



UNAIDS/PCB(28)/11.7
3 June 2011

28th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
21-23 June 2011

UNAIDS performance monitoring report 2010

Additional documents for this item: UNAIDS/PCB(28)/11.CRP.1

Action required at this meeting: - the Programme Coordinating Board is invited to: *take note* of the UNAIDS performance monitoring report for 2010.

Cost implications: None

OVERVIEW

Summary

1. The UNAIDS performance monitoring report 2010 details the joint and individual achievements and contributions of the Joint Programme against the 2010-2011 Unified Budget and Workplan. The report also includes details of expenditure by budget line, region and result. The report will be supplemented by a country case study which will be presented to the 28th Programme Coordinating Board.
2. Globally, HIV incidence declined by nearly 20% from 1999 and 2009, and at least 56 countries have stabilized or significantly slowed the rate of new infections. With more than 6.5 million people receiving antiretroviral therapy as of December 2010, including a 25% increase in 2010 alone; the annual number of AIDS deaths fell by 19% between 2004 and 2009. Steady progress has been achieved towards the goal of eliminating vertical transmission of HIV, with coverage for HIV prevention services exceeding 50% for the first time in 2009, and with the number of newly infected children declining by 24% from 2004 to 2009.
3. While several countries repealed HIV-related travel restrictions in 2010 the number of countries with laws or policies prohibiting HIV-related discrimination has increased. However, progress in addressing the HIV-related needs of key populations at higher risk was mixed. While more countries are recognizing the role of gender inequality in their national HIV strategies, many lack budgeted programmes on gender. In addition, although total financial resources for the HIV response in 2009 was ten-fold higher than in 2001, financing for the response in low- and middle-income countries flattened, with the first-ever decline in international HIV assistance reported in 2009.
4. The Joint Programme encountered a number of challenges in 2010, which are described in Section II. These include a levelling of financial support for HIV programmes, persistent HIV stigma and discrimination, and capacity challenges at country level.

Introduction

5. The Unified Budget and Workplan unites the efforts and budgets of 10 Cosponsors and the UNAIDS Secretariat to catalyze stronger country-level action against AIDS. The Unified Budget and Workplan informs diverse stakeholders of the Joint Programme's strategic approach on AIDS and acts as an accountability tool for measuring progress against specific goals and targets.
6. The 2010-2011 Unified Budget and Workplan is aligned with the *UNAIDS Outcome Framework 2009-2011: Joint Action for Results* which identifies Priority Areas and Cross-Cutting Strategies to guide UNAIDS work (and which informed the development of UNAIDS Strategy 2011-2015). This report outlines the Principal Outcomes and Key Outputs achieved against the Outcome Framework Priority Areas and Cross-Cutting Strategies.
7. The 2010-2011 Unified Budget and Workplan seeks to achieve eight Principal Outcomes and 34 Key Outputs, with 125 organization-specific Broad Activities. A series of indicators were developed to measure progress against the Principal Outcomes that the Joint Programme collectively contributes to and Key Outputs of specific contribution of the Joint Programme. All members of the Joint Programme have been required to report progress against these indicators.

8. The 2010-2011 Unified Budget and Workplan specifies resource allocations for each Cosponsor and the Secretariat for each Key Output to which individual organizations contribute, enabling stakeholders to compare reported results with actual budget allocations and expenditures.
9. This report provides a mid-term assessment of UNAIDS achievements under the 2010-2011 Unified Budget and Workplan. As the period covered by this report is only the first of the current biennium, results against Key Outputs will only be partial, as budget allocations and performance indicators pertain to the entire two-year period.
10. As part of the strategic realignment of the Joint Programme to support the operationalization of UNAIDS Strategy 2011-2015, a new instrument has been developed to succeed the Unified Budget and Workplan – the 2012-2015 UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), which has been submitted to the 28th meeting of the Programme Coordinating Board for review and approval.

Structure/Outline of the report

11. This report has been divided into 4 main sections:
 - **Section I** describes developments in the overall AIDS response and achievements of UNAIDS under each of the priority areas and cross-cutting strategies of the Outcome Framework, relying primarily on progress against key output indicators. It also outlines key challenges encountered by the Joint Programme in 2010 on the priority areas and cross cutting strategies, as well as remaining gaps that need to be addressed.
 - **Section II** identifies additional challenges encountered in 2010, key lessons learned and opportunities for the Joint Programme. This section outlines UNAIDS ongoing efforts to improve performance and to identify and respond to emerging issues.
 - **Section III** describes results under the Principal Outcomes and Key Outputs of the 2010-2011 UBW. Key Outputs are the results of cumulative and collaborative efforts of several Cosponsors and Secretariat. Principal Outcomes are the changes in the AIDS response to which UNAIDS Key Outputs contribute. Results in this section are primarily drawn from the Broad Activity reports submitted by each Cosponsor and the Secretariat. This section enables readers to assess the link between activities and results of UNAIDS efforts and global progress, demonstrating UNAIDS specific contributions.
 - **Section IV** provides financial reporting of expenditures by organization, by region, by priority area and cross-cutting strategy of the Outcome Framework, and by Principal Outcome.

SECTION I: CONTRIBUTIONS TOWARDS PRIORITY AREAS AND CROSS-CUTTING STRATEGIES OF UNAIDS OUTCOME FRAMEWORK 2009-2011

12. The UNAIDS Outcome Framework 2009-2011 focuses on 10 Priority Areas in which progress is fundamental to address the global HIV epidemic. To accelerate the achievement of results in these Priority Areas and to improve the operational effectiveness and efficiency of UNAIDS, the Outcome Framework identified six Cross-Cutting Strategies.
13. Data sources used to measure results include country reports for core indicators developed to monitor progress towards implementation of the 2001 Declaration of Commitment (UNGASS indicators), national reports by UNAIDS Country Coordinators, results from national Demographic and Health Surveys (DHS), national Universal Access reviews, and country-specific epidemiological estimates. Baselines vary by point in time. Whereas data from 2009 are available for some indicators (such as those that rely on epidemiological estimates or service coverage), other indicators (such as those that rely on DHS surveys) identify temporal trends that may vary among countries.
14. This section describes progress under each Priority Area and Cross-Cutting Strategy. Due to the diversity of data sources, the time period for assessing progress varies among priority areas and cross-cutting strategies. With a focus on quantifiable results and country-level action, indicators permit an assessment of relevant trends and the degree to which progress has been achieved, whilst highlighting remaining gaps.

Priority Areas

We can reduce sexual transmission of HIV

15. Between 2001 and 2009, the annual number of HIV infections globally fell by nearly 25%. In 33 countries – including 22 in sub-Saharan Africa – HIV incidence declined by at least 25% from 2001 to 2009. Changes in sexual behaviour are helping drive reductions in new HIV infections. According to data from countries with multiple household surveys during the last decade, the percentage of young people (aged 15-24) that used a condom during the last sexual intercourse with a non-regular partner increased between the first half of the decade and the latter half. Many countries in sub-Saharan Africa are also taking steps to implement adult male circumcision to prevent female-to-male sexual transmission; the number of men circumcised in 8 out of 13 priority countries increased from 100,000 in 2009 to 350,000 in 2010.
16. These trends, while encouraging, are not universal. New infections are increasing in Eastern Europe and Central Asia, in the Middle East and North Africa, and in some high-income countries. While condom use appears to be increasing globally, it remains sub-optimal in many countries. In 14 countries where HIV prevalence exceeds 2% and where nationally representative data are available, more than 70% of men and women who had high-risk sex in the past year report not using a condom the last time they had sex. According to national universal access reviews, many countries are experiencing interruptions in the supply of condoms, impeding efforts to deliver HIV prevention programmes. Additionally, in some contexts stigma around condoms remains high and impedes young people from using them.

We can prevent mothers from dying and babies from becoming infected with HIV

17. From 2008 to 2009, the percentage of pregnant women living with HIV in low- and middle-income countries who received antiretroviral prophylaxis increased from 45% to 53%. The number of children newly infected with HIV fell by 24% between 2004 and 2009 and 15 low and middle income countries achieved 80% coverage for prevention of mother to child transmission (PMTCT). New guidelines for prevention of vertical transmission of HIV, released in 2010, aim to improve the impact of programmes to prevent vertical transmission. These guidelines emphasize earlier initiation of antiretroviral therapy in pregnant women living with HIV, routine assessment of HIV-positive pregnant women for their own health, and close integration between antenatal settings and HIV treatment programmes. They also provide recommendations for preventing the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding.
18. National universal access reviews have identified several continuing challenges that undermine efforts to prevent vertical HIV transmission. For example, pregnant women living with HIV and their infants must have consistent PMTCT services, but in many instances the continuum of care and quality of services are not assured. Better and strengthened integration and linkages across HIV maternal newborn and child health, and other sexual and reproductive health services would help address this. Scaled-up access to early infant diagnosis, ensuring a quality paediatric ART regimen for all HIV-infected infants, also would be an important step forward.

We can ensure that people living with HIV receive treatment

19. The number of people in low- and middle-income countries receiving antiretroviral therapy (ART) increased by approximately 25% in 2010, reaching at least 6.5 million people worldwide, with 8 low and middle income countries achieving 80% ART coverage. These gains are saving lives, with the number of AIDS deaths declining by 19% from 2004 to 2009.
20. Gains in treatment access are not uniformly shared among all people living with HIV. Antiretroviral treatment coverage in 2009 was higher among women than among men (39% vs. 31%) and among adults than among children (37% vs. 28%). Among 39 countries reporting 2009 treatment coverage for people who inject drugs, about half (19) reached less than 10% of such individuals. National universal access reviews identify several challenges to scale-up treatment and to optimize health outcomes including interruptions of drug supplies, inadequate laboratory capacity, and inadequate retention of antiretroviral patients in treatment programmes with implications for drug resistance.

We can prevent people living with HIV from dying of tuberculosis

21. Efforts to diagnose HIV/Tuberculosis co-infection and to intervene with effective preventive and therapeutic regimens are showing progress. The percentage of tuberculosis patients tested for HIV increased from 4% in 2003 to 26% in 2009, with 55 countries testing at least 75% of tuberculosis patients for HIV (up from 50 countries in 2008). In 2009, 1.6 million tuberculosis patients knew their HIV status, compared to 1.4 million in 2008.
22. Efforts to prevent tuberculosis -related deaths among people with HIV remains a challenge, with 380,000 such deaths reported in 2009. Although antiretroviral therapy reduces the risk of death among people with tuberculosis who are living with HIV, yet

only 37% of co-infected persons received antiretroviral therapy in 2009. Tuberculosis screening in HIV treatment settings remains inadequate, with only an estimated 5% of people living with HIV screened for tuberculosis in 2009. Malnutrition in co-infected individuals jeopardizes the effectiveness of treatment and needs to be better addressed. In 2009, less than 1% of people living with HIV received isoniazid preventive therapy. These patterns underscore the urgent need for greater collaborative HIV/ tuberculosis efforts.

We can protect drug users from becoming infected with HIV

23. In 2010, several countries revised national policies to permit access to key elements of harm reduction, such as needle and syringe programmes and opioid substitution therapy.
24. Despite this encouraging development, enormous challenges impede efforts to protect people who use drugs from becoming infected. In 2010, prevention coverage in 29 countries for people who inject drugs (32%) was lower than average coverage reported in 27 countries in 2008 (46%)¹. Neither needle or syringe programmes nor opioid agonist therapy was available in most countries reporting data in 2010. Less than 10 countries reporting data provide comprehensive HIV prevention services in prison settings.

We can empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy

25. Data are limited on access to HIV prevention and antiretroviral therapy for men who have sex with men, sex workers and transgender people. In 2010, the prevention coverage reported in 43 countries for men who have sex with men (57%) was higher than the coverage reported in 2008 in 27 countries (40%)². The percentage of HIV budgets allocated to services for key populations increased from 2008 to 2010 in low-level and generalized epidemics, but decreased in countries with concentrated epidemics.
26. A different pattern was reported for prevention coverage for sex workers. In 2010, prevention coverage in 54 countries (49%) was lower than the coverage (60%) reported in 39 countries in 2008. Challenges to progress in this priority work area include the existence of counterproductive legal and policy frameworks regarding these and other marginalized populations, as well as inadequate financial support for programmes focused on key populations. In 2010, programmes for key populations accounted for 22% of HIV spending in low-level epidemics, 9% in concentrated epidemics, and 2% in generalized epidemics.

We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS

27. In 2010, China, Namibia, Ukraine and USA repealed their respective HIV-based travel restrictions, and two other countries (Ecuador and India) issued clarifications that such restrictions were no longer in place. However, the number of countries reporting the existence of laws and regulations that protect people living with HIV from discrimination increased from 87 in 2008 to 124 in 2010. The percentage of

¹ However these data may not be comparable between countries over time due to differences in methodology and should be interpreted cautiously.

² However, due to differences in methodologies and settings, these figures should be interpreted cautiously and do not necessarily demonstrate trends.

countries with laws in place prohibiting HIV-related discrimination increased from 56% in 2006 to 71% in 2010. In 2010, 91% of countries addressed stigma and discrimination in their national strategies, and 90% reported anti-stigma activities (compared to 39% in 2006).

28. Considerable challenges confront efforts to remove punitive laws, policies, practices, stigma and discrimination. Although the number of countries with HIV discrimination laws in place has increased, less than 60% of countries reported having a mechanism to record, document and address instances of discrimination against people living with HIV or key populations at higher risk. Likewise, while anti-stigma efforts are increasingly recognized in national strategies, only a minority of countries budget adequately for anti-stigma programmes.
29. Forty-eight countries, territories and entities continue to impose some form of restriction on the entry, stay and residence of people living with HIV. One hundred sixteen countries criminalize some aspect of sex work, 79 countries and territories criminalize same-sex sexual relations, and 32 countries have laws that allow for the death penalty in relation to some form of drug-related offences.

We can meet the HIV needs of women and girls and can stop sexual and gender-based violence

30. The number of countries reporting policies in place to ensure equal access among women and men to prevention, treatment and support services increased from 111 in 2008 to 144 in 2010. Globally, governments in 80% of countries (137 of 171) reported they include women as a sector within multi-sectoral HIV strategies. Over 60 countries having initiated implementation of the *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* engaging more than 400 civil society organizations, including women's groups. Sixty percent of countries report having promoted greater involvement of men and boys in reproductive health programmes.
31. Despite the fact that more and more countries acknowledge the importance of gender-sensitive responses, fewer translate this into action. Although four out of five national HIV strategies expressly address women and girls, only 46% have dedicated budgets for such activities. The high prevalence of gender-based violence – for more than 50% of women in some countries in sub-Saharan Africa – continues to undermine effective responses.

We can empower young people to protect themselves from HIV

32. Between 2001 and 2009, HIV prevalence among young people (ages 15-24) declined by more than 25% in 10 high-prevalence countries in sub-Saharan Africa. Globally, the percentage of young people with accurate and comprehensive HIV knowledge increased slightly in 2009, and 10 countries have achieved levels of comprehensive knowledge that exceed 60% for either young men or young women.
33. The limited progress achieved on young people's HIV knowledge undermines efforts to empower young people to protect themselves from HIV. Globally, only 34% of young people had accurate comprehensive knowledge about HIV prevention. Although some favourable behavioural trends are apparent in many countries, in 15 countries with HIV prevalence higher than 2%, the age of sexual debut increased significantly in only seven countries among males and in 11 countries among females.

We can enhance social protection for people affected by HIV

34. Recent evaluations in some high prevalence countries show how cash transfers and initiatives to improve access to services are improving food security, nutrition, education, and health outcomes in some of the poorest and most vulnerable households, including those affected by HIV and AIDS; and significant progress has been made towards parity in school attendance for orphans and non-orphans aged 10-14 years.
35. Enduring challenges include the underlying weaknesses of many national social protection systems: persistent HIV stigma and discrimination which is undermining efforts to increase access to services and limited legal protection and legislation promoting equity and reducing social exclusion..

Cross-Cutting Strategies

Bring AIDS planning and action into national development policy and broader accountability frameworks

36. UNAIDS advocacy in 2010 prioritized efforts to bring the HIV response out of isolation and integrate it into broader health and development efforts. The linkages between HIV and the Millennium Development Goals was a key element in the Secretary General's 2010 report on HIV to the UN General Assembly. UNAIDS supported the Secretary-General's Global Strategy for Women's and Children's Health, endorsed by a wide range of actors and welcomed by all 192 member states. The Global Strategy aims to intensify and better coordinate efforts for delivering results across the health-related MDGs. In 2010, UNAIDS supported more than 50 countries in integrating HIV in Poverty Reduction Strategy Papers and other mainstream development planning instruments. Fifty-seven countries were supported to integrate HIV in Decent Work Country Programmes.

Optimize UN support for applications to, and programme implementation of, the Global Fund to Fight AIDS, Tuberculosis and Malaria

37. In 2010, UNAIDS supported 68 applicants (country and regional) to develop proposals for Round 10 of the Global Fund. Fifteen countries were selected to receive additional and prioritized support based on their disease burden, income level and success with previous Global Fund applications. 69% of these countries were successful compared to the overall success rate of 41%. UNAIDS support to Round 10 helped countries access HIV related funding of a total of US\$ 732 million.
38. UNAIDS strengthened Country Coordinating Mechanisms (CCMs) in 15 countries, contributing approximately 1,400 days of technical support in CCM dashboard implementation, conflict-of-interest policies, and orientation for new CCM members. Over 30 countries received technical support for implementation of programmes approved for funding by the Global Fund.

Improve country-by-country strategic information generation, analysis and use, including through the mobilization of novel sources

39. Eighty one countries performed annual or biennial reporting on the established targets for universal access on prevention, treatment, care and support. Sixty seven countries produced a report on national estimates other than UNGASS in 2010. The

number of countries reporting data to UNAIDS on core indicators on national progress rose from 153 in 2008 to 182 in 2010.

40. UNAIDS collaborated with 151 countries to develop epidemiological estimates of HIV prevalence, HIV incidence, AIDS deaths, and services needs in 2010. The Joint Programme also supported modes-of-transmission studies in 13 countries in 2010.

Assess and realign the management of technical assistance programmes

41. At country level, there were 89 Joint UN Teams on HIV/AIDS and a total of 72 Joint Programmes of Support, adopted by the Joint Team or the UNCT/Theme Group, and used as a basis for UN joint work, fundraising, assessment and reporting. A technical support strategy for civil society was drafted, and consultations initiated. Technical Support Facilities in five regions provided 14,700 days of technical assistance in 67 countries, using regional consultants in 85% of all assignments. An additional 5 national technical support plans were developed, in addition to the 11 that were already in place as of December 2009.

Develop shared messages for sustained political commitment, leadership development and advocacy

42. The Joint Programme had a visible and successful presence at the Vienna International AIDS Conference in 2010. At the UN Summit on the MDGs UNAIDS released data on progress towards MDG 6 and called for a leveraging of the AIDS response to support all MDGs. UNAIDS played an active role at the African Union Summit in July 2010, which resulted in the endorsement by African leaders of the goal of eliminating vertical transmission. The Summit of High Level Religious Leaders on the Response to HIV was supported by UNAIDS, and identified opportunities for religious communities to promote universal access to HIV prevention, treatment, care and support, and speak out against stigma and discrimination affecting people living with HIV. The Global Fund and UNAIDS brought together representatives from 20 countries to review their PMTCT targets and strategies, which led to related Global Fund grants being topped-up and/or reprogrammed.
43. The Programme Coordinating Board approved a new vision, mission and strategy for 2011-2015 for UNAIDS, which emphasize key actions needed to move towards zero new infections, zero AIDS-related deaths, and zero discrimination. UNAIDS revised and realigned its Division of Labour with the aim of strengthening the overall collective work of the Joint Programme to improve the delivery of results and enhance efficiency, effectiveness and mutual accountability of the Secretariat and the Cosponsors. UNAIDS launched the Global Commission on HIV and the Law to increase understanding of the impact of the legal environment on national HIV responses.

Broaden and strengthen engagement with communities, civil society and networks of people living with HIV at all levels of the response

44. UNAIDS developed a new overarching partnership framework which supports a global compact of shared responsibility, increased selectivity and focus, and mutual accountability mechanisms for results. UNAIDS supported implementation of Positive Health, Dignity and Prevention, a holistic approach that links HIV prevention services for people living with HIV with robust human rights protections and enhanced access to HIV treatment and other essential services. UNAIDS also supported the roll out of the PLHIV Stigma Index at country level in more than 30 countries.

45. Technical Support Facilities provided approximately 3,500 days of technical support to civil society organizations in 2010. In collaboration with the Alliance Hubs (www.aidsalliance.org) and CSAT (www.csactionteam.org) a Community Systems Strengthening Framework was developed to strengthen community based activities aimed at improving health, with particular focus on implementation of Global Fund grants. UN Cares was awarded a special commendation during the UN 21 Awards (recognising innovation, efficiency and excellence in the delivery of UN services).

SECTION II: KEY CHALLENGES AND LESSONS LEARNED

46. In their reporting for 2010, Cosponsors and the Secretariat were requested to identify challenges encountered and key lessons learned during the first year of the 2010-2011 biennium. This section presents some of the issues arising in the response to the epidemic, with a paragraph on key challenges followed by a paragraph (indented with an arrow ►) of lessons learned. The Joint Programme will collectively analyse these key findings and take them into account in adapting and revising strategies and approaches to maximize results during the second year of the UBW.

- **Financing and capacity challenges.** Flattening international support for HIV, combined with competing needs and a growing population of people living with HIV, is placing significant pressure on the HIV response and threatening the sustainability of recent gains. In addition, the heavy dependence of many countries on external support potentially places national responses in jeopardy. Additionally, ten years after the adoption of the time-bound targets in the 2001 Declaration of Commitment on HIV/AIDS, human resource and institutional capacity constraints exist in technical and managerial areas, which continue to undermine national responses.
 - Funding the response to HIV is a *shared responsibility* that demands continued support from international donors, greater allocations and political commitment from domestic governments, stronger leadership from emerging economies and the private sector, and intensified programmatic focus on improving efficiency and maximizing impact.
- **Reporting on the epidemic.** Stakeholders in the HIV response must do a better job of clearly documenting, both quantitatively and qualitatively, the impact of HIV programmes, e.g., in terms of lives saved and infections averted.
 - Impact monitoring not only helps programme implementers identify and address programmatic bottlenecks and improve service quality, but it will also be vital to orient policymakers to deploy resources where they can make the most impact. In addition, the increase in age and sex disaggregated data has improved the ability to advocate effectively for a more focused and prioritized response. Likewise, recent modes-of-transmission studies have encouraged several countries to begin realigning their programme and policy portfolios to address emerging needs and neglected priorities.
- **New tools, technologies and understanding.** As of December 2010 – nearly four years after WHO issued recommendations for the use of adult male circumcision for HIV prevention – only about 500,000 men in key countries in sub-Saharan Africa have been circumcised.

- ▶ Research results in 2010 – particularly with regard to vaginal microbicides, pre-exposure antiretroviral prophylaxis, and conditional cash transfers to young people – have the potential to dramatically strengthen the HIV response. These research breakthroughs underscore the continuing importance of robust investments in HIV-related research. However, it is equally vital that emerging tools be used effectively.
- ▶ In 2010, more evidence emerged of the prevention benefits of scaled-up treatment. These findings underscored not only the need to accelerate the expansion of treatment access, but also the critical need to link HIV prevention and treatment at the levels of strategic planning, service delivery, and impact evaluation.
- **Impact of human rights violations.** Stigma, discrimination and human rights violations continue to impede effective responses. For example, punitive laws can drive marginalised populations underground and prevent them from accessing the services and support that they need.
 - ▶ Recent decisions by various countries to remove HIV-related travel restrictions are encouraging evidence that progress is possible, but the pace of change remains inadequate.
- **Programming and policies for women and young girls.** Too few countries have budgeted programmes to address the gender dimensions of the HIV epidemic.
 - ▶ To strengthen the Global Coalition on Women and AIDS, more national and regional networks of women living with HIV and women's rights organisations need to be engaged. Enhanced engagement of men and boys is a pertinent priority.
- **Elimination of HIV vertical transmission.** Although significant progress has been achieved in expanding coverage for prevention of vertical HIV transmission and in reducing the number of children newly infected with HIV, several high-burden countries with low prevention coverage are preventing more accelerated progress in protecting children from HIV. Integrating programmes for primary HIV prevention and to prevent unintended pregnancy in PMTCT is a challenge at both policy and implementation level.
 - ▶ Elimination of mother-to-child transmission of HIV and universal access goals will not be attained unless countries and communities reach the most marginalized members of society and serve their needs. Greater political support, more focused technical support and more integrated services are required to ensure programmes are scaled-up in countries where progress continues to lag. A comprehensive approach, with practical standardized procedures supplemented with evidence on the benefits of integrating, is also critical in convincing stakeholders to scale up programmes. The Interagency Task Team on PMTCT has played a key role in supporting scale-up of programmes to prevent vertical transmission and to provide paediatric care and treatment.
 - ▶ In humanitarian situations, it is important that integration and scale-up of sexual and reproductive health and HIV programmes start quickly as soon as a crisis has stabilized.

- **Addressing the needs of young people.** Recent research from sub-Saharan Africa and experience in humanitarian settings indicates that many young people, including those who have been exposed to HIV education and training, continue to harbour misconceptions regarding HIV.
 - ▶ Prevention information and programming need to be delivered through a continuum of age- and context-appropriate programmes, for which the design has seen young peoples' participation and inputs. Removing policy and legal barriers to youth friendly services so that young people are not excluded reduces their risk of exposure to HIV. Experience also suggests that sexuality education offers a useful means of improving health outcomes for young people. Additionally, working towards measurable targets (e.g., on comprehensive knowledge, HIV testing and condom use in young people) in priority countries will help to build greater accountability and leverage for results in reducing new infections.

- **Inadequate attention to the needs of key populations.** Most countries continue to allocate inadequate resources to programmes for key populations. Stigma, discrimination and homophobia continue to persist, coupled with inadequate political commitment. In some countries the effects of having weak civil societies impedes efforts to address the HIV-related needs of key populations. A lack of both quantitative and qualitative data means theoretical frameworks around gender, sexuality and identity are weak, leading to superficial understandings of needs and behaviours which in turn result in ineffective programmes. Furthermore, effective responses and efforts to work in partnership with key populations can be hindered by a range of situations, for example the criminalisation of sex work and same-sex relations, or compulsory drug treatment.
 - ▶ Recent policy changes linked to more effective political leadership and more targeted resource allocations have helped to expand access to evidence-informed services for key populations, and demonstrate that progress is possible. A supportive environment must be created for key populations to participate in the planning, delivery and evaluation of strategies and programmes that affect their lives. Effective attention to the needs of key populations also requires a holistic approach, including anti-stigma efforts and work with law enforcement agencies and other stakeholders to address macro level issues.

- **Programming for children orphaned or made vulnerable by AIDS.** Many countries, especially in sub-Saharan Africa have made significant progress towards parity in school attendance for orphans and non-orphans. Despite these impressive gains, concerns remain about the low coverage of external support to households caring for orphans and vulnerable children. The number of children in need is large but many responses for orphans and vulnerable children (OVCs) remain small-scale and fragmented, and they fail to connect to broader prevention and treatment efforts.
 - ▶ The knowledge base for effective programming for children has significantly expanded in recent years. For example, studies have found that the most salient factor in determining a child's vulnerability is not the presence of a chronically ill adult, but rather the level of education of the household head or oldest female, underscoring the strong links between the HIV response and the global push to achieve universal education. In addition, the experience of numerous countries in bringing social protection

programmes to scale is demonstrating the feasibility and value of such efforts. Available evidence indicates that social protection plays an important role in ensuring the success of prevention, treatment, care, support and impact mitigation efforts. Recent experience highlights the importance of food and nutrition to effective care and support for AIDS-affected children.

- **HIV sensitive social protection.** Many countries do not have national social protection programmes and for those that do there needs to be a thorough review of how to make laws, policies and programmes more sensitive to the needs of those affected by and living with HIV. Access to services is restricted for many due to general conditions of poverty, combined with stigma and discrimination.
 - ▶ Employment-related social protection schemes provide enormous opportunities for people living with or affected by HIV. Additionally, HIV-sensitive policies, legislation and regulations that uphold the social and economic rights of all people, including the most vulnerable and key populations, can help to expand earning opportunities, protect inheritance rights, ensure access to essential goods and services, and reduce stigma and discrimination.
- **Service integration and delivery strategies.** Although in some settings there exists a continuum of care between HIV treatment sites and community-based organisations, in reality this is very difficult to ensure due to a variety of factors including lack of political will and resources, lack of capacity of community groups, and a lack of understanding between community groups and health care workers.
- Linkages between HIV and sexual and reproductive health continue to be challenging in many countries. Often the focus is on service level integration with less attention paid to the wider structural and human rights issues. Ineffective logistical and supply systems are obstacles to effective service delivery. In addition, in a number of countries, weak collaboration between HIV and TB service systems undermines efforts to reduce TB-related morbidity and mortality among people living with HIV. Some countries remain inadequately aware of the full array of linkages that grants from the Global Fund are able to support.
 - ▶ An in-depth review of the HIV care and treatment programmes identified a variety of changes to improve service access and quality. These include the reorganization of HIV care and treatment at provincial levels, including new treatment sites in selected districts; CD4 testing at the point of delivery; focused capacity-building efforts for treatment teams, and; developing a continuum of care between HIV treatment sites and community-based organisations. The exercise highlights the potential value of strategic reviews in assessing delivery challenges and in devising innovative strategies to address them.
 - ▶ Interruptions in the supplies of key commodities (e.g., antiretroviral medicines, regimens for opportunistic illnesses, HIV testing kits, condoms, etc.) impede effective responses and underscore the need for further strengthen of national and sub-national systems for procurement and supply management.

- ***Inadequate sectoral engagement in some countries.*** Responses remain health-centric in many settings. For example, despite evidence of greater engagement in some regions, many ministries of education remain inadequately engaged in some national responses.
 - ▶ There is an ongoing need for advocacy on the role and importance of broad multisectoral involvement. Many potential opportunities for other ministries to play an important role, for example the Ministry of the Interior can help to ensure access to treatment of vulnerable groups.

47. Despite numerous challenges, there has been significant gains. Recent advances in expanding coverage for HIV prevention, treatment, care and support are having an enormous positive impact in countries and communities. For antiretroviral treatment alone, it is estimated that since the mid-1990s 14.4 million life-years have been saved as of December 2009, with the savings in lives increasing especially fast in sub-Saharan Africa as programmes are brought to scale.

48. Specific lessons for the way the Joint Programme does business include:

- ▶ ***Effective partnerships.*** Effective partnerships require a clear understanding of the expectations and objectives of each potential partner and ensuring that these expectations and objectives are aligned with UNAIDS strategic goals and national programme priorities. Recent experience highlights the willingness of many multinational companies to partner on social development work with NGOs, to strengthen corporate social responsibility programmes and explore opportunities to work with smaller private sector enterprises on HIV.
- ▶ ***Strengthening the coordination and harmonisation of UN efforts.*** There are opportunities to significantly improve UNAIDS collective performance and impact as a result of the adoption of the revised Division of Labour. The increase in the number of Joint UN Teams and Joint Programmes of Support offers the potential to improve the coherence, coordination and effectiveness of UN efforts at country level. The broader effort to implement recommendations of the Second Independent Evaluation will also lead to changes across UNAIDS, not least in the new and four-year format of the UBRAF.

SECTION III: ACHIEVEMENTS AGAINST PRINCIPAL OUTCOMES AND KEY OUTPUTS OF THE 2010-2011 UNIFIED BUDGET AND WORKPLAN

49. This section summarizes achievements of the Joint Programme in the first year of the current biennium by Key Output. A summary is provided for the overall accomplishments of the Joint Programme, with short descriptions of selected results of related Broad Activities carried out by Cosponsors and the Secretariat.

50. Summaries of achievements place particular emphasis on work and results at country-level. Where available, quantitative measures have been used in order to minimize to the greatest extent possible subjectivity in evaluation of progress to date.

Principal Outcome 1: Leadership and resource mobilization for a broad based HIV response at country, regional and global levels are strengthened.

Key Output 1:

Global agenda for an effective, comprehensive HIV response clearly defined and supported by global policies, standards and guidelines.

Achievements of the Joint Programme:

51. The UNAIDS vision, mission and strategy, endorsed by the Programme Coordinating Board, established a global agenda to move towards zero new infections, zero AIDS-related deaths, and zero discrimination, with key strategies and actions identified to address these global goals. These resulted from a broadly consultative approach, including a multi-stakeholder consultation in Bangkok in 2010. The Joint Programme played an active and visible role at the 2010 International AIDS Conference in Vienna. Revised guidelines were issued on a variety of key issues, including antiretroviral treatment, HIV/TB, infant feeding and prevention of vertical transmission, and UNAIDS actively promoted the *Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV*. UNAIDS began developing a new agenda for HIV treatment (Treatment 2.0) and a new investment framework for HIV. As of December 2009, 45 countries had incorporated new recommendations for antiretroviral eligibility criteria and regimen choice for adults and adolescents.
52. As part of its normative work, *WHO* produced 23 HIV policies, strategies, norms, standards and other tools. Clinical guidelines were launched regarding antiretroviral therapy in adults and children, prevention of vertical transmission, infant feeding, and management of HIV/TB co-infection. *WHO* developed the draft Global Health Sector Strategy for HIV 2011-2015 through a consultative process, outlining priority interventions for countries to implement and specifying available *WHO* support.
53. The *UNAIDS Secretariat* led the development and approval process of the new UNAIDS vision, mission and strategy. Coordination was provided for preparation of the 2011 High Level AIDS Review at the United Nations General Assembly, as well as for new guidance on implementation of combination HIV prevention programming at country level.

Key Output 2:

Political commitment and leadership among government, civil society, private sector, and other stakeholders at all levels galvanized to ensure inclusive, multisectoral and sustainable HIV responses.

Achievements of the Joint Programme:

54. Of 135 countries submitting National Composite Policy Index reports in 2010, 130 indicated they had a national multisectoral strategy in place, including 113 with an accompanying operational plan. Support was provided to 15 countries to develop five-year national strategic plans on AIDS. Major new initiatives, including the International Labour Standard on HIV, were launched and broadly endorsed. Through thematic sessions, keynote addresses and other efforts, steps were taken to ensure that the Programme Coordinating Board acts as a central policy-making body in the HIV response. In 2010, 96% of countries report that their national HIV strategy explicitly addresses the involvement of people living with HIV – up from 75% in 2006.

55. An overwhelming majority of *ILO* Member States adopted the first International Labour Standard on HIV and AIDS and the world of work. Fourteen countries received advisory and technical support for the adoption of national tripartite declarations on HIV/AIDS and the world of work. 47 countries from the Africa region, with *ILO* support, adopted the Yaoundé Tripartite declaration on the Social Protection Floor with specific mention of HIV and AIDS.
56. *UNESCO* provided input to the ASEAN Regional Conference on Youth Who Are At Risk for HIV, co-organized a SADC colloquium on reinvigorating the educational sector's HIV response, and engaged with 10 ministries of education in preparation of a regional conference on education and HIV in Eastern Europe and Central Asia.
57. *World Bank* engaged Ministers of Finance at SADC meetings to discuss fiscal space implications of scaling up HIV services. Input was provided for the development of the Southern Africa HIV/AIDS and TB Plan of Action for 2010-2011. The *World Bank* engaged champions for creation of an enabling environment for harm reduction, including high-level South-South study tours of parliamentarians, religious leaders, national ministers, justice officials, and prison officials.
58. *The Secretariat* secured high-level political commitment in several regional forums, including the Community for Portuguese-Speaking Countries, the Francophone countries and the African Union. Missions by the Executive Director solidified political commitment on AIDS from the Presidents of Brazil, Cameroon, Djibouti, Democratic Republic of Congo, Malawi, Mali, Nigeria, and South Africa, as well as the Heads of State from Caribbean countries and the Vice-President and Premier of China. The Programme Coordinating Board reviewed follow-up to the Second Independent Evaluation of UNAIDS and approved UNAIDS new vision, mission and strategy. Key issues were raised by UNAIDS at the meetings of the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria, UNITAID, Stop TB Partnership, and other global meetings. Support was provided for a landmark meeting in India of 400 leaders from diverse religious groups to address HIV-related stigma. The *Secretariat* produced, coordinated or facilitated 15 key reports and 63 press releases.

Key Output 3:

Financial resources mobilized and leveraged in a timely, predictable and effective manner to match projected resource needs for a scaled up response.

Achievements of the Joint Programme:

59. Total funding for the AIDS response in 2009 was US\$ 15.9 billion, a modest increase over amounts reported in 2008, although a substantial increase over total expenditure in 2007 (US\$ 11.3 billion). UNAIDS estimates that total funding for HIV programmes in 2009 fell roughly US\$ 10 billion short of amounts needed to move towards universal access to HIV prevention, treatment, care and support.
60. The *Secretariat* finalized its Strategy and Action Plan for resource mobilization and restructured the Programme Acceleration Fund to align with the priority areas of the Outcome Framework. Assistance was provided to countries in undertaking national AIDS spending assessments, and comprehensive data on resource flows and on funding sources was provided in the *2010 Global report on the AIDS epidemic*.

Key Output 4:

Capacity of people living with HIV, civil society and community-based organizations is strengthened to meaningfully engage in HIV responses at all levels.

Achievements of the Joint Programme:

61. UNAIDS, led by UNFPA, supported collaboration, compilation, research and analysis as part of a larger process of strengthening networks and organizations of sex workers in the Asia Pacific region through strengthening the regional network, APNSW, and co-organizing the first Asia and the Pacific Regional Consultation on Sex Work. The consultation resulted in the development of eight draft country-level plans (Cambodia, China, Fiji, Indonesia, Pakistan, Papua New Guinea, Thailand and Vietnam) on HIV and sex work and the setting of a regional agenda for responding to the HIV epidemic among sex workers and clients for implementation in 2011 -2013.
62. *UNDP* supported local and national groups of people living with HIV in 48 countries, including providing leadership capacity development to networks and associations of women living with HIV in 23 countries across six regions. In addition, *UNDP* provided technical assistance, training and resource mobilization advice to three regional networks of civil society.
63. The *Secretariat* mobilized resources to enable civil society representatives from Southern Africa to attend the 2010 International AIDS Conference. A new generation leadership initiative was launched to empower young people, providing them with space to inform and inspire UNAIDS policy and programming.

Principal Outcome 2: Strategic information strengthened and available to support knowing your epidemic, guiding an evidence-informed response and improving accountability.

Key Output 1:

HIV monitoring and evaluation approaches and systems are better coordinated and harmonized.

Achievements of the Joint Programme:

64. Of 135 countries submitting reports on the National Composite Policy Index, 118 report having an HIV monitoring and evaluation framework. In 2010, 182 countries reported data on core indicators for the national response. UNAIDS implemented a strategy to build monitoring and evaluation capacity for key populations.
65. *WHO* provided support from headquarters and regional offices to countries to improve data quality and completeness. *WHO* joined with UNICEF and UNAIDS Secretariat in reporting strategic information on progress towards universal access, including reporting from 43 of 46 countries in Africa. New joint guidance was developed in collaboration with UNDP and UNFPA on monitoring and evaluation with respect to programmes for sex workers and men who have sex with men. Support was provided for studies to measure the impact of antiretroviral treatment scale-up in Botswana and South Africa. *WHO* technical support strengthened HIV surveillance in 11 countries in South-East Asia and enabled an analysis of the health sector response in Africa. Regional HIV indicators were updated in the European region, and 14 countries participated in the global universal access monitoring in the Eastern Mediterranean. Normative documents were developed regarding second-generation HIV surveillance, mortality and paediatric surveillance, ethical conduct of HIV surveillance, evaluation of surveillance systems, use of HIV incidence assays, and estimation of the size of most-at-risk populations.
66. The *Secretariat* assisted countries in undertaking universal access reviews, which informed regional consultations in 2011 leading up to the High Level Meeting.

Support was provided to countries to assist in meeting reporting requirements in 2010, resulting in the largest-ever number of countries reporting data for inclusion in the *2010 UNAIDS Global report on the AIDS epidemic*. Guidelines were produced to support country-owned and country-led monitoring and evaluation assessments. Monitoring and evaluation assessments were undertaken in four countries in Asia and 12 countries participated in a joint workshop with the Global Fund on strengthening monitoring and evaluation systems.

Key Output 2:

Reliable and timely data, information and analysis on global, regional and national trends are available and used, and the estimation of global and country HIV resource needs and tracking of financial flows are improved.

Achievements of the Joint Programme:

67. UNAIDS in 2010 published comprehensive data on global, regional and national epidemiological and programmatic trends. Supported by downloadable tools, an increasing number of countries have undertaken national AIDS spending assessments, resulting in a growing body of data regarding resource flows, spending sources, and funding allocations. Data submissions and analyses informed numerous key reports, including the *2010 UNAIDS Global report on the AIDS epidemic*, the UNICEF stocktaking report on HIV and children, and the WHO-spearheaded report on progress towards universal access in the health sector.
68. UNHCR collected and analyzed HIV-related information from half of all countries with HIV programmes. Interagency HIV assessments concerning internally displaced persons were conducted in six countries. HIV was integrated into the UNHCR information system in eight additional countries. Surveys and studies included behaviour surveillance surveys (four countries); refugee ART adherence studies (two countries); and collection of HIV data in non-camp settings (six countries).
69. UNICEF released its fifth stocktaking report in 2010 and contributed to data collection and analysis on scaling up of services for women and children in the 2010 Towards Universal Access report. UNICEF also produced a report *Blame and Banishment: the underground HIV epidemic affecting children in Eastern Europe and Central Asia* calling attention to the situation and needs of children in the region.
70. UNESCO undertook a study on the cost and cost-effectiveness of sexuality education in six countries and completed the first phase of a global survey to assess progress towards developing and implementing education sector responses to HIV and AIDS. A global monitoring and evaluation framework on the education sector response to HIV was developed, as well as draft frameworks for the Caribbean and Viet Nam. Support was provided for an HIV knowledge monitoring programme in Africa.
71. WHO visibility significantly increased in the second half of 2010, with the launch of major new treatment and prevention guidelines, release of the Towards Universal Access report, and production of the draft Global Health Strategy on HIV for 2011-2015. Health systems evaluations were supported in three countries in the Americas. Country epidemiological fact sheets were also produced.
72. The Secretariat effectively analyzed data from 182 countries to produce the *2010 UNAIDS Global report on the AIDS epidemic*. In addition to reports on epidemiological trends, service coverage, and progress towards agreed global commitments, the report included extensive data regarding trends in HIV-related

financing. Support was provided to countries for use of the Spectrum model for generating epidemiological estimates.

Key Output 3:

Biomedical, socio-economic, behavioural, operational research and evaluation agendas developed and promoted to scale up responses.

Achievements of the Joint Programme:

73. The Joint Programme provided extensive technical support and generated diverse tools to support country-level research initiatives. Support to stakeholders was provided with respect to interpretation and identification of next steps regarding major research findings on various new prevention tools and approaches.
74. UNICEF supported five sub-Saharan countries to undertake research on increasing coverage and improve quality of services, as well as assess interventions' strengths and weaknesses, for OVCs. Globally, UNICEF and UNAIDS commissioned a paper affirming how social protection is underpinning prevention, treatment, care and support and mitigation efforts. In East Asia and the Pacific, UNICEF mapped child and HIV-sensitive social protection programmes in nine countries. UNICEF also supported rapid assessment of the availability of paediatric formulations of ARVs in 7 countries of the CEE/CIS Region. .
75. WHO produced generic tools for operational research on HIV testing and counselling, assisted four countries in Asia to implement research programmes, and supported biological and behavioural surveillance among key populations at higher risk in the Americas. A five-day training programme built regional capacity for operational research in India. Support was also provided for studies on improving measurement of the impact and outcome of HIV treatment in South Africa and Botswana. Thirty-one country surveys on monitoring of HIV drug resistance were completed, and an additional 12 were underway as of December 2010.
76. World Bank supported critical reviews of the efficiency of HIV programmes, as well as fiscal space analyses in Botswana, South Africa, Swaziland and Uganda. The World Bank aided Maldives in mapping and estimating the sizes of key populations at higher risk, produced a synthesis report documenting worrisome epidemiological trends in the Middle East and North Africa, and supported economic analyses of the global epidemics among key populations. HIV impact evaluations were undertaken in Benin, Burundi, Côte d'Ivoire, Kenya, Malawi and Senegal.
77. The Secretariat translated findings from breakthrough research studies on vaginal microbicides and pre-exposure antiretroviral prophylaxis for a global audience. The Secretariat co-convened with WHO a 'Next steps for tenofovir gel' regional meeting in South Africa and supported two national stakeholder meetings on pre-exposure prophylaxis. The Secretariat supported three countries to undertake costing studies of medical male circumcision scale-up, supported the refinement of the UNAIDS guide for a legal and regulatory self-assessment in Uganda, and, with USAID, convened a regional meeting showcasing communication strategies for male circumcision demand creation. Draft guidance for the ethical engagement of people who inject drugs in biomedical HIV prevention trials was the focus of regional consultations in Eastern Europe and Central Asia and Asia. The 2007 Good Participatory Practice guidelines for biomedical HIV prevention trials were revised and launched for public comment. Ten issues for the HIV This Week science blog (<http://hivthisweek.org>) were sent to a readership of over 7,500.

Principal Outcome 3: Human resources and systems of government and civil society enhanced to develop, implement and scale up evidence informed comprehensive HIV responses.

Key Output 1:

Capacity of national AIDS authorities to lead and coordinate an inclusive and broad based multisectoral response on AIDS is strengthened.

Achievements of the Joint Programme:

78. Technical Support Facilities provided approximately 2,800 days of technical assistance to national AIDS coordinating bodies, with particular support in monitoring and evaluation, prevention planning, and financial management. 571 National partners' capacities were strengthened in a range of areas including Global Fund proposal preparation, Global Fund Processes, CCM Strengthening, HIV Programmes and Monitoring & Evaluation.
79. UNDP supported national AIDS authorities in 26 countries to strengthen governance and coordination of AIDS responses and is documenting successes in coordination of national of AIDS responses.
80. World Bank provided technical and implementation support to national AIDS authorities in 12 countries, including providing quality assurance (especially high risk projects) and assistance with the procurement of commodities for key populations.
81. The Secretariat supported a desk review of national AIDS control councils and supported mid-term reviews in numerous countries. Capacity-building support was provided in eight African countries to optimize Global Fund implementation, with information derived from this project used to assess and realign technical assistance management.

Key Output 2:

National AIDS Strategies and Action Plans are costed, inclusive, multisectoral, sustainable, prioritized and informed by scientific evidence, reflecting social and epidemiological data.

Achievements of the Joint Programme:

82. Among 135 countries reporting, 126 have HIV operational plans in place. At least 59 countries in all regions received focused UNAIDS support in the development, review or revision of national strategies. Technical Support Facilities assisted 15 countries in developing five-year national strategic plans. Modes-of-transmission studies, Spectrum estimates, socioeconomic impact studies, and other epidemiological and research tools were used to ensure that strategic plans respond to emerging trends.
83. The Joint Programme initiated a process of reviewing key issues around the National Strategic Plans and the need to reach a global consensus on the requirements of the third generation National Strategic Plans in view of the complexity of the epidemics, the emerging issues and lessons learned from the past.
84. UNICEF provided technical support in the development of evidence-based and context specific national strategic plans and operational frameworks for children and AIDS, in six countries in West and Central Africa, five countries in South Asia, one country in the Middle East and North Africa, and seven countries in Eastern Europe and Central Asia.

85. WFP provided technical support for the development of evidence-based AIDS strategies and action plans in 37 countries. This included reviewing evidence around the interlinked areas of nutrition, HIV, TB and food insecurity, developing M&E guidelines, and a study on lessons from Latin America & the Caribbean on food insecurity and nutritional barriers to ART. Support was also provided for the preparation and submission of Global Fund proposals in five countries in sub-Saharan Africa.
86. UNDP supported national authorities in the development of evidence-informed AIDS strategies and action plans in 18 countries, focusing on linking to broader development and MDG efforts and integrating attention for human rights, gender equality, women and girls, and sexual diversity.
87. UNFPA supported national strategic and action plan development in 51 countries and provided ongoing in-country support in 65 countries, including facilitating policy dialogue and capacity building, promoting the inclusion of youth organizations, sex work networks, women and girls, and networks of women living with HIV. UNFPA supported the Global Youth Coalition on HIV/AIDS (GYCA) and the Vienna Youth Force at the International AIDS Conference 2010 including a 3-day preconference for 270 young HIV and AIDS activists from 79 countries.
88. UNODC provided technical support (including training to over 100 governmental officials on target setting, guidance on introducing and scaling up substitution therapy, and developing country road maps on estimating numbers of people who inject drugs) to at least 59 countries in the development of strategies and action plans to address HIV among people who inject drugs, people who reside in prisons, and people vulnerable to human trafficking.
89. ILO supported 54 countries in the inclusion and operationalization of workplace components in their national AIDS strategies. This included capacity building programmes for over 8,500 peer educators; supporting 'Chief Executive Officer HIV Testing Days'; and implementing programmes increasing access to HIV treatment, care and support services for vulnerable workers in key economic sectors.
90. UNESCO assisted the development of national strategies and action plans in 59 countries to assure sufficient resources and attention to education and related sectors, through conducting or providing technical support to national consultations, impact and needs assessments; and review and development of policies, plans and sector-wide policies (including for those making provision for care and support for education personnel and learners affected by HIV and AIDS).
91. WHO developed a resource package for national strategic and operational planning for the health sector response to HIV and is available for internal use. This comprises a planning guide, a costing tool, and a training package for WHO and national staff. Draft guidance on the use of monitoring and evaluation data in strategic planning was also developed. WHO-supported studies regarding the impact of antiretroviral treatment were used to inform strategic and action planning in Botswana and South Africa. Other analytic products, such as a review of the health sector response in the Americas, supported strategic planning in the region.
92. World Bank supported strategic planning exercises and peer reviews in 38 countries, with a focus on making them evidence-informed, prioritized, costed, efficient and effective. Capacity building of national staff in the Organization of Eastern Caribbean

States helped to develop their regional strategy, and to achieve economies of scale crucial for small island states.

93. The Secretariat supported the development of new national strategic plans (or their updating) in 41 countries, including through collecting, analysing and documenting strategic information, developing tools and guidance, and ensuring coherence between UN planning instruments.

Key Output 3:

National strategic information and accountability systems, including one agreed monitoring and evaluation framework for HIV, are developed and implemented.

Achievements of the Joint Programme:

94. Of 135 countries reporting, 118 have a multisectoral strategy that includes an HIV monitoring and evaluation framework. As a sign of increased commitment to accountability, 182 countries (a record) reported data on core HIV indicators in 2010. Technical support enabled countries to use the Spectrum model to develop estimates of HIV prevalence, HIV incidence, AIDS deaths, service needs, and the number of children orphaned by AIDS.
95. WHO provided support to countries and regions on improving the timeliness, completeness and quality of health sector reporting. In Africa, 43 of 46 countries submitted data for annual reports on universal access to HIV prevention, treatment and care.
96. World Bank supported a synthesis of available data on the epidemic in the Middle East and North Africa, informing regional and national decision-making and highlighting concerning trends in the regional epidemic. Analyses of global epidemics among sex workers and men who have sex with men were undertaken. Impact analyses were conducted in six African countries to support the selection of priority interventions. Economic analyses informed efforts to improve programmatic efficiency in Botswana, South Africa, Swaziland and Uganda.
97. The Secretariat supported countries in the use of the Spectrum model to derive epidemiological estimates and total service needs. The Secretariat assisted countries in timely reporting of data on HIV response indicators and in undertaking universal access reviews to inform preparations for the 2011 High Level AIDS Review.

Key Output 4:

Community systems strengthened through capacity building and inclusion of people living with HIV, most-at-risk, affected and vulnerable groups in national responses.

Achievements of the Joint Programme:

98. 2010 country reports under the National Composite Policy Index indicate that the degree of involvement of people living with HIV and civil society in national responses has increased. The percentage of domestic HIV prevention spending for most-at-risk populations in 2010 is 22% in low-level epidemics, 9% in concentrated epidemics, and 2% in generalized epidemics. Technical Support Facilities provided more than 3,800 days of technical support to civil society organizations to enhance their effective engagement in national responses.
99. UNICEF provided technical support for the engagement of adolescents and other key populations in 32 countries, including building the capacity of programme managers

in youth friendly health centre, harm reduction and outreach programmes for vulnerable adolescents; and helping young people map the physical and health infrastructure of their communities.

100. The *Secretariat* developed a community systems strengthening framework, which aims to support the Community Systems Strengthening component of Global Fund grants but has broader applicability as well. The framework aims to address funding gaps for community systems strengthening.

Key Output 5:

National human resources planning, training, compensation and retention measures in all sectors relevant to the response are improved.

Achievements of the Joint Programme:

101. Technical support, distance learning techniques, trainings and workshops were undertaken to build the capacities of key government and civil society partners. Technical Support Facilities strengthened the capacity of 175 national and regional experts in health systems strengthening and other priority areas.
102. ILO supported the development of capacity-building plans to address the HIV-related needs of health workers in China, Costa Rica, Honduras, Philippines, and Zambia.
103. UNESCO convened education and health professionals and young people living with HIV from 19 countries to develop guidance to strengthen the education sector response to the needs of young people living with HIV.
104. WHO collaborated with ILO to finalize joint guidance on health care workers' access to HIV and TB prevention, care and treatment. Web-based resources were created to assist countries in using revised HIV treatment guidelines.

Key Output 6:

Sustainable programmes to mitigate the socio-economic impact of AIDS are developed and implemented through strengthened capacity of country partners.

Achievements of the Joint Programme:

105. Analyses of socio-economic impact were undertaken in 28 countries. A growing number of countries in Africa have implemented cash transfers and other social protection measures to mitigate the epidemic's socio-economic impact.
106. UNICEF assisted in the strengthening of child-focused social protection systems in at least 21 countries and two regions. This assistance included supporting the mapping of child protection systems, accelerating action for OVC, and identifying opportunities for scaling up HIV sensitive social protection and strengthening social welfare systems.
107. WFP provided technical support and advice for socio-economic assessments in 28 countries.
108. UNDP assisted in conducting socio-economic assessments in 22 countries and finalized a regional study with the Economic Commission for Latin America and the Caribbean (ECLAC) on the impact of the financial crisis on national AIDS responses in 5 countries.

Key Output 7:

National systems for procurement and supply management, and legislation to facilitate quality affordable HIV medicines, diagnostics, condoms, and other essential HIV commodities are strengthened.

Achievements of the Joint Programme:

109. Support for national systems for procurement and supply management was provided to more than 60 countries. Average prices for first-line antiretroviral medicines in low-income countries fell by 3% in 2009, with a 54% reduction in average prices since 2006.
110. UNICEF provided commodity forecasting and monitoring support for prevention of vertical transmission in 17 UNITAID-funded countries as well as at least four countries funded by the Global Fund in West and Central Africa.
111. UNDP supported 17 countries and two regions to build capacity for adoption of enabling trade and health policies and legislation. UNDP also collaborated with WHO to facilitate support for procurement and supply management systems in more than 60 countries.
112. UNFPA assisted 52 countries in the development of comprehensive procurement, supply management and distribution plans for essential HIV commodities.
113. WHO collaborated with UNDP to facilitate support for procurement and supply management systems in 64 countries. Support to build procurement and supply management capacity was provided to at least 40 countries in collaboration with partners in the AIDS Medicines and Diagnostics Service. Guidance to support the rational use of HIV diagnostics, medicines and related health technologies was generated, as well as tools for global laboratory and drug pricing and two reports on antiretroviral drug use and market analyses. Numerous databases (e.g. Opioid substitution therapy database, API database, and PSM early warning database) were made available to partners to support the purchase and management of supplies of opioid substitution therapy, treatments for opportunistic infections, and other key commodities. Early warning measures for procurement and supply management systems were developed and field-tested in nine African countries. The use of the WHO toolbox on procurement and supply management doubled in 2010. WHO continued its collaboration in-house and with external partners especially with the Global Fund and AFRO to develop the Pharmaceutical and Health Product Management Country profile assessment tools and with PEPFAR to address bottlenecks in countries.
114. World Bank assisted Nepal in strengthening logistical issues pertaining to procurement and management of commodities for key populations at higher risk. Extensive technical support was provided to Kenya to support commodities and supply management for the public sector. Technical assistance to five countries in sub-Saharan Africa focused on addressing key procurement reforms, medicines financing and supply chain issues.

Principal Outcome 4: Human rights based and gender responsive policies and approaches to reduce stigma and discrimination are strengthened, including as appropriate focused efforts on sex work, drug use, incarceration and sexual diversity.

Key Output 1:

Human rights based policies and programmes are coordinated and promoted in all settings, and vulnerability to HIV reduced through an enabling legal environment and access to justice for those affected.

Achievements of the Joint Programme:

115. UNAIDS supported legal reviews in scores of countries and successfully advocated for legal and policy reforms in numerous countries. In particular, important breakthroughs in several countries were facilitated with respect to removal of HIV-related travel restrictions and the provision of key services for people who inject drugs, such as initiation of methadone treatment, needle exchange, and the establishment of national harm reduction task forces.
116. UNHCR undertook advocacy against mandatory testing policies in Europe, the Middle East and North Africa, the Americas and other regions.
117. UNDP supported 48 countries and four regions in the review, revision and implementation of legislation to promote HIV-related rights and increase access to justice services. Together with the UNAIDS Secretariat and the Global Fund, UNDP published an analysis of access to justice programming in Round 6 and 7 proposals and grants in 56 low and middle income countries. This resulted in successfully influencing the Global Fund's new strategy to include a specific objective and operational plan on human rights and equity.
118. UNODC provided technical support to at least 43 countries to conduct legal and policy reviews as they relate to prison settings, people who inject drugs, and people vulnerable to human trafficking. Advocacy focused on adoption of legislation, policies and strategies to ensure equitable access to HIV prevention, treatment and care services and key commodities.
119. ILO supported 18 countries in reviewing and/or developing legislation on HIV/AIDS, with nine countries including references to ILO recommendations in their policies and declarations. Furthermore, 21 countries were supported to review and/or develop world of work legislation or policies that address the issue of women and gender equality. In 14 countries, there was specific training for factory inspectors and in 7 countries, labour judges were trained.
120. The Secretariat launched a snapshot of selected protective and punitive laws from countries around the world. Preparations were made for roll-out of a new initiative to support country-level legal reform for the elimination of HIV-related restrictions on stay and residence. Support was provided to China to lift its HIV-related travel restrictions, to India for the issuance of clarifying language regarding its travel rules, and to Laos and Fiji for new HIV legislation.

Key Output 2:

Stigma, discrimination and other key social determinants of vulnerability addressed in HIV policies and programmes.

Achievements of the Joint Programme:

121. UNAIDS supported efforts to reduce stigma and discrimination and address HIV-related vulnerability in more than 40 countries. Efforts by UNAIDS include financial support, training and other capacity-building exercises, sensitization initiatives, and normative guidance.
122. UNHCR conducted three regional stigma reduction trainings programmes.
123. UNDP supported 30 countries in addressing stigma, discrimination and social determinants of vulnerability of key populations in their national strategies or plans, including training as part of the Religious Leaders Initiative on HIV, gender and human rights; facilitating south-south learning; and development of a toolkit for addressing stigma in healthcare settings.
124. UNODC built capacity in at least 40 countries to reduce stigma and discrimination and improve access to HIV prevention, treatment and care services for people who inject drugs, live in prison settings, or are vulnerable to human trafficking.
125. UNESCO expanded access to HIV learning opportunities and addressed stigma and discrimination among marginalized populations, through supporting non-formal education, distance education, outreach programmes and development of training materials in 39 countries. UNESCO's widely disseminated "Short Guide to the Essential Characteristics of Effective HIV Prevention" promoted efficient, effective, holistic, rights-based prevention programmes.
126. World Bank funding had a special focus on strengthening leadership and the needs of key populations and vulnerable groups in four countries in sub-Saharan Africa and for orphans and vulnerable children in two other African countries. A workshop on stigma reduction was hosted in India, and a report on HIV and disability in South Africa, Uganda and Zambia was launched.

Key Output 3:

Gender inequality, gender-based violence and discrimination against women and girls are more effectively addressed, including through the engagement of men and boys.

Achievements of the Joint Programme:

127. Over 60 countries initiated implementation of the UNAIDS *Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV*, engaging more than 400 civil society organizations, including women's groups. Focused advocacy and technical support was delivered in more than 40 countries to promote gender equality in the context of HIV, guidance was issued for the prevention of intimate partner and gender-based violence, and intensified capacity-building support was provided to networks of women living with HIV.
128. UNICEF helped to reduce risk and vulnerabilities among women and girls in at least 15 countries, including by facilitating reviews of country strategies and UNDAFs, building the capacity of over 200 policy makers and service providers, and supporting the 'Together for Girls' initiative facilitating research and advocacy at country level around violence against women.
129. UNDP supported 42 countries and two regions to develop and implement HIV-related policies addressing gender equality in national AIDS programmes, including through

the UNDP-led interagency initiative Universal Access for Women and Girls Now!, strengthened policy engagement with the Global Fund, and work with policy makers.

130. UNFPA assisted 29 countries in addressing gender equality in national AIDS programmes, including 10 in Asia and the Pacific, 14 in Latin America and the Caribbean, and five in Eastern Europe and Central Asia. Fifteen countries developed and operationalized plans for engaging men and boys in efforts to change harmful gender norms. Eight countries were supported to implement comprehensive actions to prevent violence against women, and 10 pilot countries developed action plans on gender-based violence. Complementing UNAIDS' *Agenda on Women and Girls*, a UNFPA Action Framework was developed.
131. WHO developed a framework for integrating gender in national HIV monitoring and evaluation systems, published a report on violence against women in the context of HIV, and contributed to an interagency effort led by UN Women to develop a menu of indicators on gender and HIV. Guidance on integrating gender in national HIV programmes was translated into Spanish, and separate guidance was published on preventing intimate partner violence, drawing on emerging evidence of effective interventions. Several tools to address the vulnerability of girls in the Americas were produced. WHO supported the Integration of gender into Round 10 Global Fund Proposals through updating the technical briefing for countries and the Technical Review Panel, and peer review of proposals.
132. The Secretariat convened women delegates at the International AIDS Conference, intensified its partnerships with women's groups and networks of women living with HIV, and supported Goodwill Ambassador Annie Lennox in issuing calls to protect the human rights of women and girls. The Global Coalition on Women and AIDS agreed on funding criteria for projects and to undertake work to strengthen positive women's networks. In-country implementation of the Agenda for Women and Girls was supported, with for example Liberia and Rwanda using it to develop national agendas in line with national planning cycles.

Key Output 4

Human rights of most-at-risk populations are promoted and protected, including equitable access to services.

Achievements of the Joint Programme:

133. Advocacy and strategic information by the Joint Programme consistently prioritized actions to promote and protect the human rights of most-at-risk populations, including in major reports and public statements, focused work at country level, and in resources tracking punitive laws and policies. New data submitted to UNAIDS in 2010 and included in the *2010 Global Report* provided updated information on service coverage for key populations at higher risk. Thirty-one countries were supported to address human rights and service access for men who have sex with men, 45 for sex workers and 49 for people who inject drugs, live in prison settings, or are vulnerable to human trafficking.
134. UNDP supported efforts to enhance human rights, protection and service access in 43 countries for men who have sex with men, transgender people, and other key populations at higher risk. In partnership with USAID, UNDP led the development and implementation of local responses to HIV among men who have sex with men and transgender people in six cities in South-East Asia.

135. UNFPA supported 45 countries to enhance human rights protections and service access to sex workers including through stigma and discrimination assessments, mass media campaigns, training of law enforcement and policy makers, supporting political dialogue between government and sex worker networks, sensitization and training of UN staff in 18 countries in Eastern and Southern Africa, and regional consultations on human rights and sex work targeting government and civil society participants.
136. UNODC supported at least 49 countries to enhance human rights protections and service access for people who inject drugs, live in prison settings, or are vulnerable to human trafficking.

Principal Outcome 5: National capacities for scaling-up HIV prevention, treatment, care and support are enhanced.

Key Output 1:

Prevention of sexual transmission of HIV and STI strengthened including through sexual and reproductive health policy, programmes and service linkage.

Achievements of the Joint Programme:

137. New normative guidance and technical assistance facilitated prompt diagnosis and treatment of STIs. Thirty percent of high-burden countries achieved the 70% target for STI diagnosis, treatment and counselling at point of care.
138. Support was provided for strategic planning, commodity procurement and supply management for male and female condoms. More than 50 million female condoms were distributed in 2009, including 36.2 million in sub-Saharan Africa, compared to 21.1 million in 2008.
139. Support was provided to at least 28 countries for the provision of sexuality education. At least 25 countries benefited from rapid assessment services to promote integration of HIV and sexual and reproductive health services. Normative guidance and capacity-building assistance supported the scale-up of adult male circumcision in priority countries with high HIV prevalence and low prevalence of circumcision.
140. UNFPA served as the largest supplier in the world for male condoms in 2009 (680 million of 2.7 billion) and the second largest supplier of female condoms (14 million of 50 million). Under the Global Condom Initiative, 74 countries are implementing the standardized 10-step approach to comprehensive condom programming. Training and technical support were provided in 34 countries for the management of reproductive health commodities. *UNFPA* and the *UNAIDS Secretariat* collaborated in the development of a successful € 7 million proposal to the European Union on linking HIV and sexual and reproductive health in seven countries in Southern Africa, and *UNFPA* provided technical support to participants from 18 African countries with respect to service linkage components of Global Fund proposals. Under the Global Condom Initiative, 74 countries are implementing the standardized 10-step approach to comprehensive condom programming. An online resource database (www.srhhivlinkages.org) was developed to build a common understanding of linkages between sexual and reproductive health and HIV.
141. UNESCO strengthened the capacity of education professionals to deliver prevention education programmes in 14 countries in sub-Saharan Africa, the Caribbean, Eastern Europe and Central Asia, the Middle East and North Africa, and the Asia and Pacific

region. In at least 16 countries, support was provided for roll-out of sexuality education.

142. WHO completed the early infant circumcision manual, issued guidance on engagement of volunteers to support male circumcision scale-up, supported the male circumcision clearinghouse (in collaboration with Family Health International), and advocated for male circumcision scale-up in multiple forums. Support was provided for scale-up of comprehensive prevention programming throughout sub-Saharan Africa, including focused technical support in Botswana, Namibia, Rwanda and South Africa for development and review of country strategies.
143. The Secretariat engaged in extensive advocacy for a global prevention revolution, supported the work of the High Level Commission on HIV Prevention, translated encouraging research findings on vaginal microbicides and pre-exposure antiretroviral prophylaxis, and completed new guidance on combination HIV prevention as well as an HIV prevention glossary. Priority was given to implementation of Positive Health, Dignity and Prevention and to support for the roll-out of adult male circumcision in priority countries, including costing studies for male circumcision in three countries. The *Secretariat* finalized a framework to improve the quality of HIV prevention programmes.

Key Output 2:

Comprehensive programmes for the prevention of mother-to-child transmission scaled up.

Achievements of the Joint Programme:

144. Global coverage for antiretroviral prophylaxis for the prevention of vertical transmission exceeded 50% for the first time in 2010. The Interagency Task Team on HIV infection among women, mothers and children spearheaded UN system efforts to accelerate scale-up and enhance impact of vertical transmission programmes. UNAIDS convened a workshop for 20 countries representing 85% of the global burden of pregnant women living with HIV, focusing on maximizing use of Global Fund resources to expedite prevention scale-up for mothers and children. A multi-country review of early infant diagnosis was completed, resulting in presentations at international conferences and submissions of journal articles.
145. A guide on community-based maternal and newborn health was produced, and support was provided for the continuum of care initiative to promote integrated programming for HIV and maternal and newborn health care. Joint technical reviews were undertaken in eight countries, and implementation support was provided in 17 UNITAID-funded countries.
146. UNICEF supported programmatic scale-up in 23 countries in West and Central Africa and more than 15 countries in Eastern and Southern Africa. In Latin America and the Caribbean, 80% of countries have developed national strategic plans to reduce vertical transmission and eliminate congenital syphilis.
147. UNFPA supported 23 countries by technical missions, workshops and reviewing paediatric prevention, treatment and care programmes to help them to effectively respond to comprehensive guidelines and develop country-specific strategies for the prevention of vertical transmission.
148. WHO published revised guidelines on the prevention of vertical transmission and developed guidance, developed a clinical training course to facilitate country-level

adaptation and implementation of recommended strategies, and provided focused technical assistance to countries, including three in South and South-East Asia. WHO organized a global consultation on elimination of vertical transmission, as well as country and regional workshops in four regions. Collaboration with CDC focused on using data from prevention programmes for vertical transmission to replace HIV sentinel surveillance in sub-Saharan Africa. Efforts were underway to develop advocacy and support materials for new guidelines on the elimination of vertical transmission initiative.

Key Output 3:

Interventions for the prevention of HIV transmission within health care and occupational settings (including blood safety, safe injection practices, universal precautions, occupational health standards, PEP) scaled up.

Achievements of the Joint Programme:

149. While 99% and 85% of blood donations in high- and middle-income countries were screened in a quality-assured manner in 2009, efforts focused on increasing the donations in low-income countries where 48% were appropriately screened.
150. ILO assisted five countries in developing strategic plans for health care workers and/or in implementing activities to address HIV-related risks in health care settings. Twenty countries received ILO support for the implementation of HIV workplace programmes in health care settings, and ILO also worked with countries to integrate HIV prevention into national occupational health and safety structures.
151. WHO spearheaded efforts to consider operational application of pre-exposure antiretroviral prophylaxis in health care settings, sponsoring global, regional and three country-level consultations. WHO supported countries in their efforts to prevent transmission in health care setting and 97 countries reported implementing quality assured HIV/AIDS screening of all donated blood.

Key Output 4:

Comprehensive HIV-related treatment and care services scaled up.

Achievements of the Joint Programme:

152. The number of people in low- and middle-income countries receiving antiretroviral therapy increased by about 25% in 2010, reaching over 6.5 million people worldwide. Eight low- and middle-income countries achieved 80% antiretroviral coverage as of December 2009. UNAIDS generated new antiretroviral treatment guidelines in 2010, developing tools and undertaking training and other focused to support country adoption and adaptation of the new guidelines. UNAIDS undertook extensive analytical and developmental tasks associated with development of the next phase of treatment and care; known as Treatment 2.0, the approach emphasizes use of optimally effective first-line regimens, simpler and more affordable diagnostic tools, and enhanced community mobilization to support programmatic scale-up and treatment adherence.
153. UNICEF prioritized the Continuum of Care model to enhance integration of HIV and maternal and newborn child health services, providing focused support in Malawi and Zambia and undertaking advocacy in Cameroon, Chad and Ghana. A multi-country review of early infant diagnosis was undertaken, identifying lessons learned in improving the health and survival of children exposed to HIV. Technical support for

the scaling-up of quality paediatric treatment programmes was provided to 14 countries in West and Central Africa.

154. WFP provided food and nutrition support for care and treatment programmes in 34 countries, and reached almost 2 million beneficiaries through care and treatment programmes. In Zimbabwe, WFP determined the proxy need for nutrition rehabilitation services, which informed the nutrition support component of the country's Round 10 submission to the Global Fund.
155. WHO launched and prioritized the 2010 revised HIV treatment guidelines and worked with countries to revise and adapt national guidelines to reflect the need for earlier initiation of therapy. Direct technical support on treatment and care issues was provided to 30 countries. Guidelines and reference standards were developed for monitoring antiretroviral medicines, including priority case definitions of adverse events, standardized toxicity rating scales, and provisions for enhanced clinical management. Revised recommendations for the use of co-trimoxazole prophylaxis were developed and submitted for approval. A practical handbook of antiretroviral pharmacovigilance was published, and countries continued to receive essential strategic information on commodity prices and sources through the AIDS Drugs and Medicines Service. Primary care modules were updated and training materials created to reflect new treatment guidelines. A quick-check protocol for respiratory distress and toxic shock among people living with HIV was developed and field-tested in four African countries. Specific training courses were developed on integrated programmes to prevent vertical transmission and updated approaches for expert patient training. Extensive normative guidance and technical support focused on increased laboratory capacity for diagnosis of HIV and opportunistic infections and for monitoring HIV treatments.

Key Output 5:

Equitable access and uptake of HIV testing and counselling ensuring confidentiality, informed consent, counselling and appropriate referrals.

Achievements of the Joint Programme:

156. Median number of HIV tests performed per 1,000 population rose by 22% in 2009, and the median number of testing facilities per 1,000 population increased from 4.3 to 5.5. More than two-thirds of countries in sub-Saharan Africa, Latin America and the Caribbean had adopted provider-initiated testing policies as of December 2009. The median number of people living with HIV who know their HIV status was estimated at below 40% in 2009.
157. UNICEF supported installation of polymerase chain reaction testing in countries to facilitate earlier diagnosis of children and undertook a multi-country review of early infant diagnosis to identify lessons learned and inform programmatic adaptation and scale-up. The "Results 160" project in Zambia demonstrated the feasibility of using cell phones to expedite the return of early infant testing results in remote clinics. Support was provided to Kenya, Malawi and Uganda as they embarked on community testing and counselling initiatives. In Bosnia and Herzegovina, UNICEF supported the development of national protocols for HIV voluntary counselling and testing for most-at-risk populations.
158. UNFPA supported 27 countries to integrate and link voluntary counselling and testing in maternal health and other related services. UNFPA provided technical support to the development of guidelines, coordination, capacity building and evaluation of VCT centres in Mongolia, resulting in an increase in clients to 1,557 in two VCT centres

established in the border areas and improved knowledge, skills and attitudes of doctors and counsellors.

159. WHO supported reviews of the impact of provider-initiated testing and counselling to identify optimally effective models and approaches and to inform development of operational tools. Reviews are ongoing to address the effectiveness of various models in increasing access to testing by different populations through CVT and provider initiated testing and counselling in clinical settings, community based testing /household testing, HTC campaign. Provider-initiated testing and counselling has been integrated in all IMAI guidance and training materials. A draft guide for monitoring and evaluation of HIV testing and counselling was produced and circulated for review.

Key Output 6:

Scaled up and harmonised joint HIV/TB planning, training, procurement and delivery of HIV/TB services.

Achievements of the Joint Programme:

160. The percentage of TB patients tested for HIV increased from 4% in 2003 to 26% in 2009, with 55 countries testing at least 75% of TB patients for HIV. Among people with TB who tested HIV-positive in 2009, 37% received antiretroviral therapy. An estimated 5% of people living with HIV were screened for TB in 2009. Only 0.2% of people living with HIV received isoniazid preventive therapy in 2009.
161. WFP provided nutritional support to TB treatment programmes in 28 countries representing 30 percent of all food-based support in care and treatment, and reaching nearly a million beneficiaries.
162. UNODC collaborated with partners to devise technical guidance and provide technical support to strengthen the capacity of at least 36 countries for joint HIV/TB programming and services.
163. ILO assisted 12 countries in the implementation of joint HIV/TB workplace programmes. The ILO recommendation on HIV and AIDS in the world of work prioritized access to HIV/TB services and implementation of sound, rights-based workplace policies. *ILO* worked with UNAIDS partners and with the Global Business Coalition on HIV/AIDS to develop an HIV/TB guidance for the workplace. A database of HIV- and TB-related laws was established.
164. WHO collaborated with *ILO* on finalization of policy guidelines on HIV/TB prevention, care and treatment. Guidelines on isoniazid preventive therapy, infection control for TB, and intensified case finding were finalized and published. Advocacy was undertaken to promote the Three One's policy of TB control. WHO developed a policy and associated tool to guide implementation of HIV/TB activities and released a priority research agenda on HIV and TB. Situation analyses were undertaken in five countries in sub-Saharan Africa to assess the implementation of collaborative HIV/TB activities. *WHO* provided technical support to Sudan to reprogramme and strengthen TB/HIV component in their Global Fund grant. They supported the design and implementation of analyses to assess the implementation of collaborative TB/HIV activities in TB clinics and provide recommendation on the delivery of ART through TB service in five Sub-Saharan African countries.

Priority Outcome 6: Coverage and sustainability of programmes for HIV prevention, treatment, care and support are increased and address the vulnerability and impact associated with sex work, drug use, incarceration and sex between men.

Key Output 1:

Evidence-informed policies and practices, and improved coordination and harmonization of approaches for HIV prevention, treatment and care for injecting drug users, sex workers, men who have sex with men and transgender people.

Achievements of the Joint Programme:

165. Strategic information on service coverage and policies pertaining to key populations at higher risk was collected, analyzed and disseminated. High-level advocacy was undertaken to focus attention at the global, regional and national levels on the need for evidence-informed policies and practices and more effective programmatic approaches for key populations. Extensive and focused technical support aided more than 60 countries in improving policy frameworks and programmatic efforts in support of key populations. Training on strengthening HIV and human rights work with sex workers, people who use drugs, men who have sex with men and transgender populations was conducted for participants from nine UN agencies from 18 countries.
166. UNDP supported 37 countries and three regions to implement policy guidance that addresses the vulnerable of men who have sex with men, transgender people, and sexual minorities by providing advisory support on strategic information, human rights protection and capacity building.
167. UNFPA supported 46 countries to develop and/or implement programmes to scale up provision of HIV prevention, treatment, care and support services to key populations at higher risk. This included 43 countries specifically supported with respect to programming and service access for sex workers.
168. UNODC assisted 50 countries in programmatic and policy efforts pertaining to people who inject drugs, 53 countries regarding people living in prison settings, and 18 countries regarding people vulnerable to human trafficking. UNODC developed, documented, adapted and disseminated evidence-based policy and programmatic tools, guidelines and best practices with respect to programmatic and policy efforts for these key populations.
169. WHO assisted countries in establishing service targets for people who inject drugs and in developing guidance for programming for men who have sex with men and sex workers. Guidance was developed and research priorities established for implementation of health sector interventions to reduce sexual transmission among key populations at higher risk. Support was provided for biological and behavioural surveillance for key populations at higher risk, and focused support was provided to countries to translate and adapt global guidance on programming for key populations, including nine countries in South-East Asia supported in the implementation of programmes for men who have sex with men and transgender people.
170. World Bank provided significant additional resources to four countries in sub-Saharan Africa to intensify programming for key populations. Work was commenced on an HIV vulnerability synthesis report, with specific focus on marginalized populations.

Technical support was provided to Sri Lanka for implementation of HIV interventions for key populations and to Indonesia to undertake bio-behavioural surveillance.

Key Output 2:

HIV prevention, treatment, care and support services scaled up with, by and for those engaging in injecting drug use, sex between men, sex work, and including those in prisons and other at risk settings.

Achievements of the Joint Programme:

171. According to data from 29 countries, HIV prevention programmes reached 32% of people who inject drugs in 2009. This coverage rate was lower than the 26% coverage reported in 15 countries in 2008, although data may not be comparable between countries over time due to differences in methodologies use. Neither needle or syringe programmes nor opioid agonist therapy was available in most countries reporting data in 2010. Less than 10 countries reporting data provide comprehensive HIV prevention services in prison settings.
172. Among 43 countries reporting data in 2010, HIV prevention programmes reached 57% of men who have sex with men. This coverage rate is lower than the 40% coverage reported in 27 countries in 2008, although data may not be comparable between countries over time due to differences in methodologies use.
173. Among 54 countries reporting data in 2010, HIV prevention programmes reached 49% of sex workers. This coverage rate is higher than the 60% coverage reported in 2008, although data may not be comparable between countries over time due to differences in methodologies use.
174. Country-reported coverage data for key populations at higher risk should be interpreted cautiously. Information remains limited on key populations' access to antiretroviral treatment as well as to prevention information and services.
175. To address service shortfalls and inequitable access to key populations, UNAIDS in 2010 intensified its advocacy and technical support to countries. With improved service access and health results for key populations incorporated as priority work areas in the Outcome Framework, UNAIDS aligned its workplanning and budget allocations to prioritize work in these areas. Technical support was delivered to more than 67 countries to improve results for key populations.
176. UNFPA supported 45 countries to develop and/or implement programmes to scale up provision of HIV prevention including through the development of national action plans on sex work and HIV services, minimum package of care for sex workers, peer education, expansion of programmes to reduce demand for unprotected paid sex and partnership with sex work networks and organizations. UNFPA also strengthened youth leadership including for Youth LEAD, implemented by the Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters), which has improved the involvement of most-at-risk young people in community, national and regional programming processes.
177. UNODC supported 67 countries in the areas of resource mobilization, establishment of multisectoral working groups, assessment of programmatic needs, and capacity building with respect to HIV service access to people who inject drugs, living in prisons settings, or vulnerable to human trafficking.

178. WHO collaborated with harm reduction networks to enhance service access for people who inject drugs, and spearheaded efforts to develop policy guidance for diagnosis and treatment of viral hepatitis in people who inject drugs.

Principal Outcome 7: Increased coverage and sustainability of programmes including to address the vulnerability of, and impact on, women and girls, young people, children, populations affected by humanitarian crisis and mobile populations.

Key Output 1:

Protection, care and support for children affected by AIDS are provided.

Achievements of the Joint Programme:

179. Most households caring for children orphaned or made vulnerable by HIV did not receive any form of free basic assistance in 2009. Trends in service coverage for AIDS-affected children are mixed, with the share of households receiving some form of support in Uganda increasing by nearly 30% between 2005 and 2010, but declining by about 20% in Zambia and Ethiopia. Differences in school enrolment rates among orphans and non-orphans have narrowed since 2001 in high-prevalence African countries. At least 20 countries have recently implemented or studied the feasibility of cash transfer programmes to mitigate the epidemic's impact on children and AIDS-affected households.
180. UNHCR has implemented HIV programmes for the protection, care and support of children in 80 countries.
181. UNICEF supported 29 countries in the area of children's programming, including 20 that have implemented or studied the feasibility of cash transfer programmes. Significant investments were made in child- and HIV-sensitive social protection initiatives in 13 countries in Eastern and Southern Africa, including seven in which cash transfers have been scaled up. Seven African countries have been supported in undertaking a mapping of child protection systems.
182. WFP provided protection, care and support for children affected by AIDS in 18 countries. This included an innovative approach in Central African Republic that provided children with a specialized instructor who provided food and support to them and their foster families.

Key Output 2:

Policies, programmes and services for young people, particularly those most at risk, are implemented.

Achievements of the Joint Programme:

183. HIV prevalence among young people (15-24) declined by at least 25% from 2001 to 2009 in 10 high-prevalence countries. HIV-related knowledge has increased, although the 34% global rate of correct and comprehensive knowledge among young people is far short of the global goal of 95% knowledge. UNAIDS provided technical support for HIV policies and programmes affecting young people in more than 55 countries.
184. UNHCR provided youth-oriented programme support in 55 countries. HIV information, education and communications initiatives have been implemented in

100% of UNHCR programmes. An HIV prevention package was integrated into repatriation operations in generalized HIV epidemics.

185. UNICEF supported Nigeria in the revision of its national prevention plan, as well as Central African Republic in the development of an HIV sectoral plan for youth. UNICEF supported Gambia's development of a national youth policy and Mali's HIV prevention plan for young people. UNICEF organized and funded two sub-regional training, planning and advocacy workshops for education focal points in West and Central Africa. Five countries were supported in the development of programmatic and policy responses for young people in the Middle East and North Africa. Support was provided for a national consultation with service providers and young people living with HIV in Uganda. In Eastern Europe and Central Asia, programme capacity was expanded for more than 2,300 programme managers and service providers from youth-friendly health centres.
186. UNFPA supported 60 countries in the development and implementation of programmes for young people, with particular emphasis on most-at-risk youth, and strengthened the capacity of community-based organizations, including youth-led and -serving organizations, to implement and scale up HIV prevention, care and support services through increased funding and support for accountability mechanisms such as the HIV Young Leaders Fund.
187. UNESCO collaborated with ministries of education, non-governmental organizations and other partners to strengthen education sector responses in at least 75 countries and worked to expand access to HIV learning opportunities for young people, including out-of-school youth in Cambodia, Ecuador, Iraq, Sudan and Venezuela.

Key Output 3:

HIV transmission and impact on women and girls are reduced through gender responsive service delivery and access to commodities.

Achievements of the Joint Programme:

188. The number of countries reporting policies in place to ensure equal access among women and men to prevention, treatment and support services increased from 111 in 2008 to 144 in 2010. Globally, availability and utilization of female condoms significantly increased in 2010. Global antiretroviral coverage for women (39%) is higher than among men (31%).
189. UNHCR integrated reproductive health services and strengthened linkages with HIV prevention and SGBV programmes in 85 countries, achieving its UBW target. Provision of Pre-Exposure Prophylaxis reached more than 90% of operations.
190. UNDP supported 27 countries and one region in designing, implementing or evaluating programmes specifically designed to empower women and girls and on gender-based violence in 18 countries. The capacity of national networks of women living with HIV to more effectively engage in Universal Access processes and MDG reporting/advocacy was strengthened in 14 countries.
191. UNFPA assisted 42 countries in designing, implementing or evaluating programmes specifically designed to empower women and girls. 26 countries were supported to develop and/or implement HIV-related policies that specifically address gender based violence and other actions promoting gender equality.

192. The Secretariat worked with Cosponsors to support successful efforts in 60 countries to adopt the UNAIDS Agenda for Women and Girls. Partnerships with women's organizations and networks were strengthened, and the Global Coalition on Women and AIDS remained active, agreeing on criteria for programmatic funding and producing a brief on HIV/TB co-infection issues. A plenary panel of the Global Business Coalition focused on women and girls. Input was provided to the Secretary General's Global Strategy on Women's and Children's Health. The Secretariat supported the advocacy of Goodwill Ambassador Annie Lennox to protect the human rights of women and girls and to meet their HIV-related needs.

Key Output 4:

HIV policies and programmes implemented for populations affected by humanitarian crisis.

Achievements of the Joint Programme:

193. UNAIDS supported the integration and implementation of HIV and AIDS policies and programmes for populations affected by humanitarian crisis in 42 countries. UNAIDS provided technical support to more than 10 countries, assisting in the conduct of behavioural surveillance, STI programming, condom programming, integration of food and nutrition support, and prevention programming for people who use drugs and people vulnerable to international trafficking. The Inter-Agency Standing Committee oversaw HIV-related strategic planning and programme implementation for populations affected by humanitarian crisis.
194. UNHCR conducted HIV behavioural surveillance in humanitarian settings in four countries, supported condom distribution and community services in East Sudan, undertook an STI/HIV sensitization campaign in seven humanitarian sites, strengthened the linkages between HIV and sexual reproductive health in Chad, trained urban refugees as HIV community volunteers for prevention programming in the Democratic Republic of Congo and in Congo Brazzaville, and supported formation of a multisectoral committee for prevention programming in Central African Republic.
195. WFP supported integration of HIV programming for populations affected by humanitarian crisis in 10 countries, including seven in sub-Saharan Africa. Through its emergency operation in Haiti, WFP reached 92,000 HIV positive beneficiaries, providing Food by Prescription and safety net activities.
196. UNFPA developed a documentary on young people affected by emergencies and supported the integration of HIV, prevention of gender-based violence, and sexual and reproductive health services among peacekeepers, police and military in eight countries.
197. UNODC provided technical support in at least eight countries for HIV prevention programming for people who inject drugs, are in prison settings, or are vulnerable to human trafficking.
198. WHO chaired the IASC Task Force on Humanitarian Situations; provided training on HIV-related programming in humanitarian settings in Haiti and Central African Republic; and conducted studies in Mexico on indigenous populations' utilization of antenatal and HIV prevention services.

199. The UNAIDS Secretariat supported integration of HIV into SADC disaster preparedness planning as well as the roll-out of IASC HIV guidelines in priority countries.

Key Output 5:

Equitable access to comprehensive HIV prevention, treatment and care services through the workplace and for mobile populations.

Achievements of the Joint Programme:

200. Support for equitable service access for mobile populations was provided in at least 32 countries, and support for HIV programming in the workplace was provided in at least 33 countries.
201. WFP supported workplace HIV programming in 10 countries, through support and provision of HIV prevention services to mobile transport workers through policy guidance, technical support and strategic partnerships.
202. UNODC undertook advocacy and technical support in at least 32 countries for the provision of evidence-informed, rights-based, comprehensive and gender-responsive HIV services for people who inject drugs, are in prison settings or are vulnerable to human trafficking.
203. ILO aided 33 countries in the implementation of equitable service access, supported 25 countries in tailoring services to the specific needs of mobile and migrant working populations, and provided technical support to 10 countries with respect to HIV programming for uniformed personnel or armed forces.

Principal Outcome 8: Coordination, alignment and harmonization strengthened across the HIV response.

Key Output 1:

HIV responses integrated into broader development and sectoral plans in line with National AIDS Strategies and Action Plans.

Achievements of the Joint Programme:

204. UNAIDS supported more than 50 countries in integrating HIV in Poverty Reduction Strategy Papers and other mainstream development planning instruments. Fifty-seven countries were supported to integrate HIV in Decent Work Country Programmes.
205. WFP assisted 24 countries in integrating HIV into Poverty Reduction Strategy Papers.
206. UNDP supported 21 countries and two regions in mainstreaming HIV into national and sectoral development plans and processes, Poverty Reduction Strategy Papers and MDG Plans, including ensuring adequate attention to populations of humanitarian concern.
207. UNFPA aided 29 countries to integrate HIV within national strategic planning frameworks.
208. ILO provided technical support to 13 countries to integrate HIV into Poverty Reduction Strategy Papers. ILO supported 57 countries to implement Decent Work

Country Programmes. Thirty-two countries received technical support for the development and/or review of world-of-work components of national HIV strategies.

209. World Bank supported Zimbabwe in assessing efforts to strengthen gender opportunities in agriculture, mining and tourism. The World Bank also participated in an international meeting on integration of anti-stigma efforts in national development plans and programmes. Assistance was provided to Bangladesh and Nepal in the integration of HIV into broader Health SWAP efforts.

Key Output 2:

Coordinated technical and financial support involving governments, multilaterals, bilaterals, the private sector and civil society.

Achievements of the Joint Programme:

210. A new Division of Labour for the Joint Programme was developed and endorsed by the Programme Coordinating Board. Technical Support Facilities in five regions provided 14,700 days of technical assistance in 67 countries, using regional consultants in 85% of all assignments. An additional five national technical support plans were developed, in addition to the 11 that were already in place as of December 2009.
211. UNDP provided intensive support to 32 countries to improve implementation of Global Fund grants, and acted as a Global Fund Principal Recipient (PR) in 29 countries facing unusually difficult circumstances (with a strong focus on building national capacity to take over the PR role). Eighty-six per cent of UNDP-managed grants were rated as 'adequate' or 'exceeding expectations', significantly above the average for all Global Fund grants.
212. World Bank provided a one-week capacity-building workshop in Johannesburg to support translation of strategic plans into effective programme implementation. Another week-long capacity-building programme in Eastern and South Africa increased capacity for monitoring and evaluation. Extensive support for national planning and action plans was provided to numerous countries, including Bangladesh, Laos, Myanmar, Nepal, Thailand, and Zimbabwe. Focused technical support was provided to assist Haiti in its HIV response in the aftermath of the country's devastating earthquake.
213. The Secretariat conducted '3 Ones' reviews in two regions, and provided support to civil society to engage in discussions regarding the Paris Declaration.

Key Output 3:

UN system support coordinated and harmonised to strengthen the HIV response at global, regional and country levels.

Achievements of the Joint Programme:

214. A new Division of Labour was developed and adopted. At country level, there were 89 Joint UN Teams on HIV/AIDS which were complemented by 72 Joint Programmes of Support. Joint Programmes of Support are defined on the basis of the Joint Programme being adopted by the Joint Team, adopted by UNCT/theme group, and being used as basis for UN joint work, fundraising, assessment and reporting.
215. UNDP provided intensive support to 21 countries to strengthen linkages between HIV and broader MDG efforts, including through rolling-out the MDG Acceleration

Framework and costing tools for MDGs 4, 5 and 6, and by leading the development of an AIDS and MDG publication launched during the 2010 MDG summit.

216. UNESCO increased participation in regional joint programming in five regions. UNESCO actively participated in Joint UN Teams and UN Theme Groups in at least 23 countries.
217. The Secretariat guided the implementation of the Second Independent Evaluation, including coordination of the process that led to a new Division of Labour for UNAIDS. Efforts began to develop the UBRAF, which aims to improve coherence and accountability. The Secretariat spearheaded development of a proposed approach for reviewing the role of UNAIDS in the Resident Coordinator System. The Secretariat also served as co-chair of the UNDG Working Group on RC System Issues and vice-chair of High Level Committee on Management (HLCM). In this capacity, UNAIDS co-led an effort to review business practices in four "One UN" pilot countries, which has led to interagency efforts to harmonize business practices and integrate operations and programmes. Two meetings were held of directors of UNAIDS Regional Support Teams, with the aim of promoting coordination and harmonisation of efforts. UNAIDS continued to ensure HIV was integrated into key intergovernmental processes, such as the General Assembly, ECOSOC, and the MDG Summit.
218. The Secretariat led the development of an overarching partnership framework for the Joint Programme focusing on enabling nationally owned responses, fostering south/south cooperation and moving beyond traditional health sectors to broader development areas

SECTION IV: FINANCIAL INFORMATION

The Midterm reports for the period 1 January – 31 December 2010 present:

- Expenditure per organization against budget for core UBW, supplemental and cosponsors global and regional resources
- Expenditure per organization by priority area and cross-cutting strategy
- Expenditure per Principal Outcome for core UBW, supplemental and cosponsors global and regional resources
- Expenditure per organization against own resources country level budget
- Expenditure Summary

Table 1: 2010- 2011 UBW Midterm Expenditure Report

Agency	Core		% Implementation	Supplemental		% Expenditure vs. Budget	Cosponsor Global and Regional Resources		% Expenditure vs. Budget	Total Unified Budget and Workplan Resources		% Implementation
	Budget	Expenditure		Budget	Expenditure		Budget	Expenditure		Budget	Expenditure	
UNHCR	8,500,000	4,250,000	50.00%	8,600,000	4,300,000	50.00%	5,800,000	2,278,314	39.28%	22,900,000	10,828,314	47.29%
UNICEF	23,950,000	12,345,938	51.55%	3,019,253	3,823,400	126.63%	877,769	1,011,153	115.20%	27,847,022	17,180,491	61.70%
WFP	8,500,000	4,294,786	50.53%	9,906,000	6,665,812	67.29%	8,632,000	3,050,000	35.33%	27,038,000	14,010,598	51.82%
UNDP	17,010,000	8,630,742	50.74%	6,000,000	2,281,234	38.02%	20,000,000	11,178,809	55.89%	43,010,000	22,090,785	51.36%
UNFPA	20,975,000	9,334,869	44.50%	29,250,000	14,464,574	49.45%	28,590,000	9,897,431	34.62%	78,815,000	33,696,874	42.75%
UNODC	11,475,000	5,162,587	44.99%	4,050,000	3,533,881	87.26%	1,095,000	6,600,000	602.74%	16,620,000	15,296,468	92.04%
ILO	10,950,000	5,563,520	50.81%	4,800,000	1,695,039	35.31%	6,500,000	1,144,307	37.02%	22,250,000	8,402,866	37.77%
UNESCO	12,300,000	5,640,664	45.86%	12,500,000	4,705,700	37.65%	11,500,000	3,387,586	29.46%	36,300,000	13,733,949	37.83%
WHO	31,900,000	18,611,550	58.34%	85,310,000	39,248,994	46.01%	21,140,000	11,930,510	56.44%	138,350,000	69,791,054	50.45%
World Bank	15,410,000	8,279,280	53.73%	9,020,000	1,759,360	19.51%	15,150,000	6,109,200	40.32%	39,580,000	16,147,840	40.80%
Secretariat	182,400,000	88,476,263	48.51%	0	0		0	0		182,400,000	88,476,263	48.51%
Interagency	136,450,000	59,354,807	43.50%	0	0		0	0		136,450,000	59,354,807	43.50%
Contingency	5,000,000	0	0.00%	0	0		0	0		5,000,000	0	
TOTAL	484,820,000	229,945,006	47.43%	172,455,253	82,477,994	47.83%	119,284,769	56,587,310	51.02%	776,560,022	369,010,310	47.52%

Table 3: 2010-2011 UBW Midterm Expenditure Report by Principal Outcome

Principal Outcome	Core			Supplemental			Global and Regional Resources			Total 2010-2011 UBW Resources		
	Budget	Expenditure	% Implementation	Budget	Expenditure	% Implementation	Budget	Expenditure	% Implementation	Budget	Expenditure	% Implementation
PO1: Leadership and resource mobilization	62,984,000	26,581,545	42.20%	6,275,000	2,496,240	39.78%	3,205,000	1,326,842	41.40%	72,464,000	30,404,627	41.96%
PO2: Strategic Information	33,586,418	18,058,447	53.77%	13,585,244	5,218,630	38.41%	6,877,463	2,699,515	39.25%	54,049,125	25,976,592	48.06%
PO3: Human resources in government and civil society	104,049,250	37,403,022	35.95%	52,765,166	17,808,210	33.75%	31,751,817	14,478,651	45.60%	188,566,233	69,689,882	36.96%
PO4: Human rights and gender	19,632,837	10,929,925	55.67%	8,081,218	3,792,628	46.93%	11,643,612	6,004,575	51.57%	39,357,667	20,727,127	52.66%
PO5: National capacities for scaled up HIV prevention	48,515,644	23,423,969	48.28%	46,121,458	33,620,138	72.89%	21,862,034	10,141,108	46.39%	116,499,136	67,185,214	57.67%
PO6: Most-at-risk population	14,057,700	6,968,729	49.57%	16,100,000	7,249,306	45.03%	6,950,000	6,418,749	92.36%	37,107,700	20,636,784	55.61%
PO7: Women and girls, young people, children and population of humanitarian concern	36,504,731	15,733,764	43.10%	23,370,167	9,558,348	40.90%	19,769,843	7,337,559	37.11%	79,644,741	32,629,670	40.97%
PO8: Coordination, alignment and harmonization	160,489,120	90,845,605	56.61%	6,157,000	2,734,494	44.41%	17,225,000	8,180,311	47.49%	183,871,120	101,760,409	55.34%
TOTAL	479,820,000³	229,945,006	47.92%	172,455,253	82,477,994	47.83%	119,284,769	56,587,310	47.44%	771,560,022	369,010,310	47.52%

³ Core Budget in this table excludes Contingency funding of USD 5,000,000.

Table 4: 2010-2011 Midterm Expenditure Report by Region (Cosponsors' Country Level Resources)⁴

Agency	Cosponsors Budgeted Resources at Country Level	2010 Expenditure								% Implementation
		Asia Pacific	Europe and Central Asia	East and Southern Africa	West and Central Africa	Latin America	Caribbean	Middle East and North Africa	TOTAL	
UNHCR	11,500,000	-	-	2,509,391	-	100,000	-	400,000	3,009,391	26.17%
UNICEF	309,077,023	24,037,917	4,765,106	95,130,539	23,855,914	6,561,473	0	6,609,591	160,960,540	52.08%
WFP	216,309,000	7,307,691	50,000	62,895,087	34,161,787	793,067	13,111,870	17,798,567	136,118,068	62.93%
UNDP ⁵	300,000,000	18,490,517	30,935,494	117,256,556	54,450,238	7,547,304	9,539,304	38,321,012	276,540,426	92.18%
UNFPA	100,000,000	5,255,835	6,071,739	38,262,612	3,018,601	9,183,477	951,629	-	62,743,893	62.74%
UNODC	45,150,000	4,708,170	5,466,114	1,974,420	-	9,450,000	-	1,206,229	22,804,933	50.51%
ILO	11,700,000	100,993	36,305	2,361,763	1,271,718	551,325	236,282	6,134	4,564,520	39.01%
UNESCO	28,500,000	110,018	3,300	90,345	772,776	2,829,887	-	-	3,806,326	13.36%
WHO	127,549,000	3,780,254	3,814,035	10,190,502	21,949,368	1,796,861	-	11,047,423	52,578,443	41.22%
World Bank	599,940,000	522,510,000	29,900,000	422,680,000	679,970,000	74,200,000	52,000,000	17,900,000	1,799,160,000	299.89%
Secretariat	40,000,000	5,619,169	934,823	4,369,416	1,629,759	1,157,188	902,520	802,941	15,415,816	38.54%
Total	1,789,725,023	591,920,564	81,976,917	757,720,630	821,080,162	114,170,583	76,741,605	94,091,895	2,537,702,357	141.79%

⁴ Country-level funds additional to, and formally outside the UBW

⁵ Estimated country level figure includes expenditure against stand-alone HIV projects only and Global Fund-related HIV expenditure (does not include mainstreamed HIV expenditure)

Table 5: 2010-2011 Midterm Expenditure Summary

Agency	2010-2011 Planned Budget	2010 Expenditure				
		Core	Supplemental	Cosponsor Global and Regional Resources	Cosponsor Country Level Resources	Total
UNHCR	34,400,000	4,250,000	4,300,000	2,278,314	3,009,391	13,837,705
UNICEF	336,924,045	12,345,938	3,823,400	1,011,153	160,960,540	178,141,031
WFP	243,347,000	4,294,786	6,665,812	3,050,000	136,118,068	150,128,666
UNDP	343,010,000	8,630,742	2,281,234	11,178,809	276,540,426	298,631,211
UNFPA	178,815,000	9,334,869	14,464,574	9,897,431	62,743,893	96,440,767
UNODC	61,770,000	5,162,587	3,533,881	6,600,000	22,804,933	38,101,401
ILO	33,950,000	5,563,520	1,695,039	1,144,307	4,564,520	12,967,386
UNESCO	64,800,000	5,640,664	4,705,700	3,387,586	3,806,326	17,540,276
WHO	265,899,000	18,611,550	39,248,994	11,930,510	52,578,443	122,369,497
World Bank	639,520,000	8,279,280	1,759,360	6,109,200	1,799,160,000	1,815,307,840
Secretariat	222,400,000	88,476,263	-	-	15,415,816	103,892,079
Interagency	136,450,000	59,354,807	-	-	-	59,354,807
Contingency	5,000,000	-	-	-	-	-
TOTAL	2,566,285,045	229,945,006	82,477,994	56,587,310	2,537,702,357	2,906,712,667

[End of document]