4 years

Output B3.3.1 National HIV/AIDS strategies are reviewed and incorporate comprehensive responses to care, protection and support including for key populations

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Refugees have equal access to ART as the host population	<p>December 2011 93% (UNHCR HIS, camp only)</p> <p>2012 UNJT Report (JPMS) All countries: 26% (n=29); N=110 HICs: 32% (n=12); N=38</p>	2015: 100%	Joint UN Team survey/ CRF UNHCR	Annual

²⁵ In 3 out of 6 selected countries.

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	252,200	169,400	74,400	-	23,300	200,100	14,700	78,300	186,800	999,200
UNICEF	337,300	289,300	104,700	55,800	69,800	253,400	46,800	62,800	104,700	1,324,600
Subtotal Output B3.3.1	589,500	458,700	179,100	55,800	93,100	453,500	61,500	141,100	291,500	2,323,800

DELIVERABLES	
<p><u>Joint deliverables</u> J1. UNICEF, WFP, WHO a. Review national strategies to ensure comprehensive care and support for AIDS-affected families and children. J2. UNICEF, WHO a. Document and share research undertaken on changing care and support landscape in relation to treatment.</p>	<p><u>Individual deliverables</u> 1. UNHCR a. Support the inclusion of populations affected by humanitarian situations in national HIV strategies. 2. UNICEF a. Provide support to countries to strengthen their national M&E system for social protection, care and support.</p>

Output B3.3.2 Strengthened national social protection, care and support systems (both government and non-governments)

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Number and percentage of HIV care and treatment clients vulnerable to food insecurity referred from clinical facilities to food security services	To be established in 2013 for 2012 (<i>new indicator</i>)	Target to be set using 2012 baseline	Routine programme and clinic records, including referrals to food security services	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	287,400	287,400	107,800	57,500	71,800	260,800	48,100	64,600	107,800	1,293,200
WFP	47,500	144,100	20,800	-	-	90,700	20,800	-	60,000	383,900
UNESCO	127,100	52,300	9,900	-	-	84,700	-	-	8,400	282,400
Subtotal Output B3.3.2	462,000	483,800	138,500	57,500	71,800	436,200	68,900	64,600	176,200	1,959,500
Subtotal Outcome B3.3	1,051,500	942,500	317,600	113,300	164,900	889,700	130,400	205,700	467,700	4,283,300
Total Goal B3	4,323,300	5,262,400	1,051,900	310,300	480,700	2,810,400	435,500	496,500	1,650,600	16,821,000

DELIVERABLES**Joint deliverables****J1. UNICEF, WFP, UNESCO**

- a. Provide technical assistance for government and civil society to strengthen national care, protection and support systems for HIV affected children, young people and families.

Individual deliverables**1. UNODC**

- a. Advocate, promote and build capacity of national partners including civil society organizations to provide social protection services, including reintegration and rehabilitation programmes, for people who inject drugs and for people living in and/or released from prisons and other closed settings.

2. UNICEF

- a. Technical assistance to support appropriate alternative care for children living with and affected by HIV
- b. Guidance for child protection and social protection sectors on mainstreaming the needs of children and families living with HIV
- c. Methodology and needs assessment of children's palliative care needs in 3 high priority countries

GOAL C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half					
Impact Indicators	Baseline / Progress		Target/ Scope	Data source	Frequency
a. Punitive laws and regulations around HIV, sex work, drug use or homosexuality reduced	<p>116 criminalise aspect of sex work; 79 countries and territories worldwide criminalise same-sex sexual relations; 32 have laws allow death penalty for drug-related offences</p>		2015: Domestic action to influence laws and legal barriers in at least 50 countries	GNP+, IHRA, ILGA, IPPF and UNAIDS database: <i>(Making the law work for the HIV response)</i>	Annual
b. Non-discriminatory laws or regulations for key populations enacted	<p>2009</p> <p>MSM</p> <p>a. All countries: 32% (n=33) ; N=104 b. HICs: 18% (n=7); N=38</p> <p>IDU</p> <p>a. All countries: 30% (n=31); N=104 b. HICs: 24% (n=9); N=38</p> <p>Prisoners</p> <p>a. All countries: 56% (n=58); N=104 b. HICs: 58% (n=22); N=38</p> <p>Sex Workers:</p> <p>a. All countries: 34% (n=35); N=104 b. HICs: 24% (n=9); N=38</p> <p>Women:</p> <p>a. All countries: 63% (n=66); N=104 b. HICs: 66% (n=25); N=38</p> <p>Youth:</p> <p>a. All countries: 61% (n=63); N=104 b. HICs: 63% (n=24); N=38</p> <p>*2010 NCPI did not have PLHIV and transgendered population in the survey.</p>	<p>2011</p> <p>PLHIV</p> <p>a. All countries: 85% (n=88) ; N=104 b. HICs: 76% (n=29); N=38</p> <p>MSM</p> <p>a. All countries: 32% (n=33) ; N=104 b. HICs: 29% (n=11); N=38</p> <p>IDU</p> <p>a. All countries: 26% (n=27) ; N=104 b. HICs: 26% (n=10); N=38</p> <p>Prisoners</p> <p>a. All countries: 60% (n=62) ; N=104 b. HICs: 61% (n=23); N=38</p> <p>Sex Workers</p> <p>a. All countries: 32% (n=33) ; N=104 b. HICs: 32% (n=12); N=38</p> <p>Transgendered population</p> <p>a. All countries: 22% (n=23) ; N=104 b. HICs: 13% (n=5); N=38</p> <p>Women</p> <p>a. All countries: 86% (n=89) ; N=104 b. HICs: 89% (n=34); N=38</p> <p>Youth</p> <p>a. All countries: 72% (n=75) ; N=104 b. HICs: 76% (n=29); N=38</p>	2015: (a) Domestic action to influence laws and legal barriers in at least 50 countries; (b) Law successfully reformed in at least 20 countries. (reported by population group where possible)	NCPI 2012 A III.Q1.1 and B III.Q1.1.	Every 2 years

Outcome C1.1 Parliamentarians and governments in an increasing number of countries with legal barriers that hinder access to HIV prevention, treatment, care and support actively promote proposals for reform, including attention to specific needs of women, young people, refugees, IDP, MSM, sex workers and migrants

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency	
a. National parliamentary discussions and governments actively consider and/or take steps towards the removal of legal barriers hindering access to HIV prevention, treatment and support for key populations	<p>2012 UNJT Report (JPMS)</p> <p>IDP a. All countries : 18% (n=19) ; N=104 b. HICs: 32% (n=12); N=38</p> <p>Migrants a. All countries : 40% (n=42); N=104 b. HICs: 50% (n=19); N=38</p> <p>MSM a. All countries : 45% (n=47) ; N=104 b. HICs: 45% (n=17); N=38</p> <p>OVC a. All countries : 40% (n=42) ; N=104 b. HICs: 58% (n=22); N=38</p> <p>PUD a. All countries : 37% (n=38) ; N=104 b. HICs: 32% (n=12); N=38</p> <p>People with Disabilities a. All countries: 30% (n=31) ; N=104 b. HICs: 45% (n=17); N=38</p> <p>PLHIV a. All countries : 59% (n=61) ; N=104 b. HICs: 71% (n=27); N=38</p>	<p>Prison inmates a. All countries : 43% (n=45) ; N=104 b. HICs: 55% (n=21); N=38</p> <p>Refugees a. All countries : 26% (n=27) ; N=104 b. HICs: 42% (n=16); N= 38</p> <p>Sex workers a. All countries : 50% (n=52) ; N=104 b. HICs: 61% (n=23); N=38</p> <p>Transgendered people a. All countries: 32% (n=33), N=104 b. HICs: 29% (n=11); N=38</p> <p>Women and Girls a. All countries: 56% (n=58); N=104 b. HICs: 71% (n=27); N=38</p> <p>Young People a. All countries : 52% (n=54); N=104 b. HICs: 63% (n=24); N=38</p>	Target will be set and reported on at the 33 rd meeting of the PCB	Joint UN Team Survey	Annual

Output C1.1.1 Movements for HIV related law reform are catalyzed and/or supported

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Capacity among policy and law-makers, key populations and affected communities to advocate for reforms in laws and practices strengthened	<p>2012 UNJT Report (JPMS)</p> <p>All countries: 57% (n=59); N=104 HICs: 71% (n=27); N=38</p>	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	21,600	16,600	6,900	-	2,600	61,000	3,400	53,500	48,600	214,200
UNICEF	36,000	16,800	19,400	4,700	19,500	5,500	7,300	4,700	6,000	119,900
UNDP	411,400	411,400	82,300	54,900	54,900	164,600	27,400	54,900	109,700	1,371,500

UNFPA	234,200	83,000	47,900	76,800	100,400	73,500	45,000	13,000	59,200	733,000
ILO	313,100	500,000	35,100	26,300	28,500	26,400	34,000	29,500	37,000	1,029,900
Subtotal Output C1.1.1	1,016,300	1,027,800	191,600	162,700	205,900	331,000	117,100	155,600	260,600	3,468,500

DELIVERABLES**Joint deliverables****J1. UNICEF, UNDP, UNFPA, UNODC, ILO**

- a. Strengthen and update evidence base on HIV and law reform, and make it available to key stakeholders.
- b. Facilitate dialogue between parliamentarians, human rights bodies, the judiciary, legal profession, religious leaders, public health leaders, civil society and key populations.
- c. Advocate for under 18-year-olds to have the right to the full participation in society, including access to anonymous and confidential HIV testing.

J2. UNICEF, UNDP, UNFPA, UNODC, ILO

- a. Build partnerships with PLHIV, civil society and human rights activists in support of advocacy for legal reform and to 'know your rights'.

Output C1.1.2 National coalitions for relevant law and regulation reform are actively advocating for removal of legal barriers to HIV prevention, treatment, care and support including attention to specific needs of women, young people, refugee, MSM, sex workers, IDPs and migrants

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National coalitions actively advocate for the removal of legal barriers to HIV prevention, treatment, care and support	2012 UNJT Report (JPMS) Removal of legal barriers to HIV programmes of at least a key population All countries : 62% (n=64); N=104 HIC: 74% (n=28); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team survey	Annual
b. Legislation in place and protecting persons of concern from mandatory testing for HIV	2011 57% 2012 26%	By 2015: 90%	CRF UNHCR	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	107,500	95,000	-	-	-	120,300	-	-	120,400	443,200
UNDP	102,800	172,800	20,600	13,700	13,700	41,100	6,900	13,700	27,400	412,700
UNFPA	288,000	65,600	-	-	151,500	-	-	-	41,300	546,500
ILO	315,600	480,000	34,000	23,900	27,200	26,200	33,100	24,500	36,900	1,001,400
UNESCO	-	52,300	59,200	-	-	12,100	-	-	-	123,700
Subtotal Output C1.1.2	813,900	865,800	113,800	37,600	192,400	199,700	40,000	38,200	226,000	2,527,400

Subtotal Outcome C1.1	1,830,200	1,893,600	305,400	200,300	398,300	530,700	157,100	193,800	486,500	5,995,900
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DELIVERABLES**Joint deliverables****J1. UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO**

- a. Build capacity in countries to undertake legislative review and reform punitive laws to (1) implement the ILO HIV and AIDS recommendation, (2) address needs of people who inject drugs and people living in prisons and other closed settings, (3) address the needs of populations in humanitarian settings, including attention to addressing gender-based violence (4) the rights of men having sex with men, sex workers and transgender populations, (5) address age of consent laws and (6) include rights to health, education and access to anonymous, confidential HIV testing and counselling for under 18 year-olds, (7) take action to deal with the negative consequences of punitive laws and practices, and (8) address the needs of women and girls.

Outcome C1.2 Stigma and discrimination reduced and access to justice increased for people living with HIV and other key populations in all countries

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Percent of the general population with accepting attitudes toward PLHIV	Male: 19.2% (0.3%-60.5%) Female: 12.0% (0.7%-56.4%)	2015: In at least 50 countries, responses address access to justice for PLHIV and other key populations and reduce stigma and discrimination.	Population-based survey and survey tools, e.g., AIDS Indicator Survey, Demographic and Health Survey (DHS), BSS; (previous UNGASS #14)	Every 2 years

Output C1.2.1 Evidence on stigma and discrimination and its impact is developed, updated and used to inform programmes and policies in countries, with key populations acting as change agents in all countries (and in relevant global forums and processes)

Output Indicators	Baseline/ Progress	Target/Scope	Data source	Frequency
a. Stigma Index report published	2010 14/79 countries 2012 UNJT Report (JPMS) All countries : 15 HICs : 7	2013: 44 countries; 2015: 64 countries	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	18,000	18,000	5,200	-	1,700	58,900	1,500	52,800	55,200	211,200
UNDP	257,200	257,200	51,400	34,400	34,400	103,000	17,200	34,400	68,600	857,800
UNFPA	266,500	104,800	94,700	-	68,900	-	-	-	33,000	567,800
ILO	320,500	470,000	34,100	26,100	25,900	25,900	32,200	20,400	36,700	991,800
UNESCO	254,100	314,000	19,700	-	153,500	84,700	-	-	83,600	909,700
Subtotal Output C1.2.1	1,116,300	1,164,000	205,100	60,500	284,400	272,500	50,900	107,600	277,000	3,538,200

DELIVERABLES	
<p>Joint deliverables</p> <p>J1. UNDP, UNODC, ILO, UNESCO</p> <p>a. Strengthen country capacity to provide evidence to address stigma and discrimination towards key populations, especially (1) on the needs, rights and responses in the education sector; (2) in key sectors employing vulnerable workers; and (3) among people who inject drugs and people in closed settings.</p> <p>J2. UNDP, UNFPA</p> <p>a. Support legislative review and mapping of HIV-related laws affecting men who have sex with men, sex workers, transgender people, people who inject drugs & women and girls.</p>	<p>Individual deliverables</p> <p>1. UNHCR</p> <p>a. Provide tools, guidance and training to address stigma and discrimination in the health sector, and reduce stigma and discrimination towards PLHIV in humanitarian situations.</p> <p>2. UNDP</p> <p>a. Strengthen community capacity of key populations and women and girls to challenge stigma and discrimination towards people with HIV and populations affected by HIV, including through south-south learning and exchange</p>

Output C1.2.2 Access to HIV-related legal services and legal literacy increased for people living with HIV, for key populations and for women

Output Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. [Number of countries with] Legal support services for PLHIV include at least one: <ul style="list-style-type: none"> i. Legal aid systems/services for HIV casework, ii. Law firms or university-based centres provide free or reduced-cost legal services to people living with HIV, iii. Programmes to educate, raise awareness among people living with HIV, key populations and women on their rights 	<p>2009</p> <p>(i) Legal aid system/service All countries: 50% (n=47); N=94 HICs: 63% (n=24); N=38</p> <p>(ii) Private sector Free or reduced service All countries: 45% (n=42); N=94 HICs: 61% (n=23); N=38</p> <p>(iii) Education/Awareness Programmes All countries: 100% (n=95); N=95 HICs: 89% (n=34); N=38</p>	<p>2011</p> <p>i. Legal aid system/service All countries: 60% (n=62); N=104 HICs: 76% (n=29); N=38</p> <p>ii. Private sector Free or reduced service All countries: 56% (n=58); N=104 HICs: 61% (n=23); N=38</p> <p>iii. Education/Awareness Programmes All countries: 86% (n=89); N=104 HICs: 87% (n=33); N=38</p>	Action taken in at least 30 countries to increase access to justice programming for PLHIV, other key populations and women.	NCPI 2012 BIII. Q12 (a and b) and 11 (a) UNAIDS Secrétariat	NCPI- every 2 years UNAIDS Secretariat-Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	308,500	308,500	61,700	41,100	41,100	123,400	20,600	41,100	82,300	1,028,300
Subtotal Output C1.2.2	308,500	308,500	61,700	41,100	41,100	123,400	20,600	41,100	82,300	1,028,300
Subtotal Outcome C1.2	1,424,800	1,472,500	266,800	101,600	325,500	395,900	71,500	148,700	359,300	4,566,500
Total Goal C1	3,255,000	3,366,000	572,200	301,900	723,800	926,600	228,600	342,400	845,800	10,562,000

DELIVERABLES	
<p>Joint deliverables</p> <p>J1. UNDP, ILO a. Strengthen country capacity to expand access to legal services and legal literacy for PLHIV, other key populations and vulnerable groups, including women and girls.</p>	

GOAL C2 HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions

Impact Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Discriminatory HIV travel-related restrictions in effect	<p>As of July 2011 - Globally: 48 countries, territories and areas</p> <p>As of January 2013: 44 countries, territories and areas</p>	<p>end-2013: 40 countries, territories and areas;</p> <p>end-2015: 30 countries, territories and areas</p>	<p>Special surveys of UNAIDS regional and country offices</p> <p>UNAIDS Secretariat / Joint UN Team survey</p>	Annual

Outcome C2.1 Parliamentarians and governments in an increasing number of countries with discriminatory HIV-related travel restrictions are actively considering proposals for reform

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Proposals for legal, regulatory or policy reform are tabled in parliament (or relevant national forum) to remove discriminatory HIV-related travel restrictions	<p>2011 UCO Survey All countries: 25% (n=24); N= 96 HICs: 16% (n=6); N=38</p> <p>2012 UNJT Report (JPMS) All countries:: 4% (n=4); N=104 HICs: 0</p>	<p>2013: 30 countries, territories and areas. 2015: 40 countries, territories and areas.</p>	Joint UN Team Survey	Annual

Output C2.1.1 National coalitions for relevant law and regulation reform are actively advocating for removal of discriminatory HIV-related travel restrictions created including attention to HIV related services for migrants

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National coalitions actively advocate for the removal of discriminatory HIV-related travel restrictions	<p>2011 UCO Survey All countries: 22% (n=21); N=96 HICs:13% (n=5); N=38</p> <p>2012 UNJT Report (JPMS) UNAIDS : 28% (n=29); N=104 HIC: 21% (n=8); N=38</p>	<p>2013: 30 countries, territories and areas. 2015: 40 countries, territories and areas.</p>	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	25,200	21,600	8,600	-	3,500	60,900	2,900	55,200	92,100	269,900
UNDP	21,400	21,400	10,300	6,900	6,900	10,600	3,400	6,900	13,700	101,500
ILO	305,000	240,000	-	-	-	-	-	43,300	-	588,300

Subtotal Output C2.1.1	351,600	283,000	18,900	6,900	10,400	71,500	6,300	105,400	105,800	959,700
Subtotal Outcome C2.1	351,600	283,000	18,900	6,900	10,400	71,500	6,300	105,400	105,800	959,700
Total Goal C2	351,600	283,000	18,900	6,900	10,400	71,500	6,300	105,400	105,800	960,000

DELIVERABLES**Joint deliverables****J1. UNDP, ILO**

- a. Educate key stakeholders and influencers in countries with restrictions, and facilitate dialogue to build national coalitions for relevant law and regulation reform.

Individual deliverables**1. UNHCR**

- a. Advocate for removal of travel restrictions on PLHIV, for populations affected by humanitarian situations (as per UNHCR's *Note on HIV and Protection*).

2. UNDP

- a. Strengthen country capacity to undertake legislative review, reform punitive laws and practices, and to deal with their negative consequences.

3. ILO

- a. Strengthen country capacity to implement Recommendation 200 which states that migrant workers should not be excluded from migration on the basis of their real or perceived HIV status.

GOAL C3: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses

Impact Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Percentage of young women aged 15-24 who are living with HIV	<p>2009 0.6% (2009 prevalence estimates for young women aged 15-24) Note: rate is 0.3% for men of the same age.</p> <p>2011 Median (range): 0.6 (0.4-0.6)</p>	By 2015: Prevalence reduced by 30%	ANC sentinel survey (gen epidemic) Sero-prevalence surveys, IBBS, DHS+ Previously UNGASS #22, 23; GARPR 1.6. MDG indicator.	Every 2 years

Outcome C3.1 Gender-transformative HIV strategies are operationalized, as part of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010–2014)

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Positive score on measurements in the <i>Agenda for women and girls</i> Scorecard	<p>2011 zero</p> <p>2012 60% improved 10% no change 30% declined</p>	90% of the reporting countries demonstrate progress in at least 3 markers both by 2013 and again by 2015, and for any of the markers relevant for each country.	Analysis of scorecard on Gender Equality in National HIV Responses	Annual

Output C3.1.1 Strategic actions for women and girls are incorporated into national AIDS strategic plans, with appropriate budgets for implementation, monitoring and evaluation

Output Indicators	Baseline /Progress	Target/ Scope	Data source	Frequency
a. National multisectoral HIV strategy includes a specific component and budget for Women.	<p>2009 All countries: 90% (n=99) included women in HIV strategy and 57% (n=63) has a specific HIV budget HICs: 92% (n=35) included women in HIV strategy and 74% (n=28) has a specific HIV budget</p> <p>2011 Women in HIV Strategy All countries: 93% (n=97) ; N=104 HICs: 95% (n=36); N=38 HIV Budget for Women All countries: 55% (n=57) ; N=104 HIC: 68% (n=26); N=38</p>	2015: 80% (of the countries reporting)	NCPI 2012 Part A.I Q1.2	Every 2 years]
b. Networks of women living with HIV participate in the formal planning and review mechanism of the national response to HIV	<p>2011 66% (n=62); N=94</p> <p>2012 61% (n=41); N=67</p>	<p>2013: 75% of which 32 HICS</p> <p>2015: 85% of which 38 HICs</p>	Scorecard on Gender Equality in National HIV Responses	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	139,600	109,800	77,200	-	-	92,200	-	-	79,600	498,400
UNDP	205,700	205,700	41,100	27,400	27,400	82,300	27,400	27,400	41,100	685,500
UNFPA	287,600	71,400	235,300	46,700	194,800	248,300	105,000	68,100	171,100	1,428,300
UN Women	564,400	520,800	642,500	208,300	208,300	538,300	104,200	104,200	104,200	2,995,000
WHO	120,000	150,000	20,000	-	27,000	30,000	10,000	13,000	30,000	400,000
Subtotal Output C3.1.1	1,317,300	1,057,700	1,016,100	282,400	457,500	991,100	246,600	212,700	425,900	6,007,200
DELIVERABLES										
<u>Joint deliverables</u> J1. UNFPA, UNICEF, WFP, UNDP, UNODC, UNESCO, WHO, UN Women a. Undertake consultative processes in countries to (1) identify key issues faced by women and girls in the context of HIV; (2) support the implementation of the <i>UNAIDS Agenda for Women and Girls</i> .					<u>Individual deliverables</u> 1. UNICEF a. Provide technical support to develop gender-sensitive national plans. 2. UNDP a. Promote an enabling environment to achieve gender equality supported by laws, policies and national HIV and development plans addressing the gender dimensions of HIV. 3. UNFPA a. Strengthen advocacy, guidance and capacity to integrate gender equality and empowerment of women and girls into national AIDS plans, including access to sexual and reproductive health services, education, economic opportunities and rights-based programmes. 4. UNESCO a. Increase access to and completion of secondary education for girls and young women. 5. WHO a. Strengthen evidence on gender-based inequities in HIV and support the implementation of tools, guidelines and monitoring. 6. UN Women a. Increase inclusion of gender equality dimensions of the epidemic in national HIV planning processes including policies, programmes, institutions, budgets, and M&E frameworks including tool development for applying gender-responsive budgeting to the HIV response; promoting gender-sensitive HIV indicators for M&E.					

Output C3.1.2 Strategic action on HIV incorporated into national gender plans, and women's human rights action frameworks, with appropriate budgets for implementation, monitoring and evaluation

Output Indicators	Baseline Progress	Target / Scope	Data source	Frequency
a. Government entities responsible for gender and women's issues have included HIV in operational planning and budgeting	2011 28 (30% of 94) 2012 48% (n=32); N=67	2013: 45% of which 24 HICs 2015: 60% of which 35 HICs	Scorecard on Gender Equality in National HIV Responses	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	224,300	216,200	93,800	-	20,000	212,600	28,700	40,500	134,900	971,000
UNDP	205,700	205,700	41,100	27,400	27,400	82,300	27,400	27,400	41,100	685,500
UNFPA	287,600	62,700	-	-	68,900	-	-	-	49,500	468,700
UN Women	100,000	520,800	312,500	208,300	208,300	208,300	104,200	104,200	104,200	1,870,600
UNESCO	254,100	523,300	39,500	41,200	-	12,100	103,800	15,000	125,300	1,114,300
Subtotal Output C3.1.2	1,071,700	1,528,700	486,800	276,900	324,600	515,300	264,000	187,100	455,000	5,110,100

DELIVERABLES

Individual deliverables**1. UNHCR**

- a. Advocate and support the inclusion of the reproductive health rights and HIV needs of women and girls affected by humanitarian situations in national gender plans, and advocate for adequate resources allocation for implementation, monitoring and evaluation.

2. UNFPA

- a. Provide advocacy, guidance, capacity strengthening, and technical assistance to countries at policy, systems, and service-delivery levels, to assess HIV, sexual and reproductive health bi-directional linkages, identify gaps, develop and implement related plans to strengthen them.

3. UNDP

- a. Support the integration of the gender dimension of HIV into laws, policies and national gender plans, including KYE/KYR, the role of men and boys, and the link between the needs of women and girls and sexual minorities.

4. UNODC

- a. Support countries to address the needs of female drug users and prisoners through gender-based situation and needs assessments, comprehensive HIV services, M&E tools and strategic information.

5. UNESCO

- a. Support countries to ensure that (1) the needs of women and girls in relation to HIV are addressed and monitored in national education sector responses, and (2) comprehensive sexuality education addressing gender inequalities and inequities is delivered.

6. UN Women

- a. Increase inclusion of gender equality dimensions of HIV in national planning processes including policies, programmes, institutions, budgets, and M&E frameworks, through building capacity of gender advocates to address HIV

Output C3.1.3 Social movements that address HIV-specific needs of women and girls catalyzed and strengthened, including through the engagement of men and boys

Output Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. National capacity among civil society organizations and networks in promoting gender equality including to engage men and boys strengthened.	2012 UNJT Report (JPMS) All countries: 55% (n=57); N=104 HICs: 63% (n=24) ; N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team survey (complemented with data from UNFPA & Women and Girls Scorecard)	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	144,700	109,700	77,200	-	-	92,200	-	-	79,700	503,500
UNDP	308,500	308,500	61,700	41,100	41,100	123,400	41,100	41,100	61,700	1,028,200
UNFPA	296,700	191,800	47,900	4,100	183,000	377,700	40,000	13,000	59,200	1,213,500
UN Women	350,000	520,800	312,500	208,300	208,300	208,300	104,200	104,200	104,200	2,120,600
ILO	325,000	330,000	35,400	25,900	22,600	26,200	29,800	28,800	37,000	860,700
UNESCO	127,100	157,000	39,500	-	-	121,100	-	5,000	41,800	491,400
Subtotal Output C3.1.3	1,551,900	1,617,800	574,100	279,400	455,000	948,900	215,100	192,100	383,600	6,217,900
Subtotal Outcome C3.1	3,940,900	4,204,100	2,077,000	838,700	1,237,200	2,455,300	725,600	591,800	1,264,500	17,335,200
Subtotal Goal C3	3,940,900	4,204,100	2,077,000	838,700	1,237,200	2,455,300	725,600	591,800	1,264,500	17,335,000
DELIVERABLES										
<p>Joint deliverables</p> <p>J1. UNFPA, UNDP</p> <p>a. Advocate for and promote the engagement of women's groups, grass-roots organizations, organizations of women living with HIV, and key populations in designing, implementing, monitoring and evaluating HIV policies and programmes (using a gender transformative approach).</p> <p>J2. UNFPA, UNESCO</p> <p>a. Strengthen capacity of governments to engage men and boys through gender equality and comprehensive sexuality education programmes challenging traditional gender norms and unequal gender relations.</p>					<p>Individual deliverables</p> <p>1. UNICEF</p> <p>a. Support civil society actions to reduce gender-based violence against girls through the 'Together for Girls' initiative.</p> <p>2. ILO</p> <p>a. Strengthen the capacity of employers and workers organizations to address the HIV specific needs of women and girls including through the engagement of men and boys.</p> <p>3. UN Women</p> <p>a. Support the leadership of networks of WLHIV, networks of caregivers and alliances of organizations working on women's rights (including key populations and female intimate partners of key populations) in the context of HIV to engage in national HIV responses.</p> <p>b. Support the legal empowerment of women living with HIV and women affected through access to justice in the context of HIV, particularly addressing rights violations related to property and inheritance, violence against women, sexual and reproductive health and rights, and harmful gender norms.</p>					

GOAL C4: Zero tolerance for gender-based violence

Impact Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	2011 n=52 Median (range): 21.76% (.01% - 69%)	Target will be set and reported on at the 33 rd meeting of the PCB	Population based surveys already being used within countries, such as WHO Multi-country surveys, DHS/AIS (domestic violence module)*, International Violence Against Women Surveys (IVAWS) GARPR 7.2	Every 3-5 years

Outcome C4.1 HIV strategies and programmes integrate GBV and HIV with actions and resources that address and prevent both pandemics in an integrated manner

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Policy, law or regulation to reduce violence against women and men including sexual assault are in place.	2010 38% (31 of 81 countries) address gender-based violence in health sector policy ²⁶ 2011 All countries: 100% (n=104) ; N=104 HICs: 92% (n=35); N=38	50% of countries in 2013 60% of countries in 2015	NCPI 2012 BIII.Q3	Every two years
b. An IEC strategy on HIV for the general population that includes messaging to fight violence against women implemented	2009 All countries: 95% (n=90); N=95 HICs:89% (n=34); N=38 (note: 75% of countries reported to have included fighting against VAW in their IEC messages) 2011 All countries: 94% (n=98) ; N=104 HICs: 95% (n=36); N=38	2013: 146 countries (85%) 2015: 155 countries (90%)	NCPI 2012 AIV.Q1	Every two years

²⁶ From June 2011 PCB report on gender sensitivity of AIDS responses (p. 41)

Output C4.1.1 Evidence on GBV and HIV linkages is collected, shared and used to address GBV within national HIV strategies and/or to review or develop new strategies, and range of actors linking GBV and HIV is increased										
Output Indicators		Baseline / Progress			Target/Scope		Data source		Frequency	
a. Country-specific data on the links between gender-based violence and HIV that is collected and available		2011 15/94 (16%) 2012 27% (n=18); N=67			2013: 25% of which 20 HICs 2015: 40% of which 30 HICs		Scorecard on Gender Equality in National HIV Responses		Annual	
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	43,200	32,400	10,400	-	10,400	58,200	5,200	20,400	117,600	297,600
UNICEF	287,600	159,600	122,800	-	-	146,600	-	-	126,800	843,400
UNDP	289,700	163,700	34,800	23,200	23,200	69,700	23,200	23,200	34,800	685,500
UNFPA	268,600	182,400	171,100	72,600	68,900	45,700	40,000	-	33,000	882,300
UN Women	183,900	125,000	50,000	50,000	25,000	25,000	25,000	25,000	25,000	533,900
UNESCO	254,100	471,000	59,200	41,200	15,300	72,600	103,800	5,000	25,100	1,047,400
WHO	120,000	120,000	-	-	-	-	-	-	-	240,000
Subtotal Output C4.1.1	1,447,100	1,254,100	448,300	187,000	142,800	417,800	197,200	73,600	362,200	4,530,000
Subtotal Outcome C4.1	1,447,100	1,254,100	448,300	187,000	142,800	417,800	197,200	73,600	362,200	4,530,000
DELIVERABLES										
Joint deliverables					Individual deliverables					
J1. UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO, UN Women					1. UNICEF					
a. Support the consolidation, analysis, promotion and use of country-specific qualitative and quantitative evidence and programmatic guidance on the association of GBV and HIV, including work on the global initiative on violence against women, GBV towards sex workers, transgender people, women who use drugs and marginalized adolescent girls, GBV in populations affected by humanitarian situations, and homophobic bullying in school settings.					a. Contribute to communications and public awareness campaigns to draw attention to GBV and motivate changes in societal, gender norms and behaviours.					
J2. UNDP, UNFPA					2. UN Women					
a. Increase capacity of governments and civil society to scale up programming and address GBV-related needs of women and girls.					a. Support gender-sensitive monitoring, reporting, and evidence generation on the intersections of gender-based violence and HIV					
b. Provide support to implement set of actions (including SRH and tackling stigma and discrimination) to address and prevent violence against women, including sex workers and transgender people.										
c. Work with and the UNiTE campaign to support (1) efforts to address GBV among LGBTs; (2) organizations engaging men and boys as partners for the empowerment of women; and (3) transformation of gender norms, gender equality and human rights.										

Outcome C4.2 Countries implement a comprehensive set of actions to address and prevent violence against women

Outcome Indicators	Baseline / Progress	Target/ Scope	Data source	Frequency
a. Service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped & experienced incest	2012 UNJT Report (JPMS) All countries: 62% (n=64); N=104 HICs: 58% (n=22); N=38	Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.	Joint UN Team Survey	Annual

Output C4.2.1 Countries integrate GBV in their multisectoral HIV strategies and plans

Output Indicators	Baseline/ Progress	Target/Scope	Data source	Frequency
a. Legislation and/or policies addressing violence against women and gender equality have been reviewed or developed.	2011 UCO survey All countries : N= 94 Yes: 57% (n=54) Legislation already in place: 37% (n= 35)	2012 UNJT Report (JPMS) All countries Yes: 42% (n=44); N=104 Legislation already in place: 17% (n=18); N=104 HICs Yes: 42% (n=16); N=38 Legislation already in place: 8% (n=3); N=38	Legislation in place in countries 2013 (45%) 2015 (55%)	Joint UN Team Survey Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	69,200	46,100	21,600	-	24,200	73,700	7,700	20,700	143,300	406,500
UNICEF	64,900	39,900	31,000	-	-	36,900	-	-	31,900	204,600
UNDP	121,700	367,700	47,400	31,600	31,600	94,900	31,600	31,600	47,400	805,500
ILO	285,000	220,000	33,500	20,400	20,800	23,700	28,500	28,300	35,100	695,300
UNESCO	-	104,700	-	-	-	72,600	-	-	41,800	219,100
WHO	70,000	80,000	-	-	-	-	-	-	-	150,000
Subtotal Output C4.2.1	610,800	858,400	133,500	52,000	76,600	301,800	67,800	80,600	299,500	2,481,000

DELIVERABLES

Joint deliverables
J1. UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO
a. Provide additional resources and technical support (1) to hyper-endemic countries to mainstream gender equity into national AIDS responses; (2) with food assistance to increase awareness of the links between GBV and food insecurity; (3) tailored interventions to address sexual violence; (4) expanding access to comprehensive sexuality education programmes; (5) promoting inclusion of GBV in Global Fund proposals; and (6) addressing vulnerability of female prisoners to GBV.

Individual deliverable

1. ILO

- a. Build capacity in Labour ministries, employers' and workers' organizations to develop workplace policies and programmes which address zero tolerance for sexual harassment in the workplace and advocate against gender based violence

Output C4.2.2 Crisis/post-crisis countries significantly affected by HIV integrate GBV and HIV into conflict prevention, resolution and recovery efforts

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Rape survivors received PEP within 72 hours	<p>2011: 26%</p> <p>2012: 60% n=17 countries reported No of rape case reported: 667 Rape survivors who received PEP: 403</p>	By 2015: 100%	UNHCR Health Management Information System (UNHCR CRF)	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	238,400	92,300	57,300	-	10,400	147,800	8,400	21,000	119,800	695,200
UNICEF	70,500	39,900	31,000	-	-	36,900	-	-	31,900	210,200
UNDP	94,300	124,300	20,600	20,600	-	31,700	-	41,100	61,700	394,300
UNFPA	468,600	58,400	-	-	68,900	-	-	-	41,300	637,100
UN Women	55,000	25,000	-	-	-	-	-	-	-	80,000
Subtotal Output C4.2.2	926,800	339,800	108,900	20,600	79,200	216,400	8,400	62,100	254,600	2,016,800
Subtotal Outcome C4.2	1,537,600	1,198,200	242,400	72,600	155,800	518,200	76,200	142,600	554,100	4,497,700
Total Goal C4	2,984,700	2,452,300	690,700	259,600	298,600	936,000	273,400	216,200	916,300	9,028,000

DELIVERABLES

Joint deliverables

J1. UNDP, UNFPA

- a. Strengthen capacity of countries in post-conflict to meet HIV needs and prevent gender-based violence among populations affected by humanitarian situations by partnering with civil society and providing training packages for uniformed services.

J2. UNHCR, UNFPA

- a. Support the development of multi-sectoral protection, prevention and response programmes to address GBV in humanitarian situations.

Individual deliverables

1. UNHCR

- a. Strengthen capacities in post-conflict countries to meet HIV needs and prevent gender-based violence among populations affected by humanitarian situations, by partnering with civil society.

2. UNICEF

- a. Support the mainstreaming of HIV, gender violence and young people needs into the development of emergency and post crisis plans.

3. UN Women

- a. a. Support gender-sensitive monitoring, reporting, and evidence generation on gender-based violence and HIV in post-conflict settings

FUNCTION D1 Leadership and Advocacy

Impact

By nature, the Strategic Functions contribute collectively to the impact of the Joint Programme and indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).

Outcome D1.1 Positive and measurable movement on key issues and drivers of the epidemic

Outcome Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. Non-discriminatory laws or regulations for key populations are enacted	<p>2009</p> <p>MSM</p> <p>c. All countries: 32% (n=33) ; N=104</p> <p>d. HICs: 18% (n=7); N=38</p> <p>IDU</p> <p>c. All countries: 30% (n=31); N=104</p> <p>d. HICs: 24% (n=9); N=38</p> <p>Prisoners</p> <p>c. All countries: 56% (n=58); N=104</p> <p>d. HICs: 58% (n=22); N=38</p> <p>Sex Workers:</p> <p>c. All countries: 34% (n=35); N=104</p> <p>d. HICs: 24% (n=9); N=38</p> <p>Women:</p> <p>c. All countries: 63% (n=66); N=104</p> <p>d. HICs: 66% (n=25); N=38</p> <p>Youth:</p> <p>c. All countries: 61% (n=63); N=104</p> <p>d. HICs: 63% (n=24); N=38</p> <p>*2010 NCPI did not have PLHIV and transgendered population in the survey.</p>	<p>2011</p> <p>PLHIV</p> <p>c. All countries: 85% (n=88) ; N=104</p> <p>d. HICs: 76% (n=29); N=38</p> <p>MSM</p> <p>c. All countries: 32% (n=33) ; N=104</p> <p>d. HICs: 29% (n=11); N=38</p> <p>IDU</p> <p>c. All countries: 26% (n=27) ; N=104</p> <p>d. HICs: 26% (n=10); N=38</p> <p>Prisoners</p> <p>c. All countries: 60% (n=62) ; N=104</p> <p>d. HICs: 61% (n=23); N=38</p> <p>Sex Workers</p> <p>c. All countries: 32% (n=33) ; N=104</p> <p>d. HICs: 32% (n=12); N=38</p> <p>Transgendered population</p> <p>c. All countries: 22% (n=23) ; N=104</p> <p>d. HICs: 13% (n=5); N=38</p> <p>Women</p> <p>c. All countries: 86% (n=89) ; N=104</p> <p>d. HICs: 89% (n=34); N=38</p> <p>Youth</p> <p>c. All countries: 72% (n=75) ; N=104</p> <p>d. HICs: 76% (n=29); N=38</p>	<p>2015:</p> <p>(a) Domestic action to influence laws and legal barriers in at least 50 countries;</p> <p>(b) Law successfully reformed in at least 20 countries.</p> <p>(reported by population group where possible)</p>	<p>NCPI 2012 AIII. Q1.1</p> <p>BIII. Q1.1</p>	<p>Every 2 years</p>

Output D1.1.1 Programmes/resources/strategies to work with PLHIV in terms of positive health, dignity and prevention are expanded

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Services provided by civil society in areas of HIV prevention, treatment, care and support included in the national HIV strategy	<p>2010 All countries: 63% (n=69); HICs: 66% (n=25)</p> <p>2011 All countries: 71% (n=74); N=104 HICs: 68% (n=26); N=38</p>	<p>2015 All countries: 80% HICs: 90%</p>	NCPI 2012 (BI.Q3a)	Every 2 years

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	3,100,000	2,300,000	-	-	-	600,000	-	700,000	600,000	7,300,000
Subtotal Output D1.1.1	3,100,000	2,300,000	-	-	-	600,000	-	700,000	600,000	7,300,000

DELIVERABLES

<p>Joint deliverable J1_Incorporate Positive Health Dignity and Prevention programmes into costed national strategic plans and support their implementation.</p>	<p>Secretariat deliverables</p> <ol style="list-style-type: none"> a. Reduce HIV-related stigma through: <ul style="list-style-type: none"> • advocacy for the removal of HIV-related travel restrictions on entry, stay and residence , • roll out of civil society action packs, acting upon PLHIV Stigma Index findings and incorporating lessons learnt into subsequent implementation, • guidance on stigma measurement in communities and healthcare settings, and b. use of data for evidence-informed programming. Support global efforts to end overly broad criminalisation of people living with HIV, including through the roll-out of the Guidance on Criminalization of Non-disclosure, Exposure and Transmission of HIV targeting prosecutors, judges and communities of people living with HIV for transformative actions c. Influence and steer various commissions and international groups on HIV, Human Rights, gender equality and prevention. d. Roll out PHDP guidelines within national plans e. Advocate for and advance HIV specific social protection for PLHIV and those most affected f. Advocate for the integration of HIV into Social Protection programs and integration of Social Protection programs into HIV plans
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Output D1.1.2 Capacities to work with key populations are strengthened

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the	<p>2009 All countries: 66% (n=73); HICs: 68% (n=26)</p>	<p>2015 All countries: 80% HICs: 90%</p>	NCPI 2012 (BI.Q2)	Every 2 years

most current activity plan	2011 All countries: 56% (n=58) ; N=104 HICs: 55% (n=21); N=38			
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CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	238,200	112,300	32,700	16,400	16,400	57,300	8,200	8,200	41,400	531,100
Secretariat	3,100,000	2,500,000	600,000	700,000	1,200,000	-	-	900,000	900,000	9,900,000
Subtotal Output D1.1.2	3,338,200	2,612,300	632,700	716,400	1,216,400	57,300	8,200	908,200	941,400	10,431,100

DELIVERABLES**Joint deliverables (UNDP, Secretariat)**

J1. Advocate for stronger community involvement for key populations in policy and service delivery and renewed country ownership.

J2. Develop and promote strategies to scale up HIV prevention.

J3. Support development of tools and guidance to foster constructive engagement of communities in national planning and implementation processes including development of programmes and services.

J4. Implementation of UNAIDS guidance for partnerships with civil society, including PLHIV and key populations

Output D1.1.3 Support provided to civil society to further enable leadership and advocacy efforts

Output Indicators	Baseline /Progress	Target/Scope	Data source	Frequency
a. Key affected populations are represented on the Country Coordinating Mechanism (CCM) of the Global Fund	2011 (97 countries with UNAIDS presence reporting) Women and Girls – in 32 countries (33%); Youth – 35 (36%); MSM – 21 (22%); PUD – 13 members (13%); Sex workers – 10 (10%); Transgender – 10 (10%); PLHIV - 70 (72%) 2012 (102 countries with UNAIDS presence reporting) Women and Girls -44 countries (43%); Youth – 48 (47%); MSM – 25 (25%); PUD- 20 (20%); Sex Workers – 17 (17%); Transgender – 11 (11%); PLHIV -93 (91%)	2015: Women and Girls – 60%; Youth – 65%; MSM – 40%; PUD – 30%; Sex workers – 25%; Transgender – 25%; PLHIV – 90% Pending review and confirmation from the Global Fund	Global Fund survey of CCM members	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	3,100,000	1,000,000	1,400,000	300,000	-	-	1,000,000	1,700,000	400,000	8,900,000
Subtotal Output D1.1.3	3,100,000	1,000,000	1,400,000	300,000	-	-	1,000,000	1,700,000	400,000	8,900,000
Subtotal Outcome D1.1	9,538,200	5,912,300	2,032,700	1,016,400	1,216,400	657,300	1,008,200	3,308,200	1,941,400	26,631,100

DELIVERABLES
<p>Secretariat deliverables</p> <p>a. Support civil society leadership, including networks of PLHIV, key populations, communities and faith based organisations to achieve better access to services.</p> <p>b. Support civil society in developing advocacy and strategic litigation for human rights and enabling legal environment for universal access.</p> <p>c. Build leadership capacity on prevention, treatment, care and support among women and youth through 'New Generation Leadership'.</p> <p>d. Global support to actions of regional networks of PLHIV on HIV-related human rights literacy and advocacy.</p> <p>e. Provide support to UNAIDS country offices, Joint Teams on AIDS and other UN system partners to best respond to individual cases of HIV-related human rights violations and other crisis situations.</p>

Outcome D1.2 Effectiveness in national HIV responses				
Outcome Indicators	Baseline/ Progress	Target/Scope	Data source	Frequency
a. Modes of transmission / Know your epidemic exercises have been completed (<i>including systematic review of available and quality epidemiological data (serological and behavioural) and the modes of transmission model has been used</i>)	2010: 19/147 (13%) countries (Reports/studies since 2008)	2012: 45/147 (31%); 2015: 75/147 (51%)	UNAIDS Secretariat	Annual
b. A NASA or equivalent spending assessment has been completed in the last two years.	<p>2010: 43</p> <p>2012 UNJT Report (JPMS) Countries reported use of NASA All Countries: 66% (n=69); N=104 HICs: 76% (n=29); N=38</p>	2012: 54; 2013: 65; 2014: 76; 2015: 87 (60% of LMIC)	GARPR 6.1/ UNGASS #1 National AIDS Spending Assessment (NASA) or equivalent	Every 2 years

Output D1.2.1 Countries use "Know Your Epidemic - Know Your Response" analysis to re-prioritize the national response and allocate resources				
Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. National M&E committee or technical working group meets regularly to coordinate strategic information/M&E	<p>2009 All countries: 35% (n=38); N=104 HICs: 29% (n=11); N=38</p> <p>2011 All countries: 84% (n=87) ; N=104 HICs: 95% (n=36); N=38</p>	2015: 68 (75% of countries with UNAIDS offices)	NCPI 2012 AVI.Q5	Every 2 years

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
World Bank	61,600	334,800	66,600	9,900	19,700	68,500	9,900	9,800	36,900	617,600
Secretariat	7,760,000	16,900,000	5,000,000	600,000	1,200,000	1,200,000	1,100,000	800,000	2,300,000	36,860,000
Subtotal Output D1.2.1	7,821,600	17,234,800	5,066,600	609,900	1,219,700	1,268,500	1,109,900	809,800	2,336,900	37,477,600

DELIVERABLES	
<p>Joint deliverable J1. National institutions supported to strengthen coordination and governance of national and decentralized AIDS responses.</p>	<p>Individual deliverables 1. World Bank a. Conduct state-of-art epidemiological and economic analysis to re-prioritize and reallocate resources to effective programmes. 2. Secretariat a. Provide timely and regular strategic intelligence and dialogue to influence the agenda of the Global Fund, including close collaboration with civil society delegations. b. Influence development and implementation of human rights-based and gender transformative approaches within the Global Fund New Funding Model. c. Provide country specific intelligence to implement cost-effective, evidence-based strategies. d. Develop tools for national partners to track the HIV epidemic and response from a gender perspective. e. Influence increased focus on critical enablers including gender and key human rights programmes in national strategic planning through regional events and support at country level f. Enhance capacity of country staff working on rights, gender and community mobilization to support country dialogues. g. Provide guidance to countries and partners on community systems strengthening h. Develop and support national partners to use tools to track the HIV epidemic and response from a gender and human rights based perspective.</p>

Output D1.2.2 Inter-governmental and inter-agency organizations, multilateral institutions and funding mechanisms, and civil society are active and committed in the implementation of the UNAIDS 2011-2015 Strategy

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Expenditure by the Joint Programme by organization and geographical area	<p>(2010-2011): \$3.99 billion of which \$517 million (core) and \$3.47 billion (non-core)</p> <p>2012 TOTAL: US\$ 3.38 billion - US\$228.6 million (core expenditure) - US\$ 3.15 billion (non-core expenditure)</p>	(2012-2013 UBRAF) \$3.89 billion of which \$485 million (core) and \$3.40 billion (non-core)	Secretariat (finance) and Joint Team/ Cosponsor global reporting (UNAIDS performance monitoring report 2010-2011)	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	4,650,000	2,600,000	2,400,000	-	300,000	2,600,000	1,100,000	100,000	900,000	14,650,000
Subtotal Output D1.2.2	4,650,000	2,600,000	2,400,000	-	300,000	2,600,000	1,100,000	100,000	900,000	14,650,000
Subtotal Outcome D1.2	12,471,600	19,834,800	7,466,600	609,900	1,519,700	3,868,500	2,209,900	909,800	3,236,900	52,127,600
DELIVERABLES										
Joint deliverable J1. Mobilise resources for UNAIDS catalytic role in the AIDS response.					Secretariat deliverables a. Provide UN support to key national partners to access and manage sustainable resources. b. Fully fund the UBRAF. c. Integrate the AIDS response into key intergovernmental processes such as the General Assembly, ECOSOC, Security Council, as well as international conferences and events with global reach. d. Coordinate UN mechanisms to support national partners to implement national AIDS agendas. e. Support civil society efforts to access resources, including via new and innovative mechanisms such as the Robert Carr CS Networks Fund					

Outcome D1.3 Renewed and expanded political commitment to the HIV response

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Country leadership, including officials in regions and/or districts publicly engages in the AIDS response	<p>2009 All countries: 68% (n=75) HICs: 82% (n=31)</p> <p>2011 Government heads All countries: 96% (n=100) ; N=104 HICs: 97% (n=37); N=38 Other govt officials All countries: 96% (n=100) ; N=104 HICs: 97% (n=37); N=38</p>	2013: 72% (n=124); 2015: 80% (n=138)	NCPI 2012 AII.Q1	Every 2 years

Output D1.3.1 Transformative leadership and commitment for a sustainable AIDS response, at national and local levels and in key populations

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Proportionate share of national HIV spending of the total (national + international) spending	<p>2008/09: According to World Bank income bands Low income (11.7%); Lower middle (65.4%); Upper middle (83.1%)</p>	2013: LI (18%), LMI (68%), UMI (92%); 2015: LI (26%), LMI (69%), UMI (100%)	GARPR 6.1/ UNGASS #1 National AIDS Spending Assessment (NASA) or equivalent	Every 2 years

	2012 Global Report Of the US\$16.8 Billion total global HIV investment in 2011: 51% -domestic (public and private) 49% - international									
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	238,200	112,300	32,700	16,400	16,400	57,300	8,200	8,200	24,600	514,300
Secretariat	10,860,000	7,000,000	1,300,000	1,100,000	100,000	300,000	600,000	1,300,000	2,300,000	24,860,000
Subtotal Output D1.3.1	11,098,200	7,112,300	1,332,700	1,116,400	116,400	357,300	608,200	1,308,200	2,324,600	25,374,300
DELIVERABLES										
Joint deliverables J1. Promote transformative leadership to create more favourable and sustainable outcomes regarding AIDS policy, funding and programmes, building synergies across a broad range of partners. J2. Promote and support AIDS initiatives among parliamentarians, the legal system, including the development and rollout of the UNAIDS <i>Judicial Handbook on HIV</i> . J3. Countries supported to strengthen leadership through capacity building at national, local and community levels. J4. Develop and maintain high-level political partnerships and strategies to accelerate action among key populations and vulnerable groups, including women and girls.					Secretariat deliverables a. Promote and advocate for maintaining the momentum of the global AIDS response in the lead up to the HLM review in 2015, including supporting a broad range of civil society partners to engage in discussions, advocacy and in the review itself. b. Use mechanisms and forge partnerships both regionally and at country level to continuously engage at high levels parliaments, judiciary, ministries of justice and interior, including through global and regional Parliamentary forums. c. Equip UCOs and Joint Teams to address gaps in country programmes and to speak out on key issues and drivers of the epidemic. d. Advocate for increased shared responsibility and global solidarity at country level including emerging leadership from BRICS covering issues such as local pharmaceutical production of ARVs and other essential medicines. e. Support and mentor emerging key population groups, including trans network and young women born with HIV. f. Work with the UNAIDS WLHIV Dialogue platform to better integrate the views and concerns of WLHIV into the work of the Secretariat. g. Launch and roll out the FBO/PLHIV dialogue guide. h. Lead efforts with faith based partners to address gender based violence through the 'We will Speak Out' campaign.					

Output D1.3.2 Advocacy to secure commitment, effective partnerships and investment of national resources to advance gender equality and rights-based AIDS responses

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. The Scorecard on Gender Equality in National HIV response has been completed	2011: 94 countries of which 35 HICs	2013: 100 ; 2015: 117 (All HICs by 2013)	UNAIDS Secretariat	Annual
b. UNAIDS Human Rights Costing Tool has been implemented	2010: zero	2015: 25	UNAIDS Secretariat	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	4,650,000	5,100,000	1,400,000	700,000	500,000	1,600,000	600,000	900,000	1,200,000	16,650,000
Subtotal Output D1.3.2	4,650,000	5,100,000	1,400,000	700,000	500,000	1,600,000	600,000	900,000	1,200,000	16,650,000
Subtotal Outcome D1.3	15,748,200	12,212,300	2,732,700	1,816,400	616,400	1,957,300	1,208,200	2,208,200	3,524,600	42,024,300

DELIVERABLES

Joint deliverables

- J1.** Undertake advocacy to secure commitment, effective partnerships and investment of national resources to advance gender equality, GIPA and rights-based AIDS responses in an efficient and sustainable manner.
J2. Support the definition of the global strategic agenda and policies on gender equality and rights-based AIDS responses.
J3. Support and manage *UNAIDS Reference Group on HIV and Human Rights* for strategic advice and increased leadership.
J4. Support countries to undertake gender assessments of national HIV response, to inform national strategic planning and resource mobilization processes, including the Global Fund, across different regions, as part of a comprehensive approach to move towards gender transformative HIV responses,

Secretariat deliverables

- a. Support roll-out of the Human Rights Costing Tool and analysis of indicative costs of human rights programmes for enhanced strategic investment approaches.

Outcome D1.4 Inclusion of AIDS into global health, human rights, gender, and development agendas

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. HIV is integrated into the general development plan	<p>2009 All countries: 96% (n=100); N=104 HICs: 92% (n=35)</p> <p>2011 All countries: 100% (n=104) N=104 HICs: 97% (n=37); N=38</p>	<p>2013: 92% (n=158); 2015: 95% (n=163)</p>	NCPI 2012 AI.Q2	Every 2 years

Output D1.4.1 Links between HIV responses and the broader MDG agenda are visible

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency	
a. UNAIDS policy guidance documents were used to develop and/or review country policies and strategies or implement key actions without a formal, written national policy.	<p>2011 UCO Survey</p> <ol style="list-style-type: none"> 1. Practical Guidelines on HIV preventions - 86 2. Greater involvement of People Living with HIV - 82 3. HIV and sex between men – 69 4. Criminalization of HIV transmission – 49 5. HIV and refugees – 43 6. HIV, food security and nutrition – 43 	<p>2012 UNJT Report (JPMS)</p> <ol style="list-style-type: none"> 1. UNAIDS 2011-2015 Strategy- 35 countries 2. Investment Framework - 24 countries 3. Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV - 19 countries 4. Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive - 19 countries 5. Political Declaration on HIV/AIDS - 16 countries 	Not applicable	Joint UN Team Survey	Annual

	7. HIV and international labour migration - 36	6. Treatment 2.0- 13 countries 7. GARPR 2012 - 8 countries 8. MSM Policy Brief -8 countries 9. UBRAF -5 countries			
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CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	425,100	173,100	60,200	30,100	30,100	105,300	15,000	15,000	45,100	899,000
WHO	235,000	230,000	25,000	-	25,000	25,000	15,000	20,000	25,000	600,000
Secretariat	7,760,000	600,000	-	-	-	300,000	300,000	-	400,000	9,360,000
Subtotal Output D1.4,1	8,420,100	1,003,100	85,200	30,100	55,100	430,300	330,000	35,000	470,100	10,859,000
Subtotal Outcome D1.4	8,420,100	1,003,100	85,200	30,100	55,100	430,300	330,000	35,000	470,100	10,859,000
Total Function D1	46,178,100	38,962,500	12,317,200	3,472,800	3,407,600	6,913,400	4,756,300	6,461,200	9,173,000	131,642,000

DELIVERABLES

<p>Joint deliverables</p> <p>J1. Promote links between HIV responses and the broader MDG agenda that deliver in a cost-effective manner on multiple MDGs.</p> <p>J2. Countries supported in addressing HIV/MDG synergies as part of UNDG/MDG Acceleration Framework roll-out.</p> <p>J3. Provide strategic information and analysis to MDG report and UN statistics office, including reporting on Universal Access achievement of health-related MDGs.</p>	<p>Secretariat deliverables</p> <p>a. Position AIDS In the Post-2015 agenda, including the inclusion of AIDS under an overarching health goal, as well as under other goals which emerge, e.g. education, inequality, gender, to reflect the multisectoral nature of the response.</p> <p>b. Fully engage in the UNAIDS and Lancet Commission: From AIDS to Sustainable Health to explore the future of AIDS, health and global development post 2015</p> <p>c. Coordinate the implementation of global strategies and policies into country and regional support strategies.</p> <p>d. Coordinate human rights policy implementation across the Joint Programme, e.g. with regards to sex work; drug control/harm reduction/compulsory drug detention centres.</p> <p>e. Expand political commitment through work with the <i>UN Human Rights Council</i> and global, regional and national human rights mechanisms.</p> <p>f. Leverage system-wide efforts including through interagency mechanisms (CEB, UNDG, etc.), and intergovernmental bodies and fora (the General Assembly, ECOSOC, Security Council) to implement the AIDS and MDGs agenda.</p> <p>g. Implement, in partnership with UN-DPKO, HIV-specific strategies and programmes in UN peacekeeping missions, in accordance with UN Security Resolution 1983</p>
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FUNCTION D2: Coordination, coherence and partnerships**Impact**

By nature, the Strategic Functions contribute collectively to the impact of the Joint Programme –Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).

Outcome D2.1 Technical, political and financial partnerships and programmes accelerate social change

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Mechanism to promote stakeholder interaction between government, civil society organizations and private sector to implement HIV strategies/programmes	<p>2009 All countries: 91% (n=95) ; N=104 HICs: 87% (n=33); N=38</p> <p>2011 All countries: 99% (n=103) ; N=104 HICs: 95% (n=36); N=38</p>	<p>2013: 90% (n=155) 2015: 94% (n=162)</p>	NCPI 2012 All.Q3	Every 2 years

Output D2.1.1 National capacity, systems and institutions are strengthened to address prevention, treatment, care and support programmes

Output Indicators	Baseline /Progress	Target/Scope	Data source	Frequency
a. Strengthened national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response.	<p>2011 UCO Survey Normative guidance – 80.2% Technical assistance – 85.5% Resource mobilization (non-financial) – 59.7% Funding – 67.4% Training – 73.5% Advocacy – 76.3% (Overall = 70.2%)</p>	<p>2012 UNJT Report (JPMS) Overall:- 74% Funding- 69% Normative Guidance- 79% Resource Mobilization- 70% Technical Assistance 88% Training- 72% Advocacy- 79%</p>	<p>2013: 10% increase over baseline 2015: 20% increase over baseline</p>	<p>Joint UN Team Survey</p> <p>Annual</p>

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
World Bank	77,000	418,600	30,800	12,300	24,600	124,000	12,300	12,300	61,600	773,600
Secretariat	7,760,000	9,700,000	2,300,000	400,000	1,500,000	1,800,000	800,000	500,000	1,700,000	26,460,000
Subtotal Output D2.1.1	7,837,000	10,118,600	2,330,800	412,300	1,524,600	1,924,000	812,300	512,300	1,761,600	27,233,600

DELIVERABLES**Joint deliverables**

J1. Provide leadership and coordinate efforts in key areas related to AIDS, such as Treatment 2.0;

Individual deliverables

1. Secretariat

<p>elimination of Mother To Child Transmission of HIV; integration of HIV prevention into sexual and reproductive health services and MNCH, identifying access and use of male and female condoms; strengthening of TB/HIV links and integration; strengthening health and chronic care systems; and sustainable financing and economics.</p> <p>J2. Facilitate national-level partnerships for strategic information, including the generation, analysis and use of monitoring, evaluation and surveillance data to inform strategic planning processes.</p> <p>J3. Provide support to countries to strengthen their national M&E system for social protection.</p> <p>J4. Implement UNAIDS' guidance at country level for work with civil society and key populations (including PLHIV).</p>	<p>a. Advocate for the implementation of Investment Approach at country level, including NSP3G, investment cases and advancing greater understanding of the importance to fund critical enablers.</p> <p>b. Strengthen national AIDS coordinating authorities to effectively coordinate AIDS responses to deliver on Universal Access to prevention, treatment, care and support.</p> <p>c. Guide work on technology transfer, community systems, HIV and health information, human resource needs for HIV responses with an emphasis on country ownership, south-to-south (BRICS) and regional cooperation, and civil society partnerships.</p> <p>d. Catalyse and maintain momentum of programmatic initiatives in scale-up of treatment and of access to PMTCT, Key Populations and Youth Leadership, including focused work with those groups most affected to ensure their centrality.</p> <p>2. World Bank</p> <p>a. Support the development of Investment Cases, bringing together cost effectiveness and implementation science data to help countries make an informed case for sustaining investments in HIV and AIDS.</p>
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Output D2.1.2 Strategic alliances and partnerships are established and well defined for quality diagnostics and treatment, and elimination of new child infections

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Private sector is included in the national multi-sectoral AIDS coordination body	<p>2009 All countries: 69% (n=72); N=104 HICs : 74% (n=28); N=38</p> <p>2011 All countries: 69% (n=72) ; N=104 HICs: 82% (n=31); N=38</p>	<p>2013: 67% (n=115) 2015: 73% (n=125)</p>	NCPI 2012 All.Q2.1 and Q2.1	Every 2 years

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	7,760,000	3,400,000	-	200,000	-	700,000	400,000	-	800,000	13,260,000
Subtotal Output D2.1.2	7,760,000	3,400,000	-	200,000	-	700,000	400,000	-	800,000	13,260,000
Subtotal Outcome D2.1	15,597,000	13,518,600	2,330,800	612,300	1,524,600	2,624,000	1,212,300	512,300	2,561,600	40,493,600

DELIVERABLES

Joint deliverables

- J1.** Develop strategic alliances and partnerships to enhance access to safe and affordable quality diagnostics, prevention commodities (including male and female condoms), and treatment for potential efficiency gains.
- J2.** Mobilize private sector and other new partners for elimination of new child infections; ensure sustained high-level coordination and leadership, and strong linkages of the campaign with the SG strategy, H4 and Partnership for Maternal, Newborn and Child Health.
- J3.** Advocate for the local production of affordable ARV.
- J4.** Promote the application of the AU Roadmap model for shared responsibility and global solidarity.

Outcome D2.2 AIDS responses are gender responsive, country-owned, human rights-based, appropriate, coordinated and sustainable

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Mechanism to promote stakeholder interaction between government, civil society organizations and private sector to implement HIV strategies/programmes	<p>2009 All countries: 91% (n=95) ; N=104 HICs: 87% (n=33); N=38</p> <p>2011 All countries: 99% (n=103) ; N=104 HICs: 95% (n=36); N=38</p>	2013: 90% (n=155); 2015: 94% (n=162)	NCPI 2012 All.Q3	Every 2 years

Output D2.2.1 Community data and approaches have influenced the design, implementation and decision making of HIV policies and plans

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Civil society was involved at every stage of the process to develop a multisectoral strategy.	<p>2009 Active involvement in the development of the multisectoral strategy All countries: 87% (n=90); N=104 HICs:87% (n=33); N=38</p> <p>2011 All countries: 87% (n=90) ; N=104 HICs: 89% (n=34); N=38</p>	2013: 153 countries (89%) 2015: 169 countries (98%)	NCPI 2012 AI.Q1.7/	Every 2 years

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	-	300,000	-	-	-	-	300,000	-	-	600,000
Subtotal Output D2.2.1	-	300,000	-	-	-	-	300,000	-	-	600,000

DELIVERABLES

<p>Joint deliverables J1. Collaborate with PLHIV, key populations and young people to engage in and influence the design, implementation and decision-making of national and sub-national HIV policies and plans.</p>	<p>Secretariat deliverables a. Bring together the HIV and women's rights movement, whilst engaging men and boys, to scale up actions and create demand for integrated services.</p>
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Output D2.2.2 National Strategic planning and programme tools implemented with inclusion of civil society										
Output Indicators	Baseline / Progress			Target/Scope			Data source		Frequency	
a. Number of community-based organizations and/or networks that have meaningfully participated in HIV and AIDS joint national programme reviews or evaluations in the last 12 months	2011 UCO survey All countries 67% (n=70) ; N=104 HICs: 74% (n=28); N=38 2012 UNJT Report (JPMS) All countries: 68% (n=71) ; N=104 HICs,: 74% (n=28); N=38			Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.			Joint UN Team Survey		Annual	
b. National Strategic Plans benefited from an external quality assurance/peer review	2012 UNJT Reports (JPMS) NSP benefited from external peer review: ASAP: All countries 16% (n=17); N=104 HICs: 21%(n=8); N=38 Bilateral: All countries:16% (n=17); N=104 HICs:24% (n=9); N=38 Other: All countries: 19% (n=20); N=104 HICs: 11% (n=4); N=38 Other UN: All countries: 33% (n=34); N=104 HICs: 34% (n=13); N=38			Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014.			Joint UN Team Survey		Annual	
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
World Bank	92,400	498,500	99,800	14,700	29,500	104,100	14,700	14,600	55,400	923,700
Secretariat	4,650,000	2,300,000	-	-	-	-	200,000	200,000	200,000	7,550,000
Subtotal Output D2.2.2	4,742,400	2,798,500	99,800	14,700	29,500	104,100	214,700	214,600	255,400	8,473,700
DELIVERABLES										
Joint deliverables J1: Develop and implement national strategic planning and programme tools for national reporting, including civil society participation and their data.					Individual deliverables 1. World Bank a. Develop results management tools to support better resource allocation for prioritized and costed multisectoral national AIDS plans.					

Output D2.2.3 Skills built to address gender, GIPA and human rights aspects of the HIV epidemic										
Output Indicators	Baseline / Progress			Target/Scope			Data source		Frequency	
a. UN personnel have attended at least one learning activity to address the elimination of HIV-related stigma	2009: 44%, 5,786 'yes' responses over a total of 13,079 responses (entire UN system).			67% of survey respondents by 2013 85% of survey respondents by 2015			UN Cares bi-annual global all-personnel survey (2009, 2011, 2013, etc.)		Annual	
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	7,760,000	2,500,000	200,000	400,000	300,000	300,000	-	-	1,500,000	12,960,000
Subtotal Output D2.2.3	7,760,000	2,500,000	200,000	400,000	300,000	300,000	-	-	1,500,000	12,960,000
Subtotal Outcome D2.2	12,502,400	5,598,500	299,800	414,700	329,500	404,100	514,700	214,600	1,755,400	22,033,700
DELIVERABLES										
Joint deliverables J1. Equip the UN family through competency-based and In Reach training to build strong partnerships with civil society and other partners to address gender, GIPA and human rights aspects of the HIV epidemic, including support to UN Plus. J2. Development of regional human rights and HIV strategies, including establishing a system for regional human rights support to Joint Programmes of Support on AIDS.					Secretariat deliverables a. Promote the prevention leadership programme (reference group, guidance, and tools). b. Promote use of tools as costed 7 key human rights programmes concept notes to support integration of human rights in national HIV responses. c. Strengthen UN staff capacity on human rights issues, and rights-based and gender-responsive approaches to HIV. d. Strengthen staff capacity to understand and support community mobilization and community-owned approaches to HIV. e. Promote advocacy of issues that are of concern to UN staff living with HIV through UN Plus					

Outcome D2.3 Implementation of evidence-informed, prioritized, costed national strategic and operational plans which are aligned to other sectoral plans and development processes to achieve Universal Access targets					
Outcome Indicators	Baseline / Progress		Target/Scope	Data source	Frequency
a. Inclusive multisectoral strategy (with budget for activities)	<p>2009 Included education, health, labour, transportation, military/police, women and young people sectors (7 sectors)</p> <p>STRATEGY All countries: 58% (n=60); N=104 HICs: 76% (n=29); N=38</p> <p>BUDGET All countries: 31% (n=32); N=104 HICs: 53% (n=20); N=38</p>	<p>2011 STRATEGY All countries: 62% (n=64) ; N=104 HICs: 84% (n=32); N=38</p> <p>BUDGET All countries: 34% (n=35) ; N=104 HICs: 61% (n=23); N=38</p>	2013: 45% (n=77; N=172); 2015: 60% (n=103, N=172) Strategy including all sectors	NCPI 2012 AI.Q1.2	Every 2 years

Output D2.3.1 National HIV strategies and programmes are aligned and integrated into broader health and development planning and programmes

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. M&E data is used in developing/revising the national HIV response	<p>2009 All countries: 65% (n=68); N=104 HICs: 61% (n=23); N=38</p> <p>2011 All countries: 65% (n=68); N=104 HICs: 61% (n=23); N=38</p>	<p>2013 All countries: 70% HICs: 100%</p> <p>2015 All countries: 90%</p>	NCPI 2012 AVI.Q8	Every 2 years

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	370,000	225,000	80,000	10,000	50,000	100,000	20,000	50,000	95,000	1,000,000
World Bank	123,200	665,700	133,100	19,700	39,300	136,100	19,700	19,500	73,900	1,230,200
Secretariat	4,650,000	1,500,000	200,000	600,000	1,100,000	-	400,000	-	200,000	8,650,000
Subtotal Output D2.3.1	5,143,200	2,390,700	413,100	629,700	1,189,300	236,100	439,700	69,500	368,900	10,880,200

DELIVERABLES

Joint deliverables	Individual deliverables
<p>J1. Support and include people living with HIV and civil society in advocacy, planning, implementation, monitoring and evaluation, reporting, costing and budget tracking and development of funding proposals (especially to strengthen community systems).</p> <p>J2. Support countries to integrate HIV issues into national strategies and plans, and to access resources to implement such plans.</p> <p>J3. Support and promote new leaders to shape and drive social movements in the AIDS response.</p>	<p>1. WHO</p> <p>a. Provide tools and technical support to countries in developing national plans for the AIDS response in the health sector</p> <p>b. Support countries to integrate HIV/AIDS into national health sector plans.</p> <p>2. World Bank</p> <p>a. Roll out national strategic planning guidance through the development and implementation of NSP3G and related investment cases</p> <p>b. Advocate for closing the global AIDS resource gap in low- and middle-income countries.</p> <p>c. Map UN system capacities on AIDS and conduct needs assessments to assist country partners.</p>

Output D2.3.2 Strategic information tools and processes refined, shared and utilized for decision making

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Standardised and recognised strategic information tools for NSP reviews are used	<p>2011 UCO survey All countries: 80% (n=76); N=94 HICs: 82% (n=31); N=38 Breakdown: Modes of transmission – 62 (65%)</p>	<p>2012 UNJT Report (JPMS) All Countries: 79% (n=82); N=104 HICs: 84% (n=32); N=38 Breakdown: Modes of transmission: 49% (n=51)</p>	2015: (100%)	Joint UN Team Survey Annual

	NASA – 72 (76%) AIDS info – 60 (64%) Gender audit – 35 (37%)	NASA: 66% (n=69) AIDS Info: 59% (n=61) Spectrum: 79% (n=82) Gender Audit: 29% (n=30)								
CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	740,000	400,000	60,000	10,000	35,000	68,000	13,000	20,000	54,000	1,400,000
World Bank	77,000	416,100	30,800	12,300	24,600	123,200	12,300	12,200	61,600	770,200
Secretariat	7,760,000	4,800,000	-	200,000	700,000	-	200,000	1,100,000	1,300,000	16,060,000
Subtotal Output D2.3.2	8,577,000	5,616,100	90,800	222,300	759,600	191,200	225,300	1,132,200	1,415,600	18,230,200
Subtotal Outcome D2.3	13,720,200	8,006,800	503,900	852,000	1,949,000	427,300	665,000	1,201,700	1,784,500	29,110,300
DELIVERABLES										
<p>Joint deliverables</p> <p>J1. Build and strengthen systems, methodologies and tools to collect, manage and disseminate evidence on the epidemic to inform decision making at all levels.</p> <p>J2. Support country efforts to use HIV prevention science and mathematical modelling to estimate and forecast the impact of individual and combinations of HIV prevention programmes at sub-national, national and regional levels.</p> <p>J3. Support and develop strategic information and analytical work on risk, vulnerability, reasons for changes in HIV prevalence and behaviours and response to HIV in key populations generated to inform policies, programmes, planning and funding frameworks.</p>					<p>Secretariat deliverables</p> <p>a. Lead on and showcase strategic information, investment approaches, including surveillance, monitoring and estimates on countries and regions to inform high level decision making and prioritization of the AIDS response at all levels.</p> <p>b. Develop, maintain and improve monitoring and evaluation systems and standardization of tools.</p> <p>c. Support and collaborate with civil society on informational materials on investment approaches</p> <p>2. World Bank</p> <p>a. Support the development of tools on HIV allocative efficiency, program efficiency, effectiveness, cost-effectiveness and delivery science data to help countries make an informed decision for sustaining investments in HIV and AIDS.</p> <p>1. WHO</p> <p>a. Develop normative guidance and provide support to countries to strengthen their health information systems, and integrate HIV surveillance and M&E and eHealth into these systems.</p>					

Outcome D2.4 Technical and policy support are demand driven and cost effective

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Civil society accessed adequate financial and technical support to implement its HIV activities	<p>2009</p> <p>Financial support All countries: 19% (n=20); N=104 HICs: 13% (n=5); N=38</p> <p>Technical support All countries: 26% (n=27); N=104 HICs: 21% (n=8); N=38</p>	<p>2015</p> <p>Financial support All countries & HICs: 40%</p> <p>Technical support All countries & HICs: 50%</p>	NCPI 2012 (BI.Q6a & BI.Q6b)	Every 2 years

	2011 Financial Support All countries: 16% (n=17) ; N=104 HICs: 21% (n=8); N=38 Technical Support All countries: 36% (n=37) ; N=104 HICs: 39% (n=15); N=38			
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Output D2.4.1 Technical support provided, including through civil society technical support providers, to strengthen community systems and provide HIV-related services

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Number of days of technical assistance provided to strengthen key areas such as GFATM submissions, capacity development plans, reprogramming of Phase 2 grants, Transitional Funding Management, adapting national strategies and plans to the new Investment Framework through the Technical Support Facilities.	2010: 14,700 days in 5 regions	2013: 30,000 days 2015: 35,000 days	UNAIDS Country and Regional Offices Secretariat/Technical Support Facilities	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	7,760,000	1,300,000	400,000	200,000	100,000	720,000	100,000	1,500,000	1,400,000	13,480,000
Subtotal Output D2.3.2	7,760,000	1,300,000	400,000	200,000	100,000	720,000	100,000	1,500,000	1,400,000	13,480,000
Subtotal Outcome D2.4	7,760,000	1,300,000	400,000	200,000	100,000	720,000	100,000	1,500,000	1,400,000	13,480,000
Total Function D2	49,579,600	28,423,900	3,534,500	2,079,000	3,903,100	4,175,400	2,492,000	3,428,600	7,501,500	105,118,000

DELIVERABLES
Secretariat deliverables

- Use the Technical Support Facilities to assist civil society partners to advance priority areas including integrating HIV prevention into sexual and reproductive health services and Mother, Neonatal and Child Health, integrating TB/HIV links and strengthening systems for health, scale-up of treatment (15x15) and of access to PMTCT (eMTCT).
- Coordinate technical support providers and donor/funding mechanisms, including civil society specific TS providers.

FUNCTION D3: Mutual accountability

Impact

By nature, the Strategic functions contribute collectively to the impact of the Joint Programme – Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).

Outcome D3.1 UNAIDS delivers value for money, clearly managing high impact operations that link human and financial resources to results and demonstrate improved efficiency, effectiveness and outreach

Outcome Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Annual multi-stakeholder reviews of UN Joint Programmes of Support conducted.	<p>2011 UCO survey All countries: 48% (n=46); N=95 HICs : 63% (n=24); N=38 conducted an annual and multistakeholder review (with at least two non-UN stakeholders) of the Joint Programme of Support</p> <p>2012 UNJT Report (JPMS) All countries: 38% (n=40); N=104</p>	2012: All HICs; 2013: All countries.	Joint UN Team Survey	Annual

Output D3.1.1 Mutual accountability frameworks, including the UBRAF and systems for delivery of UNAIDS Vision, Mission and Strategy developed

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Financial expenditure of UN Joint Teams on AIDS by strategic goal/ function, country and geographical area.	<p>a. All countries with the exception of two had at least two UBRAF outputs with financial information for at least two organizations (n=36; N=38) 95%</p> <p>b. Countries with financial reporting for at least 75% of JPMS outputs identified as applicable and by at least 75% of Joint Team members: achieved by 16 (42%) HICs: Angola, Brazil, Cambodia, Cameroon, China, Congo Brazzaville, Djibouti, India, Iran, Jamaica, Myanmar, Russian Federation, South Africa, Thailand, Tanzania, Zambia.</p>	2013: (a) 100%; (b) 24 (63%) 2014: (b) 32 (84%) 2015 (b) 38 (100%)	Joint UN Team survey (expenditure in output forms)	Annual
b. Core budget implementation rate of Cosponsors and Secretariat, including by goal and outcome.	51% (2010). 2012	40% (2012) and 100% (2012-2013)	Joint UN Team Survey	Annual

	UNHCR: 48% UNICEF: 36% WFP: 40% UNDP: 45% UNFPA: 43% Secretariat: 49%	UNODC: 50% ILO:47% UNESCO:43% WHO: 42% World Bank: 49%			
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CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	12,410,000	1,600,000	-	-	-	-	200,000	-	-	14,210,000
Subtotal Output D3.1.1	12,410,000	1,600,000	-	-	-	-	200,000	-	-	14,210,000

DELIVERABLES

<p>Joint deliverables</p> <p>J1. Develop mutual accountability frameworks and systems for delivery of UNAIDS Strategy, including the delivery of measurable results in a transparent and accessible format (such as AIDS Info).</p> <p>J2. Develop a programme-wide culture of joint action and accountability with results based management, policies focusing on cost effectiveness and technologically innovative solutions for monitoring, learning and reporting.</p>	<p>Secretariat deliverables</p> <p>a. Track and report on linkages between financial investments and programmatic results.</p> <p>b. Develop programme and management taking into account the recommendations of the QCPR to enhance system-wide coherence, strengthen accountability for results and impact, streamline procedures and lower transaction costs implementation systems with state-of-the-art information management and technology.</p> <p>c. develop and implement updated Joint UN Team guidance</p> <p>d. Develop a new UNAIDS strategy for 2016-2020</p> <p>e. Undertake independent programmatic and thematic evaluations</p>
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Output D3.1.2 UNAIDS Division of Labour is systematically operationalized and monitored at global, regional and country levels

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. UNAIDS Division of Labour is formally reviewed, adapted and endorsed	<p>2011</p> <p>64 countries (67% of 96) of which 31 HICs (82% of 38) reported that they reviewed, adopted and endorsed the DoL</p> <p>2012 UNJT Report (JPMS)</p> <p>All countries: 64% (n=70); N=110 HICs; 79% (n=30); N=38</p>	<p>2013: All HICs</p> <p>2015: 100% of All countries</p>	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	300,000	100,000	20,000	8,000	14,000	15,000	10,000	18,000	15,000	500,000

World Bank	30,800	166,400	33,200	4,900	9,900	34,600	4,900	4,900	24,500	314,100
Secretariat	12,400,000	900,000	1,300,000	-	-	-	400,000	1,100,000	-	16,100,000
Subtotal Output D3.1.2	12,730,800	1,166,400	1,353,200	12,900	23,900	49,600	414,900	1,122,900	39,500	16,914,100

DELIVERABLES

Joint deliverables

J1. Conduct systematic reviews, and where applicable implement reforms, of country level Joint Programmes of Support on AIDS.
J2. Coordinate the UNAIDS joint programme to maximize synergies across cosponsors and secretariat at global, regional and country levels

Secretariat deliverables

a. Assess and report on the implementation of the Division of Labour, including reviews of Joint Teams performance.
b. Refine and strengthen / improve of the JPMS online database to track progress and reporting of results of the Joint Teams, Cosponsors and the Secretariat.

Output D3.1.3 HIV and AIDS corporate results frameworks, both across UNAIDS and other stakeholders in the response to AIDS, are increasingly synchronized and aligned

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Cosponsor results frameworks indicators are directly related, adapted and/or used in the UBRAF	In 2011-2015 UBRAF, <ul style="list-style-type: none"> 13 indicators were directly adapted from existing Cosponsors' Results Framework 34 new indicators are owned by Cosponsors 	<ul style="list-style-type: none"> Use of Cosponsor indicators in the UBRAF continues at same level or increases Number of UBRAF indicators appearing in Cosponsor results frameworks (i.e. UBRAF-specific or other Cosponsor indicators) increases 	Cosponsor Reports	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	12,400,000	1,700,000	800,000	-	100,000	-	200,000	-	300,000	15,500,000
Subtotal Output D3.1.3	12,400,000	1,700,000	800,000	-	100,000	-	200,000	-	300,000	15,500,000
Subtotal Outcome D3.1	37,540,800	4,466,400	2,153,200	12,900	123,900	49,600	814,900	1,122,900	339,500	46,624,100

DELIVERABLES

Joint deliverable

J1. Advocate for alignment and synchronization between UNAIDS Strategy and other corporate frameworks within the Joint Programme and beyond (particularly the Global Fund and PEPFAR).
J2. Implementation and alignment of QCPR recommendations.

Outcome D3.2 The Joint Programme is managed and implemented effectively				
Outcome Indicators	Baseline Progress	Target/Scope	Data source	Frequency
a. Joint UN Teams on AIDS are functional	<p>2009: 71</p> <p>2011 UCO Survey All countries: 82% (n=85); N=104 HICs: 74% (n=28); N=38</p> <p>2012 UNJT Report (JPMS) All countries: 83% (n=86); N=104 HICs: 82% (n=31); N=38</p>	2013: 90 (33 HICs); 2015: 95 (38 HICs)	UNAIDS Secretariat	Annual
b. Details of Joint UN Programmes of Support on AIDS (JPS)	<p>2009: 61</p> <p>2011: 75 (24 HICs)</p> <p>2012 UNJT Report /JPMS) All countries: 66% (n=69); N=104 HICs: 66% (n=25); N=38</p>	2013: 85 (31 HICs); 2015: 95 (38 HICs)	UNAIDS Secretariat	Annual
c. Efficiency gains through use of technology and reduced logistics cost (e.g., travel, meetings, etc.) quantified and monitored by UNAIDS Secretariat, including:	<p>2011</p> <p>i. None</p> <p>ii. First data in 2012</p> <p>iii. (2010) Black and white: 2,137,184 copies @ \$0.0569 per copy; Colour: 970,244 copies @ \$0.2187 per copy</p> <p>iv. (2011) 824 WebEx conferences held; and 295 multi-point videoconferences held, with an average duration of 90 minutes</p> <p>2012</p> <p>i None</p> <p>ii. Data not yet available</p> <p>iii. HQ photocopying: - B&W: 1,305,428 copies @ CHF0.05520 [38% reduction] - Coloured: 553,190 copies @ CHF0.2121[42% reduction]</p> <p>iv. 265 multi-point videoconference supported by helpdesk</p>	<p>i. To be set using 2012 baseline (indicative targets below)</p> <p>ii. 90% (2013) 100% (2015)</p> <p>iii. Volume & cost reduced by 10% per year (40% reduction from 2010-2015)</p> <p>iv. (against 2011 final figures): 2015: 30% increase in videoconferences; 50% increase in online meeting sessions.</p>	UNAIDS Secretariat	Annual

Output D3.2.1 The UBRAF is managed, monitored and reported in a transparent way to meet the needs of different stakeholders

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Unqualified audited UNAIDS financial statements and acceptance of the annual financial and performance monitoring reports by Programme Coordinating Board.	This indicator will only be collected after the first UBRAF annual performance monitoring report and the corresponding financial report are submitted to and approved by the PCB in June 2013	Acceptance by PCB	Reports of the PCB	Annual

CORE RESOURCES

Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	12,400,000	2,200,000	-	600,000	-	-	-	-	2,400,000	17,600,000
Subtotal Output D3.2.1	12,400,000	2,200,000	-	600,000	-	-	-	-	2,400,000	17,600,000

DELIVERABLES

Secretariat deliverables

a. Plan, implement, monitor and report on the implementation of the UBRAF at global, regional and country levels taking into account the recommendations of the QCPR, in particular the development of clear and robust results frameworks that demonstrate complete results chains that establish expected results at output, outcome and impact levels and include measurable indicators with baselines, milestones and targets.
b. Develop a new budget, results and accountability framework to operationalize UNAIDS strategy 2016-2020.

Output D3.2.2 UNAIDS support and resources developed, deployed and implemented for maximum efficiency and impact

Output Indicators	Baseline / Progress	Target/Scope	Data source	Frequency
a. Number of human resources management policies developed and implemented, in line with the Human Resources Strategy (Secretariat)	2011: zero 2012: 9 policies developed/implemented a. Revised performance management system: 1 b. Core and managerial competencies training packages: 1 c. Training for managers (managerial competency and political leadership): 1 d. Policies to complement workforce planning strategy: 7	<ul style="list-style-type: none"> Policies developed and implemented by 2013 	UNAIDS Secretariat	Annual
b. Proportion of secretariat staff having completed e-learning modules to strengthen core and managerial competencies in the past 12 months	414 (as of 13 December 2011) (High number reflects large scope of marketing during first year of Portal launch.) 31 December 2012 207 staff registered	250 per year	UNAIDS Secretariat	Annual

CORE RESOURCES										
Agency	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	12,410,000	2,300,000	700,000	-	1,400,000	1,000,000	1,100,000	200,000	200,000	19,310,000
Subtotal Output D3.2.2	12,410,000	2,300,000	700,000	-	1,400,000	1,000,000	1,100,000	200,000	200,000	19,310,000
Subtotal Outcome D3.2	24,810,000	4,500,000	700,000	600,000	1,400,000	1,000,000	1,100,000	200,000	2,600,000	36,910,000
Total Function D3	62,350,800	8,966,400	2,853,200	612,900	1,523,900	1,049,600	1,914,900	1,322,900	2,939,500	83,534,000
DELIVERABLES										
<u>Secretariat deliverables</u>										
a. Implementation of UNAIDS Secretariat Strategy on Human Resources 2011-2015.										
b. Profiling and deployment of staff functions across the Secretariat in alignment with the UNAIDS vision, strategy, and global AIDS targets.										
c. Development of staff competencies and on-going improvement of staff performance.										

Strategic Direction 1: Revolutionize HIV Prevention (in US\$)

Goal A1

Funding source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Core Resources										
Subtotal	10,881,200	14,644,800	4,647,000	1,598,800	2,989,300	6,789,200	1,919,000	1,548,100	3,480,000	48,497,000
Non-Core Resources										
UNHCR	650,000	450,000	116,600	54,000	-	353,200	91,800	162,000	302,400	2,180,000
UNICEF	849,400	25,684,500	18,223,400	1,165,600	1,419,300	5,211,900	1,356,700	1,106,800	3,245,800	58,263,000
UNDP	4,368,000	120,612,800	5,085,400	3,219,000	4,601,700	5,313,400	1,198,600	14,277,600	7,924,300	166,601,000
UNFPA	21,708,000	28,468,000	144,600	301,000	3,468,200	1,728,100	9,230,500	5,456,800	3,327,200	73,832,000
UNODC	227,100	649,300	488,000	28,900	554,500	266,200	55,600	399,200	177,500	2,846,000
ILO	1,243,300	1,370,000	179,800	111,300	71,900	113,000	66,800	390,500	131,900	3,679,000
UNESCO	808,900	4,904,100	165,100	9,700	365,100	1,200,000	20,000	42,900	551,500	8,067,000
WHO	6,060,000	8,743,000	2,919,000	386,000	1,968,000	1,254,000	785,000	1,700,000	2,062,000	25,877,000
World Bank	9,852,900	766,976,300	182,813,400	11,120,000	10,080,000	114,327,900	18,836,000	1,246,000	168,953,100	1,284,206,000
Subtotal	45,767,600	957,858,100	210,135,200	16,395,400	22,528,700	129,767,700	31,640,900	24,781,800	186,675,700	1,625,551,000
TOTAL GOAL A1 BUDGET	56,648,700	972,502,800	214,782,200	17,994,200	25,518,000	136,556,900	33,560,000	26,329,900	190,155,700	1,674,048,000

Goal A2

Core Resources										
Subtotal	4,044,200	3,616,200	1,165,400	366,300	844,200	1,742,200	583,300	743,800	1,198,100	14,304,000
Non-Core Resources										
UNHCR	444,800	322,400	158,400	-	-	264,000	-	-	281,600	1,471,000
UNICEF	707,300	29,986,600	1,933,500	993,200	1,176,800	5,613,400	1,106,400	1,061,800	3,941,700	46,521,000
WFP	115,000	11,805,200	147,600	-	354,200	885,400	236,100	737,800	590,300	14,871,000
UNDP	-	7,000,000	-	-	-	-	-	-	-	7,000,000
UNFPA	199,400	15,611,800	-	23,100	945,600	318,000	891,000	646,600	1,103,200	19,739,000
UNODC	48,700	139,100	104,600	6,200	118,800	57,000	11,900	85,600	38,000	610,000
WHO	7,100,000	8,365,000	3,232,000	428,000	650,000	1,433,000	869,000	1,690,000	2,152,000	25,919,000
Subtotal	8,615,200	73,230,100	5,576,000	1,450,500	3,245,400	8,570,700	3,114,400	4,221,800	8,106,800	116,131,000
TOTAL GOAL A2 BUDGET	12,659,400	76,846,300	6,741,400	1,816,800	4,089,500	10,313,000	3,697,700	4,965,600	9,304,900	130,435,000

Goal A3

Funding source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Core Resources										
Subtotal	4,706,100	3,681,000	2,659,800	161,200	2,108,200	1,046,000	706,200	1,059,400	173,000	16,301,000
Non-Core Resources										
UNICEF	142,500	4,191,000	839,300	195,200	766,600	254,800	227,200	185,400	257,500	7,059,000
UNDP	-	10,701,600	3,390,300	804,800	14,601,700	2,457,100	513,700	1,277,800	89,000	33,836,000
UNFPA	47,000	112,000	-	-	32,900	-	-	28,000	-	220,000
UNODC	1,346,500	3,849,400	2,893,000	171,400	3,287,400	1,578,000	329,400	2,366,900	1,052,000	16,874,000
UNESCO	59,900	87,600	17,800	-	9,600	-	-	-	9,500	184,000
WHO	380,000	2,541,000	2,085,000	85,000	2,734,000	85,000	170,000	100,000	132,000	8,312,000
Subtotal	1,975,900	21,482,500	9,225,400	1,256,400	21,432,300	4,374,900	1,240,200	3,958,100	1,539,900	66,486,000
TOTAL GOAL A3 BUDGET	6,681,900	25,163,500	11,885,100	1,417,700	23,540,500	5,420,900	1,946,400	5,017,500	1,713,000	82,787,000

Summary: Strategic Direction 1 Budget

TOTAL GOAL A1	56,648,700	972,502,800	214,782,200	17,994,200	25,518,000	136,556,900	33,560,000	26,329,900	190,155,700	1,674,048,000
TOTAL GOAL A2	12,659,400	76,846,300	6,741,400	1,816,800	4,089,500	10,313,000	3,697,700	4,965,600	9,304,900	130,435,000
TOTAL GOAL A3	6,681,900	25,163,500	11,885,100	1,417,700	23,540,500	5,420,900	1,946,400	5,017,500	1,713,000	82,787,000
TOTAL SD 1	75,991,000	1,074,513,000	233,409,000	21,229,000	53,148,000	152,291,000	39,204,000	36,313,000	201,173,000	1,887,270,000

Strategic Direction 2: Catalyse the next phase of treatment, care and support (in US\$)

Goal B1										
Funding source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	7,134,400	9,012,600	1,762,500	217,100	1,019,600	2,165,500	546,200	935,600	2,035,000	24,829,000
Non-Core Resources										
UNHCR	675,500	452,000	257,500	-	-	452,000	-	-	435,000	2,272,000
UNICEF	430,700	15,185,500	1,577,900	613,400	770,200	1,801,400	721,000	613,200	2,122,700	23,836,000
WFP	145,000	61,000,200	762,500	-	1,830,000	4,575,000	1,220,000	3,812,500	3,050,000	76,395,000
UNDP	2,000,000	70,648,300	2,542,700	1,207,100	15,982,200	2,656,700	513,700	3,288,800	3,561,500	102,401,000
UNODC	-	269,700	137,000	8,100	124,500	62,300	23,400	112,100	62,300	799,000
ILO	508,600	650,800	85,600	51,400	30,800	56,500	28,300	162,700	65,900	1,641,000
UNESCO	59,900	87,600	10,200	-	-	68,600	-	-	19,000	245,000
WHO	15,141,000	17,691,000	6,673,000	668,000	2,840,000	2,730,000	1,350,000	3,433,000	4,460,000	54,986,000
World Bank	-	344,214,100	32,569,600	6,513,900	4,885,400	130,278,400	7,909,800	325,700	46,993,300	573,690,000
Subtotal	18,960,700	510,199,200	44,615,900	9,061,900	26,463,100	142,680,800	11,766,200	11,748,000	60,769,700	836,266,000
TOTAL GOAL B1 BUDGET	26,095,100	519,211,900	46,378,400	9,279,000	27,482,700	144,846,300	12,312,300	12,683,600	62,804,700	861,094,000
Goal B2										
Core Resources										
Subtotal	1,679,800	2,529,800	298,800	25,000	233,400	451,000	142,800	162,000	366,500	5,889,000
Non-Core Resources										
UNICEF	35,900	1,237,500	-	-	296,900	295,600	-	-	-	1,866,000
WFP	65,000	10,934,200	136,700	-	328,000	820,100	218,700	683,400	546,700	13,733,000
UNDP	400,000	59,720,000	3,037,900	1,207,100	2,061,000	7,010,800	706,200	1,499,900	3,897,000	79,540,000
UNODC	-	359,600	182,600	10,800	166,000	83,000	31,200	149,400	83,000	1,066,000
ILO	480,400	719,300	-	-	-	61,700	-	-	71,900	1,333,000
WHO	4,180,000	4,600,000	2,190,000	105,000	820,000	717,000	212,000	846,000	1,031,000	14,701,000
Subtotal	5,161,300	77,570,600	5,547,200	1,322,900	3,671,900	8,988,100	1,168,100	3,178,700	5,629,600	112,238,000
TOTAL GOAL B2 BUDGET	6,841,100	80,100,400	5,846,000	1,347,900	3,905,300	9,439,100	1,310,900	3,340,700	5,996,100	118,127,000

Goal B3

Funding source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	4,323,300	5,262,400	1,051,900	310,300	480,700	2,810,400	435,500	496,500	1,650,600	16,821,000
Non-Core Resources										
UNHCR	1,088,000	727,000	244,900	-	90,700	598,600	154,200	308,400	417,200	3,629,000
UNICEF	775,300	27,322,500	2,845,500	1,106,800	1,390,300	4,538,100	1,244,900	1,107,000	2,300,700	42,631,000
WFP	115,000	72,265,200	903,300	-	2,168,000	5,419,900	1,445,300	4,516,600	3,613,300	90,446,000
UNDP	1,368,000	12,210,500	1,695,100	1,309,500	460,200	1,474,300	342,500	766,700	445,200	20,072,000
UNODC	-	188,000	95,500	5,700	86,800	43,400	16,300	78,100	43,400	557,000
ILO	904,200	1,027,500	145,600	68,500	51,400	66,800	41,100	244,000	77,900	2,627,000
UNESCO	59,900	87,600	2,500	-	-	85,700	-	-	9,500	245,000
WHO	1,140,000	622,000	209,000	23,000	220,000	87,000	45,000	100,000	1,320,000	3,766,000
Subtotal	5,450,400	114,450,200	6,141,400	2,513,500	4,467,300	12,313,800	3,289,300	7,120,700	8,227,100	163,974,000
TOTAL GOAL B3 BUDGET	9,773,700	119,712,600	7,193,300	2,823,800	4,948,000	15,124,200	3,724,800	7,617,200	9,877,600	180,795,000

Summary: Strategic Direction 2 Budget

TOTAL GOAL B1	26,095,100	519,211,900	46,378,400	9,279,000	27,482,700	144,846,300	12,312,300	12,683,600	62,804,700	861,094,000
TOTAL GOAL B2	6,841,100	80,100,400	5,846,000	1,347,900	3,905,300	9,439,100	1,310,900	3,340,700	5,996,100	118,127,000
TOTAL GOAL B3	9,773,700	119,712,600	7,193,300	2,823,800	4,948,000	15,124,200	3,724,800	7,617,200	9,877,600	180,795,000
TOTAL SD2	42,710,000	719,025,000	59,418,000	13,451,000	36,336,000	169,410,000	17,348,000	23,641,000	78,678,000	1,160,017,000

Strategic Direction 3: Advance human rights and gender equality for the HIV response (in US\$)

Goal C1

Funding Source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	3,255,000	3,366,000	572,200	301,900	723,800	926,600	228,600	342,400	845,800	10,562,000
Non-Core Resources										
UNHCR	260,000	156,000	67,500	18,800	18,800	85,300	16,000	75,000	93,600	791,000
UNICEF	70,400	2,255,200	88,900	-	-	542,900	-	-	544,400	3,502,000
UNDP	655,200	21,026,200	635,700	301,800	690,200	1,685,600	128,400	1,916,700	667,800	27,708,000
UNFPA	211,600	142,100	-	53,900	337,100	-	85,100	-	-	830,000
UNODC	-	588,500	475,300	24,800	285,200	190,100	47,600	475,300	190,100	2,277,000
ILO	1,299,800	1,438,500	196,900	107,000	68,500	92,500	46,200	341,700	107,900	3,699,000
UNESCO	119,800	525,400	20,300	-	96,100	34,300	-	-	95,100	891,000
WHO	-	700,000	208,000	22,000	330,000	88,000	43,000	100,000	135,000	1,626,000
Subtotal	2,616,800	26,831,900	1,692,600	528,300	1,825,800	2,718,700	366,300	2,908,700	1,833,900	41,323,000
TOTAL GOAL C1 BUDGET	5,871,800	30,198,000	2,264,800	830,200	2,549,700	3,645,300	594,900	3,251,100	2,679,700	51,885,000

Goal C2

Core Resources										
Subtotal	351,600	283,000	18,900	6,900	10,400	71,500	6,300	105,400	105,800	960,000
Non-Core Resources										
UNHCR	137,000	110,000	41,000	11,400	11,400	51,800	9,500	45,600	57,000	475,000
ILO	367,300	548,000	102,800	-	65,100	41,100	20,600	130,200	48,000	1,323,000
Subtotal	504,300	658,000	143,800	11,400	76,500	92,900	30,100	175,800	105,000	1,798,000
TOTAL GOAL C2 BUDGET	855,900	941,000	162,800	18,300	86,900	164,400	36,500	281,200	210,800	2,758,000

Goal C3

Core Resources										
Subtotal	3,940,900	4,204,100	2,077,000	838,700	1,237,200	2,455,300	725,600	591,800	1,264,500	17,335,000

Funding Source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Non-Core Resources										
UNHCR	792,000	526,000	142,600	66,000	66,000	395,300	56,100	224,400	369,600	2,638,000
UNICEF	111,600	4,427,700	707,500	-	-	795,800	-	-	686,100	6,729,000
WFP	-	621,300	7,800	-	18,600	46,600	12,400	38,800	31,100	777,000
UNDP	327,600	27,377,000	1,059,500	503,000	1,150,400	2,142,700	214,100	3,194,500	1,113,000	37,082,000
UNFPA	317,400	1,468,600	-	5,700	248,400	30,800	178,900	33,000	28,000	2,311,000
UNODC	-	817,300	660,200	34,400	396,100	264,100	66,100	660,100	264,100	3,162,000
UN Women	1,500,000	7,841,200	2,838,800	2,382,900	564,000	1,070,000	860,000	672,000	1,525,000	19,254,000
ILO	452,100	616,500	77,100	47,100	30,800	46,200	28,300	244,000	53,900	1,596,000
UNESCO	209,700	1,313,600	22,900	4,800	-	85,700	20,000	21,400	190,200	1,868,000
WHO	1,140,000	958,000	208,000	22,000	-	169,000	50,000	198,000	264,000	3,009,000
Subtotal	4,850,300	45,967,200	5,724,300	3,066,000	2,474,300	5,046,300	1,486,000	5,286,200	4,524,900	78,426,000
TOTAL GOAL C3 BUDGET	8,791,300	50,171,400	7,801,300	3,904,600	3,711,500	7,501,600	2,211,700	5,878,100	5,789,400	95,761,000
Goal C4										
Core Resources										
Subtotal	2,984,700	2,452,300	690,700	259,600	298,600	936,000	273,400	216,200	916,300	9,028,000
Non-Core Resources										
UNHCR	955,000	670,000	153,300	71,000	71,000	424,800	60,400	241,300	397,300	3,044,000
UNICEF	144,900	4,829,100	846,800	-	-	951,200	-	-	820,900	7,593,000
WFP	465,000	232,500	11,600	-	27,900	69,800	18,600	58,100	46,500	930,000
UNDP	109,200	9,350,800	423,800	201,200	460,200	1,457,100	85,600	1,277,800	445,200	13,811,000
UNFPA	110,600	8,016,900	62,000	107,400	293,200	170,800	318,600	-	95,200	9,175,000
UNODC	-	228,900	184,800	9,600	110,900	74,000	18,500	184,800	74,000	885,000
UN Women	550,000	6,000,000	100,000	100,000	100,000	150,000	150,000	150,000	150,000	7,450,000
ILO	395,600	479,500	68,500	42,800	24,000	36,000	25,700	113,900	42,000	1,228,000
UNESCO	179,800	1,751,500	15,200	9,700	9,600	240,000	59,900	7,100	76,100	2,349,000
WHO	760,000	574,000	210,000	42,000	110,000	85,000	85,000	104,000	132,000	2,102,000
Subtotal	3,670,000	32,133,200	2,076,000	583,700	1,206,900	3,658,600	822,300	2,137,100	2,279,100	48,567,000
TOTAL GOAL C4 BUDGET	6,654,700	34,585,500	2,766,700	843,300	1,505,500	4,594,600	1,095,700	2,353,200	3,195,400	57,595,000

Summary: Strategic Direction 3 Budget

	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
TOTAL GOAL C1	5,871,800	30,198,000	2,264,800	830,200	2,549,700	3,645,300	594,900	3,251,100	2,679,700	51,885,000
TOTAL GOAL C2	855,900	941,000	162,800	18,300	86,900	164,400	36,500	281,200	210,800	2,758,000
TOTAL GOAL C3	8,791,300	50,171,400	7,801,300	3,904,600	3,711,500	7,501,600	2,211,700	5,878,100	5,789,400	95,761,000
TOTAL GOAL C4	6,654,700	34,585,500	2,766,700	843,300	1,505,500	4,594,600	1,095,700	2,353,200	3,195,400	57,595,000
TOTAL SD3	22,174,000	115,896,000	12,996,000	5,596,000	7,854,000	15,905,000	3,939,000	11,763,000	11,875,000	207,998,000

Strategic functions of leadership, coordination and mutual accountability (in US\$)**Function D1**

Funding source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	46,178,100	38,962,500	12,317,200	3,472,800	3,407,600	6,913,400	4,756,300	6,461,200	9,173,000	131,642,000
Non-Core Resources										
UNDP	600,000	25,000,000	1,200,000	300,000	700,000	2,000,000	150,000	1,000,000	1,000,000	31,950,000
WHO	760,000	1,220,000	417,000	45,000	380,000	168,000	86,000	198,000	265,000	3,539,000
World Bank	-	384,071,200	35,846,600	7,169,300	5,377,000	143,386,600	8,705,600	358,500	51,465,500	636,380,000
Secretariat	6,880,000	4,790,000	3,420,000	500,000	310,000	510,000	250,000	1,180,000	1,710,000	19,550,000
Subtotal	8,240,000	415,081,200	40,883,600	8,014,300	6,767,000	146,064,600	9,191,600	2,736,500	54,440,500	691,419,000
TOTAL FUNCTION D1 BUDGET	54,418,100	454,043,700	53,200,800	11,487,100	10,174,600	152,978,000	13,947,900	9,197,700	63,613,500	823,061,000

Function D2

Core Resources										
Subtotal	49,579,600	28,423,900	3,534,500	2,079,000	3,903,100	4,175,400	2,492,000	3,428,600	7,501,500	105,118,000
Non-Core Resources										
WHO	7,630,000	6,122,000	1,980,000	220,000	712,000	1,067,000	444,000	1,243,000	1,740,000	21,158,000
Secretariat	7,060,000	3,090,000	2,300,000	-	1,030,000	1,230,000	250,000	250,000	2,850,000	18,060,000
Subtotal	14,690,000	9,212,000	4,280,000	220,000	1,742,000	2,297,000	694,000	1,493,000	4,590,000	39,218,000
TOTAL FUNCTION D2 BUDGET	64,269,600	37,635,900	7,814,500	2,299,000	5,645,100	6,472,400	3,186,000	4,921,600	12,091,500	144,336,000

Funding source	Global	30+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Function D3										
Core Resources										
Subtotal	62,350,800	8,966,400	2,853,200	612,900	1,523,900	1,049,600	1,914,900	1,322,900	2,939,500	83,534,000
Non-Core Resources										
WHO	960,000	1,426,000	522,000	52,000	275,000	123,000	106,000	243,000	327,000	4,034,000
Secretariat	1,660,000	3,260,000	550,000	-	-	1,790,000	-	-	130,000	7,390,000
Subtotal	2,620,000	4,686,000	1,072,000	52,000	275,000	1,913,000	106,000	243,000	457,000	11,424,000
TOTAL FUNCTION D3 BUDGET	64,970,800	13,652,400	3,925,200	664,900	1,798,900	2,962,600	2,020,900	1,565,900	3,396,500	94,958,000
Summary: Strategic Functions Budget										
TOTAL FUNCTION D1	54,418,100	454,043,700	53,200,800	11,487,100	10,174,600	152,978,000	13,947,900	9,197,700	63,613,500	823,061,000
TOTAL FUNCTION D2	64,269,600	37,635,900	7,814,500	2,299,000	5,645,100	6,472,400	3,186,000	4,921,600	12,091,500	144,336,000
TOTAL FUNCTION D3	64,970,800	13,652,400	3,925,200	664,900	1,798,900	2,962,600	2,020,900	1,565,900	3,396,500	94,958,000
TOTAL SF	183,659,000	505,332,000	64,941,000	14,451,000	17,619,000	162,412,000	19,154,000	15,685,000	79,101,000	1,062,355,000
OVERALL SUMMARY BUDGET										
TOTAL SD1	75,991,000	1,074,513,000	233,409,000	21,229,000	53,148,000	152,291,000	39,204,000	36,313,000	201,173,000	1,887,270,000
TOTAL SD2	42,710,000	719,025,000	59,418,000	13,451,000	36,336,000	169,410,000	17,348,000	23,641,000	78,678,000	1,160,017,000
TOTAL SD3	22,174,000	115,896,000	12,996,000	5,596,000	7,854,000	15,905,000	3,939,000	11,763,000	11,875,000	207,998,000
TOTAL SF	183,659,000	505,332,000	64,941,000	14,451,000	17,619,000	162,412,000	19,154,000	15,685,000	79,101,000	1,062,355,000
2014-2015 BUDGET	324,534,000	2,414,766,000	370,764,000	54,727,000	114,957,000	500,018,000	79,645,000	87,402,000	370,827,000	4,317,640,000

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