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Geneva, Switzerland
22-24 June 2009

UNAIDS Performance Monitoring Report for 2008

Additional documents for this item: *UNAIDS 2008 progress report by agency (UNAIDS/PCB(24)/09.CRP.2)*

Action required at this meeting - the Programme Coordinating Board is requested to: *Take note of the UNAIDS Performance Monitoring Report for 2008.*

Cost implications of the decision: *none*

Overview

1. The 2008-2009 Unified Budget and Workplan was designed with the aim of supporting progress towards universal access to HIV prevention, treatment, care and support. Guided by UNAIDS 2007-2011 Strategic Framework and in accordance with UNAIDS division of labour for technical support, the 2008-2009 Unified Budget and Workplan has sought to maximize the impact of UNAIDS leadership at global and regional levels and the effectiveness of the assistance of the Joint Programme to national stakeholders.
2. This report summarizes UNAIDS' achievements at the mid-point of the 2008-2009 Unified Budget and Workplan, drawing on the most comprehensive monitoring system so far put in place for the Joint Programme. Although final results on standardized impact indicators must await the final data collection and synthesis process that will occur at the end of 2009, preliminary data indicate that key achievements to date in the current biennium include the following:
 - *Improving strategic, evidence-based national responses.* More than 40 countries benefited from UNAIDS assistance to develop or revise national strategies, with a number of countries taking steps to re-tool national efforts in response to emerging epidemiological trends identified through support by UNAIDS.
 - *Strategic information.* In 2008 UNAIDS assembled the largest, most comprehensive database ever developed on national responses, legal frameworks, and programme coverage. More than 50 countries undertook improved epidemiological monitoring with UNAIDS support, and more than 70 countries either undertook or put in place processes to undertake resource tracking for HIV scale-up.
 - *Enhancing the availability and coordination of technical support for scaling up.* With the establishment of regional Technical Support Facilities throughout the world, UNAIDS delivered more than 7,000 days of technical support in 2008. More than 100 countries received assistance from UNAIDS in the implementation and scaling up of HIV prevention measures, including 24 countries that implemented best practices regarding HIV programming for drug users.
 - *Building civil society capacity.* In every country with a UNAIDS Country Coordinator, civil society received extensive capacity-building assistance. UNAIDS monitoring demonstrates a significant improvement in civil society engagement in the development and review of national strategies.
 - *Mobilizing resources.* Countries that received UNAIDS assistance in the development of Global Fund proposals had a substantially higher likelihood of success than those that did not. The Joint Programme's efforts – combined with its continued, high-level advocacy for a strong and sustained response – contributed to a 21 per cent increase in resources available for HIV programmes in low- and middle-income countries in 2008.

I. Introduction

3. Reflecting an intensified commitment to results-based management, the 2008-2009 Unified Budget and Workplan provided for coordinated and synergistic activities to support the achievement of seven principal outcomes. To a far greater degree than previous budgets and workplans, the 2008-2009 Unified Budget and Workplan expressly links resources with concrete results.
4. In accordance with the call by UNAIDS Programme Coordinating Board for increased attention to accountability, transparency and a focus on results, the 2008-2009 Unified Budget and Workplan is complemented by a Performance Monitoring and Evaluation Framework. The Performance Monitoring and Evaluation Framework for 2008-2009 set forth a limited number of carefully selected impact and outcome indicators to permit clearer assessment of the Joint Programme's success in meeting identified performance benchmarks.
5. Consistent with the request by the Programme Coordinating Board for annual performance monitoring reports, this report summarizes UNAIDS achievements at the midway point of the 2008-2009 Unified Budget and Workplan. Also as requested by the Board, the results of this mid-term review have been used by the Joint Programme to determine the release of funds to individual Cosponsors and the Secretariat for planned activities in 2009.
6. This report summarizes the overall accomplishments of the Joint Programme in 2008 under each of the seven principal outcomes in the 2008-2009 Unified Budget and Workplan. In addition, a separate report on the activities, achievements and lessons learnt in 2008 by each Cosponsor and the Secretariat has been prepared as a conference paper for the 24th meeting of the Programme Coordinating Board in June 2009 (UNAIDS/PCB(24)/09.CRP.2). Reports on expenditures are included in the financial reports prepared for PCB (UNAIDS/PCB(24)/09.6 and UNAIDS/PCB(24)/09.7).
7. This mid-term assessment of UNAIDS¹ performance under the 2008-2009 Unified Budget and Workplan inevitably provides only a partial, preliminary summary of the Joint Programme's work in the current biennium. The indicators developed for the 2008-2009 Unified Budget and Workplan, found in Annex 1 are intended to capture impact and outcomes stemming from UNAIDS activities over a two-year period, and the data necessary to fully assess the Joint Programme's success in generating the desired impact and outcomes will become available only in 2010, when a comprehensive report will be presented to the Programme Coordinating Board. Notwithstanding the inherent limitations of this mid-term assessment, this report nevertheless represents a major improvement in the quantity, quality and timeliness of performance data reported by the Joint Programme.

¹ UNAIDS refers to the Joint UN Programme on AIDS, which includes the 10 Cosponsors and the Secretariat

II. Progress in 2008 against Principal Outcomes

8. Activities undertaken by UNAIDS in 2008 resulted in clear, measurable progress towards the seven principal outcomes in the 2008-2009 Unified Budget and Workplan.

Principal Outcome 1: Strengthened leadership and resource mobilization for a broadbased AIDS response at all levels, including governments, civil society, people living with HIV, and other non-state partners.

Highlights of UNAIDS Efforts and Progress

9. *Policy and normative support for a strong global agenda.* More than 35 different guidance and standards-setting documents were produced to strengthen the response to AIDS.

10. *Political and multisectoral leadership and commitment.* UNAIDS supported a High Level Meeting at the United Nations to assess progress in the AIDS response and to reaffirm commitment to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Commitment on HIV/AIDS. Support was also provided to the First Meeting of Ministers of Health and Education to Stop HIV and STIs in the Caribbean and Latin America.

2008 Report on the global AIDS epidemic

UNAIDS' 2008 global report was the most exhaustive ever assembled on the global AIDS response, featuring comprehensive data submitted by 147 countries against 25 core indicators. The report demonstrated that considerable progress has been made in expanding access to key HIV prevention and treatment measures, resulting in the first-ever declines in annual HIV incidence and AIDS mortality. However, the report also found that yawning access gaps remain for certain essential services and that the epidemic's pace is faster than the rate at which treatment is being brought to scale.

11. *Resource mobilization.* Funding for HIV-related activities in low- and middle-income countries rose to US\$ 13.7 billion in 2008 – a 21 per cent increase over amounts mobilized in 2007. UNAIDS supported 56 countries in developing funding proposals for the Global Fund, yielding a success rate of 54 per cent.

12. *Leadership and capacity building for civil society, including people living with HIV.* In 74 UNAIDS country offices, technical support was provided to civil society and people living with HIV in all 74 countries,

Building civil society capacity in Tanzania

In connection with support for Global Fund applications in Tanzania, the Technical Support Facility for East Africa undertook a participatory needs assessment for 27 civil society organizations. The process enabled participants to clarify challenges, share experiences and identify practical steps to overcome problems. The process was so successful that other countries in the region have expressed interest in replicating it for civil society sub-recipients of Global Fund support.

including assistance with resource mobilization in 63 countries, direct funding in 60 countries, and training in 64 countries. UNAIDS country offices report that people living with HIV fully participated in reviews of national AIDS strategies in 50 countries, with insufficient but increasing involvement reported in an additional 15 countries.

13. *Coordinated and harmonized UN leadership.* Joint UN Programmes of Support were launched in five countries in Eastern and Southern Africa in 2008 and in the Russian Federation. In several regions UNAIDS Regional Support Teams intensified their support for joint programming and strategic planning. Guidance and advocacy support for joint programming was provided to all UN Resident Coordinators, and targeted technical support for joint programming was delivered in more than 25 countries. Formal guidance was provided to UNAIDS Country Coordinators regarding participation in the "One UN" initiative at country level.

Principal Outcome 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.

Highlights of UNAIDS Efforts and Progress

14. *Development of costed and evidence-informed AIDS Strategies and Action Plans.*

Twenty-two countries received assistance from the Joint Programme on the development of national AIDS strategies, and 42 countries received support for joint annual reviews of national plans. Five countries received intensive support for peer reviews of national strategies, leading most to revise and realign national strategies in accordance with peer review findings.

Focused support to strengthen strategic plans

The AIDS Strategy and Action Plan service in 2008 aided 20 countries in Africa, 3 in Asia, 2 in the Caribbean, 3 in Europe, 11 in Latin America, and 2 in the Middle East and North Africa. To build national capacity for strategic assessment, ASAP developed a strategic self-assessment tool and application guidelines to enable countries to rate their national strategies using internationally-recommended criteria. ASAP's website has been designed to provide access to a broad range of national strategies, including those that have been developed or revised with ASAP support.

15. *Integration of AIDS plans in broader development planning.* UNAIDS supported some two dozen countries in mainstreaming AIDS into broader development planning instruments, such as Poverty Reduction Strategy Papers, medium term expenditure frameworks, and sector-wide approaches.

16. *Technical and financial support for scaling up.* Sixty-two countries benefited from more

Building capacity on HIV and nutrition in Bolivia

WFP provided technical support to Bolivia's National AIDS Programme and the Joint UN Team on AIDS to develop a national manual on HIV and nutrition. Workshops were supported to ensure validation and ownership of the manual among key stakeholders, and trainings increased the capacity of stakeholders to put the manual into practice. With capacity-building support from WFP, a national-level nutritionist trained on HIV treatment adherence provides ongoing follow-up, including technical support and training for implementation. The lessons learned from this experience in Bolivia are being synthesized into a methodology for developing and validating manuals elsewhere in Latin America.

than 7,000 person-days of technical assistance through UNAIDS Technical Support Facilities and other sources. Of 56 countries receiving UNAIDS assistance in proposal development for the Global Fund, 30 (or 54 per cent) were successful. The Joint Programme provided support to improve implementation of Global Fund grants in 36 countries.

17. *Supporting the engagement of most-at-risk and vulnerable populations.* Technical support was provided to diverse stakeholders in 49 countries to facilitate the inclusion of injecting drug users, people vulnerable to trafficking, and prisoners in the development and implementation of national AIDS plans and strategies. Other support for the engagement of most-at-risk and vulnerable populations was provided to 31 countries in four different regions.

18. *Strengthened capacity for impact mitigation.* Socioeconomic studies and impact assessments were conducted in 54 countries. These included 10 epidemiological syntheses, five economic analyses, studies of educational needs of people affected by HIV, and four studies of approaches to sustainable treatment.

Evidence-based guidance for children

UNICEF and WFP commissioned a research project to review the food security and nutrition situation of children orphaned or made vulnerable by HIV. The study analyzed available evidence on targeting, programmatic strategies, and monitoring and evaluation methods. Following the recommendation of an expert consultation that reviewed findings of the project, UNICEF and WFP in 2008 collaboratively developed a guidance document for implementing programmes to reduce the food insecurity of children orphaned or made vulnerable by HIV. It provides guidance on anchoring programmes in national government structures, conducting needs assessments, and selecting intervention strategies.

Principal Outcome 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance and resource tracking.

Highlights of UNAIDS Efforts and Progress

19. *Strengthened monitoring and evaluation capacity.* Seventy-two of 74 countries with UNAIDS offices reporting in 2008 received technical guidance from UNAIDS Secretariat or Cosponsors. Sixty-two countries received UNAIDS funding for monitoring and evaluation, 60 were assisted with mobilizing resources for monitoring and evaluation, and 67 benefited from training.
20. *Reliable data on epidemiological trends and impact.* At least 52 countries produced a national epidemiological estimate in the last two years, and 93 benefited from support regarding the collection and reporting of HIV-related data in health sectors. HIV information systems were implemented in 70 refugee settings, a major stocktaking report on children and HIV was published, multisectoral behavioural studies were conducted, and school-based surveys were undertaken in 41 countries. The 2008 UNAIDS Report on the Global AIDS Epidemic summarized the latest evidence regarding the epidemic.
21. *National AIDS spending assessments.* Twenty-five countries reported national HIV expenditures in 2008, and 48 additional countries planned to undertake assessments of 2008 spending in 2009.
22. *Support for country-level research.* Twenty-four countries received support for implementation of a country-level HIV research agenda.

Improving epidemiological assessments in Kenya

At the request of the Kenyan government, the Global AIDS Monitoring and Evaluation Team (GAMET) reviewed all available data on transmission trends and epidemic drivers and recommended ways to use such data to improve intervention priorities, design and implementation. With 53,000 new HIV infections each year, Kenya faces an urgent need to improve HIV prevention. The GAMET analysis determined that the majority of incident infections are occurring as a result of casual and low-risk heterosexual contact, with an additional 28% of new infections within serodiscordant couples and more than 20% among populations most at risk. The team outlined for national authorities an analytic process to prioritize interventions to address transmission clusters, between couples, and among populations most at risk.

Principal Outcome 4: Enhanced human resource and system capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.

Highlights of UNAIDS Efforts and Progress

23. *Strengthened capacity for HIV prevention.* 118 countries received support for capacity-building for the provision of HIV prevention services.
24. *Support for scaling up services to prevent mother-to-child transmission (PMTCT).* 68 countries received support for expanding access to PMTCT services.
25. *Enhancing capacity for scaling up AIDS treatment and care.* 71 countries across all regions received technical support for the scaling up of treatment and care programmes. Eight countries benefited from joint missions focused on service integration and access for HIV-infected children. The Joint Programme provided technical support for the scaling up of integrated HIV/TB services in 53 countries.
26. *Promoting knowledge of HIV serostatus.* Ninety-two countries representing all regions received technical support for the scaling up of HIV voluntary testing and counseling services.
27. *Strengthened systems for commodity procurement and supply management.* Four Cosponsors were engaged in capacity-building initiatives focused on strengthening systems to facilitate timely access to quality HIV medicines, diagnostics, condoms and other commodities. These efforts reached more than 50 countries in 2008.
28. *Facilitating flexible use of international trade policies to promote commodity access.* The Joint Programme built capacity in 36 countries to facilitate development and implementation of access-promoting trade policies, including optimal utilization of flexibilities permitted under the TRIPS accord.
29. *Supporting human resource planning.* Fifty-seven countries benefited from direct technical support for HIV-related human resource planning, training, compensation and retention.
30. *Workplace programming.* Over 70 countries received UNAIDS support for workplace provision of HIV prevention and information on HIV treatment, care and support services for workers.

Caring for carers: supporting health workers in Uganda

Addressing the risk of occupational HIV exposure is necessary to reduce stigma, retain workers and ensure a safe workplace. In August 2008, WHO and ILO supported a workshop for health care workers in Uganda to share experiences and propose interventions to reduce the risk of occupational exposure. The workshop was attended by the Minister of Health, the Commissioner of Labour and key officials from the Uganda Medical Association. Discussions revealed the need to strengthen knowledge about national occupational safety and health regulations.

Supporting TRIPS flexibilities

As countries confront an increasing number of patents for second-line antiretroviral drugs, they should examine patent applications from a public health perspective to ensure that patents do not reduce access to essential medicines. UNDP trained government officials from nine Latin American countries in December 2008 to use a public health lens to examine pharmaceutical patents. Feedback from participants indicated that the training would have an immediate and notable impact on national patent practices.

Principal Outcome 5: Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.

Highlights of UNAIDS Efforts and Progress

31. *Promotion of human rights-based, gender-sensitive, equitable AIDS policies and programmes.* At least 75 countries received technical support for the development and implementation of rights-based, gender-sensitive AIDS approaches. Support provided by UNAIDS addressed various aspects of programming, including workplaces, prisons and humanitarian settings.
- Catalyzing action on women and AIDS**

An assessment of catalytic grants to 22 countries by the Global Coalition on Women and AIDS found that all grants facilitated expanded action on women and AIDS. However, the evaluation found that additional work is needed to embed such actions in national responses and to ensure sustainability of actions.
32. *Strengthening capacity to address HIV-related stigma and discrimination.* UNAIDS undertook initiatives to build capacity on addressing stigma and discrimination in 50 countries. Populations prioritized for such capacity building activities included people living with HIV, men who have sex with men, injecting drug users, prisoners, and persons vulnerable to trafficking.
- Assessing workplace stigma in Indonesia**

On World AIDS Day, ILO released the results of a study of 803 companies in a range of sectors and focusing on countries with high HIV prevalence. The survey found that 82 per cent of companies would reject new recruits found to be HIV-positive, 60 per cent regarded a negative HIV status as a prerequisite for career advancement, and 50 per cent regarded a medical condition as grounds for termination of employment.
33. *Overcoming legal and policy barriers to service access.* Support for the review, revision and implementation of legislation to promote HIV-related rights was provided to 19 countries and two regions. In addition, UNAIDS support facilitated legal and policy reviews in 23 countries relating to injecting drug users, prisoners and people vulnerable to trafficking.
34. *Strengthening human rights and gender competencies among key actors.* UNAIDS provided technical guidance, tools and training in 45 countries to build capacity among parliamentarians, judges, law enforcement officials, community and traditional leaders, and other relevant actors to support responses grounded in human rights and gender equality.

Principal Outcome 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.

Highlights of UNAIDS Efforts and Progress

35. *Support for scaling up.* Support was provided for the development and implementation of programmes focusing on populations most at risk in 63 countries. In over 30 countries,

Supporting stronger action in Russia for populations most at risk

UNODC trained officers of the Russian Federal Drug Control Service on international legal frameworks for the support of syringe and needle programmes and opioid substitution therapy. UNODC also organized an international seminar on HIV in prisons in association with the Federal Penal System of the Russian Federation, presenting briefing papers on good practices on HIV prevention and treatment in prisons and training medical officers from six Russian regions on antiretroviral treatment monitoring in prison settings.

technical support was delivered for resource mobilization, establishment of multisectoral working groups, needs assessment, and capacity building to facilitate the implementation of HIV prevention, treatment, care and support for

injecting drug users, prisoners and people vulnerable to trafficking.

36. *Supporting evidence-informed, harmonized policies and practices to address the HIV-related needs of most-at-risk populations.* At least 24 countries developed,

adapted and implemented best practices relating to HIV prevention and treatment for injecting drug users, prisoners and people vulnerable to trafficking. Forty-seven countries relied on normative guidance to develop and/or review national policies regarding men who have sex with men.

UNAIDS action for sexual minorities

An interagency working group on men who have sex with men and transgender persons, led by UNDP, developed a framework for an enhanced UN response for effective action to address the HIV-related needs of these priority populations. On the basis of this framework, work is now underway to develop operational workplans and recommendations for coordinated action. Based on positive results achieved to date, it is anticipated that this interagency working group will serve as a model to strengthen UN efforts to promote universal access for other population groups.

Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.

Highlights of UNAIDS Efforts and Progress

37. *Strengthening capacity to address the HIV-related needs of women and girls.* 42 countries have in place a national strategy or action plan to reduce

gender-based violence. Some 12 countries in 2008 received UNAIDS support for the development of safe mobility tools to reduce vulnerability to trafficking and to implement gender-sensitive policies to benefit female injecting drug users. Over 75 countries with refugee operations received support from the Joint Programme to integrate gender equality into programming in humanitarian settings.

Integrating gender in national plans

UNDP participated in the biannual joint review of Tanzania's multi-year strategic framework on HIV, specifically focusing on gender integration. UNDP is now supporting the inclusion of Tanzania in a joint UNIFEM/EC/UNDP project to provide intensive support to selected countries to fully integrate women and girls in national AIDS responses.

38. *Strengthening capacity to address the HIV-related needs of young people.* Technical support was provided to education sectors in 42 countries to deliver HIV educational programming. Capacity-building support facilitated HIV prevention programming for young people in 47 countries with refugee populations.
39. *Strengthening capacity to address the HIV-related needs of children.* UNAIDS provided technical support to partners in 46 countries to provide protection, care and support for children affected by the epidemic. Children-focused capacity-building activities assisted 75 countries in the context of humanitarian settings.
40. *Addressing HIV in the context of humanitarian concerns, mobility and law enforcement.* Among 26 countries affected by conflict or humanitarian/emergency situations, 14 have national AIDS strategies that specifically address humanitarian settings. Among all countries with UNAIDS offices, 34 have HIV prevention strategies for humanitarian settings, 19 have plans that address HIV treatment, and 13 have plans for HIV support. 75 countries received UNAIDS technical assistance on integrating HIV in humanitarian settings, while 39 countries benefited from technical support to uniformed services and 13 were supported on HIV-related aspects of migration and mobility. National AIDS strategies in 58 countries address issues of migration and mobility.

Annex 1: Performance Monitoring Matrix for Principal Outcomes and Key Outputs of 2008-2009 Unified Budget and Workplan

Principal Outcome 1: Strengthened leadership and resource mobilization for a broad based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.				
Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that perform annual or biennial reporting on the established targets for universal access on prevention, treatment, care and support.	UNAIDS country reports	Annual	<p>2006 UNAIDS country reports 78 country offices responded; 57 reported that universal access process resulted in the establishment of clear targets within the National AIDS Action Framework.</p> <p>Reports on 2007 progress are due by 31 January 2008.</p>	The target for 2009 will be all countries.
2. International funding for prevention, treatment and care; and social mitigation and support ² (<i>disaggregated</i>)	UNGASS reports, National AIDS Spending Assessments, National Health Accounts, financial resource flow surveys	Annual	<p>2006: National AIDS spending assessments</p> <p>US\$8.9 billion was available for AIDS-related activities; US\$ 10 billion in 2007;</p>	<p>The UNAIDS report "Financial resources required to achieve universal access to HIV prevention, treatment, care and support", 2007, states that in order to reach universal access by 2010, an amount between US\$ 32 to US\$ 51 billion is required; the target for 2009 is US\$ 30 billion.</p> <p>This is the indicator used for the 2006–2007 Unified Budget and Workplan Principal Result 15. This will enable monitoring trends over time.</p>
Key Output 1				
Global agenda for an effective, comprehensive AIDS response clearly defined and supported by global policies, standards and guidelines.				
Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number and type of global policies, standards and guidelines issued by UNAIDS— <i>disaggregated by agency and by subject</i>	1. Cosponsors and Secretariat reports	Annual	E.g. "Intensifying HIV prevention" UNAIDS Position Paper and <i>Practical guidelines for intensifying HIV prevention</i> towards universal access.	Establishing a target for this indicator is not applicable.
Broad Activities				
WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen the health sector's contribution to scaling up HIV prevention, treatment and care towards universal access.				

² Definitions of prevention, treatment and care and social mitigation and support are available in UNAIDS' *Resource needs for an expanded response to AIDS in low- and middle income countries*, August 2005.

Secretariat: Coordinated development of policies and guidance responding to the evolving demands of the AIDS epidemic, development of scenarios of and options for a long-term response to AIDS, including specific responsibility for overall policy and coordination on prevention.

Interagency: Interagency action on key strategic issues, the International AIDS Conference (including the Report on the global AIDS epidemic), and the 2008 UN General Assembly comprehensive review of the realization of the Declaration of Commitment on AIDS.”

Key Output 2

Political commitment and leadership among government, civil society, non-state partners, private sector, labour and other stakeholders at all levels galvanized to ensure inclusive, multisectoral and sustainable AIDS responses.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Examples of convening and of resulting recommendations and declarations from high level events, major forums on AIDS in priority areas—children, labour, other themes and sectors, with UNAIDS support— <i>reported by agency</i>	Cosponsors and Secretariat reports UNAIDS regional reports.	Annual	UNAIDS support to the 2006 High Level Meeting on AIDS and resulting <i>Political Declaration on HIV/AIDS</i> , regional meetings.	Establishing a target for this indicator is not applicable.

Broad Activities

UNICEF: Convene the IATT and Global and Regional Partners Forums on Children and AIDS to track implementation progress and define recommendations for accelerated scale up around children and AIDS.

ILO: Advisory services, policy guidance and technical support for ILO constituents (ministries of labour, employers and workers) to enable them to play an active role in national AIDS planning and programme implementation, ensuring full involvement of people living with HIV.

UNESCO: Building political commitment and advocating comprehensive education responses AIDS that are fully integrated into national action plans.

Secretariat: Advocacy and mobilization of political commitment for a targeted, comprehensive AIDS response integrated with other relevant programmes within the framework of UN reform and effectively utilizing the work of the Special Envoys on AIDS of the Secretary General.

Interagency: Collective UN action on AIDS in the framework of UN reform, to provide an enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.

Key Output 3

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

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of donor and partner forums convened on AIDS resource mobilization— <i>disaggregated by agency</i> 2. Amount of funding spent at country level in support of the national AIDS responses in “One UN” pilot countries— <i>disaggregated by Cosponsors</i>	Cosponsor reports	Annual	1. not available for all Cosponsors. 2006 UNHCR data are the three major donor forums 2. 2008 data will be collected in 2009	The 20 th Programme Coordinating Board meeting requested a report on AIDS spending at the country level in “One UN” pilot countries out of the US\$ 1.9 billion mobilized by Cosponsors in supplemental resources (PCB/20/7.5).

Broad Activities

UNHCR: Advocacy for increased resources and mainstreaming conflict affected and displaced populations into national AIDS policies, strategic plans and programmes and donor proposals.

UNICEF: Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.

WFP: Advocacy and technical assistance to mobilize resources for food and nutrition security as an essential element of the AIDS response by working with key civil society and national partners at all levels.

Key Output 4

Strengthened leadership and capacity of people living with HIV and groups of people living with HIV, civil society and community-based organizations to meaningfully engage in AIDS responses at all levels.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries where local and national groups of people living with HIV and community based organizations are supported by UNAIDS with technical guidance, resource mobilization advice and training and extent of this support— <i>disaggregated by agency</i> 2. Level of involvement of the global and regional groups of people living with HIV in the AIDS response— <i>reported by agencies</i>	UNAIDS country reports Cosponsor reports	Annual	1. 2007 information forthcoming 2. 2006: 91 country offices responded; 64 reported full participation of people living with HIV in national AIDS planning and reviews, 25 reported insufficient yet increasing participation	1. The target is all countries that requested such assistance 2. The target is all countries undertaking a review or development of the national AIDS strategies will report on the involvement of people living with HIV

Broad Activities

UNDP: Implementation of leadership programmes and capacity-building for groups and networks of people living with HIV, civil society and community-based organizations to strengthen partnerships, organizational capacity, and engagement in the AIDS response.

Secretariat: Convening of innovative partnerships, promotion of multisectoral approaches to AIDS and support for mobilizing resources and the building of sustainable management, advocacy and service delivery capacity for, and with, non-state actors.

Key Output 5

Coordinated and harmonized leadership by the UN system on AIDS, with strengthened capacity and AIDS competence at global, regional and country levels.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of "One UN" pilot countries where the Joint UN Programmes of Support on AIDS are integrated into "One UN" operations, i.e. into "One Programme" and "One Budget"	UNAIDS country reports	Annual	1. Not available	1. The 20 th Programme Coordinating Board meeting requested to have a specific indicator/s to measure how UNAIDS work contributes to strengthening the "One UN" pilots (PCB/20/7.6). The target is all "One UN" pilot countries.

2. Number of Joint Programmes on AIDS in operation, i.e. used as basis for joint planning, resource mobilization, implementation assessment and reporting			2. 2006: 90 country offices responded, 40 countries reported that a Joint Programme of Support was developed as per the UNDG Guidance Paper and endorsed by the UN Country Team/Theme Group on AIDS	2. The target is all countries with UN Theme Groups on AIDS or UN Country Teams
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Broad Activities

UNHCR: Coordination and collaboration with UNAIDS cosponsors, other UN agencies, governments, humanitarian organizations, the civil society, sub regional/regional initiatives, other relevant coordination and planning systems, and the beneficiaries to effectively address AIDS among people of concern to UNHCR.

UNDP: Advocacy and support through the Resident Coordinator System for establishment and strengthened functioning of Joint UN Teams on AIDS at country level and joint programmes of support

UNESCO: Strengthening coordinated action among education stakeholders at all levels through key interagency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.

Secretariat: Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.

Interagency: Effective and coordinated action by UNAIDS and the broader UN system, through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.

Interagency: Support and facilitation of a joint response to AIDS at country level—especially through the UN Theme Groups on HIV/AIDS, joint UN teams on AIDS and joint UN programmes of support on AIDS—and strengthening the links among stakeholders, including through implementation of the country support funding, using the comparative advantages of Programme Acceleration Funds (PAF), and Programme Support Funds (PSF).

Interagency: Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.

Principal Outcome 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.

Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that report having national AIDS strategies that are multisectoral ³ with clear strategic priorities with action plans that are costed and budgeted.	UNAIDS annual country reports	Annual	2006: 78 country offices responded: 75 reported having a National AIDS Framework that spell out national priorities; 38 reported having a National AIDS Action Framework that has been translated into a costed and budgeted operational plan and/or annual priority action plan.	The target is all countries with UN Theme Groups on AIDS. This is the 2006–2007 Unified Budget and Workplan Principal Result 5 indicator a.

Key Output 1

Strengthened capacity of inclusive national AIDS authorities to lead and coordinate a broad based multisectoral and multipartner response on AIDS, to convene participatory processes to develop National AIDS Strategies and Annual Action Plans that are costed, inclusive, credible and informed by scientific evidence and social and epidemiological data; and to oversee the development and implementation of one agreed national monitoring and evaluation framework for AIDS.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported to develop costed and evidence-informed AIDS Strategies and Action Plans— <i>disaggregated by agency</i>	ASAP (AIDS strategy and action plan) service data Cosponsor and Secretariat reports,	Annual	2006 ASAP data: 1. 30 countries	1. The target is all countries that requested such assistance
2. Number of countries supported to conduct joint reviews of AIDS action plans implementation— <i>disaggregated by agency</i>	UNAIDS country reports		2. 39 countries	2. The target is all countries that requested such assistance

Broad Activities

UNDP: Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.

ILO: Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.

World Bank: Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including mainstreaming AIDS in key sectors (ii) improving financial

³ A National Strategic Plan on AIDS will be considered multisectoral if it involves at least three non-health sectors e.g. education, social affairs, labour, transport, jurisdiction—to be agreed.

management and disbursement, (iii) providing policy advice, technical and financial support at all levels including the public and private sector and in civil society.

World Bank: Advocacy, technical support, policy advice and capacity-building to countries for the development of prioritized, costed and evidence-based national AIDS strategies and action plans.

World Bank: Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programmes.

Interagency: Support to joint review processes and efforts to improve institutional design and functions of the national AIDS authorities for improved management, coordination, planning, alignment, scaling up, monitoring and evaluation of national AIDS responses, including through the use of improved tools for data management (Country Response Information System).

Key Output 2

National AIDS Strategies, Annual Action Plans and priorities integrated into broader planning and budgetary processes, such as Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported for HIV integration into Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans— <i>disaggregated by agency</i>	UNDP/WB/UNAIDS Secretariat Joint Programme on Mainstreaming into Poverty Reduction Strategy Papers	Annual	UNDP data 2007 : 14 receiving support through joint PRSP Programme	The target is all countries that requested such assistance

Broad Activities

WFP: Advocacy and technical assistance to include costed, evidence-based HIV food and nutrition programmes in National AIDS Strategies, Action Plans and Poverty Reduction Plans by working with governments and key stakeholders.

UNDP: Development of technical guidance and tools and provision of technical support for integrating AIDS priorities into national development and MDG plans, poverty reduction strategy papers and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes (including a joint PRSP mainstreaming programme with the World Bank and UNAIDS Secretariat.)

UNFPA: Advocacy and technical assistance for the incorporation of inter-linkages of population dynamics and gender equality, sexual and reproductive health, young people's needs and AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.

ILO: Integration of HIV in Decent Work Country Programmes, including the development and implementation of sector-specific policies and programmes, as appropriate, and an outreach strategy for the informal economy.

WHO: Development of technical guidance and costing tools and provision of technical support for sustainable financing of AIDS services in the health sector.

World Bank: Development of tools and guidelines, and training to integrate AIDS into broader planning and budgetary processes including a costing manual for poverty reduction strategy papers, guidelines for integrating HIV in Medium Term Expenditure Frameworks. (Includes the joint initiative on integrating AIDS in Poverty Reduction Strategy Papers in partnership with UNDP and the UNAIDS Secretariat.)

Key Output 3

Increased, harmonized and aligned technical and financial support to scale-up funding and implementation of national AIDS programmes.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
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<ol style="list-style-type: none"> 1. Number of technical support person-days provided by UNAIDS Technical Support Facilities and other technical support mechanisms 2. Number of countries that use the CHAT 3. Number of proposals funded by the Global Fund and other funding mechanisms that received UNAIDS support in their development 	UNAIDS country reports	Annual	<p>2006 :</p> <ol style="list-style-type: none"> 1. 2000 days of technical assistance provided in 2006 to over 49 countries 2. Forthcoming CHAT use of information from mid-term survey—end of September 2007 3. UNAIDS Secretariat or one or several Cosponsors provided either financial or technical support to 27 countries 	<ol style="list-style-type: none"> 1. Forthcoming 2. Previously the Global Task Team established a target of 10 countries using and reporting on the outcomes of CHAT in 2006 3. Forthcoming
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Broad Activities

UNDP: Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.

World Bank: Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with the Global Fund, PEPFAR and others.

Secretariat: Guidance and support to strengthen capacity of national AIDS responses to scale up towards universal access targets; harmonization and alignment of donor funding to national priorities and implementation of other GTT recommendations at the country level.

Interagency: Technical support to national partners, through the joint UN team on AIDS, Technical Support Facilities and the Global Implementation Support Team and the Technical Assistance Funds, to overcome critical obstacles in scaling up comprehensive AIDS programmes and in securing funding, through the Global Fund, World Bank and other funding mechanisms.

Key Output 4

Inclusion of the needs of the most-at-risk, affected and vulnerable groups in National AIDS Strategies and Action Plans with appropriate resources allocated.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
<ol style="list-style-type: none"> 1. Number of countries where the involvement of most-at-risk populations into the development of National Strategic Frameworks and inclusion of their needs was supported by UNAIDS. 	UNAIDS country reports UNGASS NCPI 1.3 on specific vulnerable sub-populations	Annual	<p>2006: 87 country offices responded:</p> <ul style="list-style-type: none"> ▪ 23 countries reported that injecting drug users were involved in the development or review of National Strategic Frameworks; ▪ 29 countries reported that persons involved in sex work participated in the development or review of National Strategic Frameworks; ▪ 44 countries reported that men who have sex with men were involved in the development or review of National Strategic Frameworks; <p>2007: forthcoming through end of the year survey 2007: UNGASS reports from countries, due by 31.01.08</p>	The target is all countries undertaking a review or development of the national AIDS strategies

Broad Activities

UNICEF: Contribute to advocacy, promotion and technical assistance through harmonized interagency approaches with Government and partners to ensure that comprehensive national plans support a mix of evidence-based interventions to prevent HIV among adolescents up to the age of 18, including prioritized attention to especially vulnerable and most-at-risk adolescents

UNFPA: Support for institutional strengthening and technical capacity-building of UNFPA country offices, UN country teams, regional and national key population organizations (e.g. youth serving and youth led; sex work networks; women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate relevant HIV programmes and services

UNODC: Provision of technical assistance to relevant government agencies, including health, law enforcement, judiciary and social services, and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking (PVHT) and prisoners in the development and implementation of AIDS policies and programmes

Key Output 5

Strengthened capacity of country partners to assess and develop programmes to mitigate the socioeconomic impact of AIDS

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of supported country socioeconomic studies, assessments of AIDS impact: <ul style="list-style-type: none"> ▪ at national level ▪ at sector level ▪ at community level 	UNAIDS country reports	Annual	2006: 90 country offices responded: <ul style="list-style-type: none"> ▪ 31 countries evaluated the socioeconomic impact of AIDS at the national level; ▪ 25 countries evaluated the socioeconomic impact of AIDS on key sectors; ▪ 19 countries evaluated the socioeconomic impact of AIDS at the community and/or household level. 	The target is all countries that request such assistance

Broad Activities

UNDP: Advisory services and provision of technical support to develop methodologies, conduct studies and implement strategies to assess and mitigate socioeconomic impacts of AIDS.

ILO: Policies, mechanisms and technical support to develop coping strategies for workers affected by HIV and their families, including income-generation, (re)training, the extension of microfinance and health insurance, and protection against child labour. *Reporting on this activity will also feed into reporting for the output indicator for PO4/KO8.*

UNESCO: Promotion and support for implementation of broad multisectoral approaches to national AIDS programming that assure sufficient resources and attention to education and related sectors within overall development efforts. *Reporting on this activity will be aggregated under the output indicator for PO2/KO1.*

World Bank: Contributing to improved knowledge in HIV prevention, treatment and care through programme and policy research and epidemiological synthesis.

Principal Outcome 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance and resource tracking.

Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that produce complete and up-to-date data on country HIV surveillance estimates and are reporting on selected UNGASS indicators.	UNAIDS country reports and country UNGASS reports	Annual	2006: 83 countries responded <ul style="list-style-type: none"> ▪ 51 countries with surveillance reports ▪ 28 countries with country estimates ▪ 29 countries with surveillance reports with standard UNGASS indicators 	Forthcoming

Key Output 1

Improved coordination and harmonization of AIDS monitoring and evaluation approaches and systems.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported to strengthen national M&E capacities— <i>disaggregated by agency</i>	UNAIDS country reports	Annual	2007 data forthcoming	The target is all countries that request such assistance

Broad Activities

UNICEF: Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.

UNICEF: Contribute to advocacy and technical assistance to generate data on age, sex and other specific background characteristics on HIV risk behaviour and vulnerabilities among adolescents up to the age of 18, as part of national, regional and global monitoring and evaluation systems.

WFP: Coordination with stakeholders to develop and integrate monitoring systems into food and nutrition components of care, treatment and support programmes in order to identify cost-effective best practice.

World Bank: Development of harmonized capacity-building approaches to support partner coordination and accountability (11 components of a fully functional HIV M&E system and results scorecard).

Secretariat: Harmonization of global and country indicators, guidelines and tools and support to countries and regions for the development of data collection, analysis, and dissemination systems that include both monitoring of progress and evaluation of impact.

Key Output 2

Reliable data, information and analyses made available on global, regional and national trends and impact of AIDS epidemic, and national responses, as well as improved estimation of global and country AIDS resource needs and tracking of financial flows.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. UNAIDS Global reports, AIDS epidemic fact sheets, estimates and projections produced 2. Number of National AIDS Spending (NASA) or similar processes on tracking AIDS resources conducted	UNAIDS country reports	Annual	<ul style="list-style-type: none"> ▪ 2006 Global report produced ▪ Preliminary estimates for 2006 for AIDS public domestic spending (i.e. governmental) in low- and middle-income countries in 2006 was US\$ 2.5 billion ▪ 7 countries performed a NASA for 2006. 	<ol style="list-style-type: none"> 1. References to contributions into the publications from all Cosponsors will be captured 2. The target is all countries committed to undertake a National AIDS Spending Assessment or similar processes in 2008–2009

Broad Activities

UNHCR: Implementation of HIV information system and conducting standardized assessments, biological and behavioural surveillance, monitoring and evaluations, and programmatic research in conflict-affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.

UNICEF: Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditures on children and AIDS.

ILO: Gathering and analysis of labour and employment data to clarify the impact of AIDS on the world of work and the national economy, in collaboration with UNAIDS.

UNESCO: Development and dissemination of evidence-based policies and practices in education on HIV prevention, care, support and treatment by strengthened and broadly inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV. *Reporting for this activity will be aggregated under PO1/KO1 and related indicator "Number and type of global policies, standards and guidelines issued by UNAIDS".*

WHO: Conduct and report on global surveillance of HIV, related risk behaviours, sexually transmitted infections, and HIV drug resistance and toxicity; estimate the resource needs of the health sector's response; monitor and report on progress on the health sector's contribution to scaling up towards universal access; and assist countries to strengthen capacity for operational research, surveillance of HIV, and monitoring and evaluation of the health sector's response to the epidemic.

Secretariat: Building capacity of countries for estimates and projections of HIV and AIDS, for resource needs estimation and for tracking of AIDS financial flows; improvement of related analytic tools; technical support for the collection, analysis and dissemination of data; improved access to information on trends of the AIDS epidemic, its impact, national responses, resource needs and national, regional and global spending on AIDS.

Key Output 3

Biomedical, sociobehavioral, and operational research agendas developed and promoted to foster scaling-up of the response through improved programmes, practices and policies in prevention, treatment, care and support.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
Number of countries reporting implementation of research agendas with support from UNAIDS	UNAIDS country reports	Annual	WHO: 5 countries	The target established by WHO is 10 countries. Other Cosponsors' information is forthcoming Support to research by other agencies, for example WFP, UNESCO, WB, UNICEF, UNODC and others will be captured through case studies and narrative reports

Broad Activities

WHO: Stimulate, facilitate and coordinate biomedical, sociobehavioural and operational AIDS research relevant to the health sector response; monitor, analyze and report on major new research directions and findings; and provide advice on policy and programmatic implications of such research, including research on new prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis.

Principal Outcome 4: Enhanced human resource and system capacities at all levels of government, civil society and other non-state partners to implement comprehensive AIDS responses, including improved availability and access to affordable HIV commodities.

Indicators	Data source	Frequency	Baseline	Targets and other information
1. Percentage of adults and children with advanced HIV infection receiving antiretroviral combination therapy—by region.	UNGASS reports, core indicator 4 WHO progress reports on global access to HIV antiretroviral Therapy	Annual	2006 UNGASS reports: 28% of estimated 7.1 million people in need of treatment 2007 UNGASS country reports—due in 31 January 2008	Each country sets a national target. The global target is to have universal access by 2010 This is the 2006–2007 Unified Budget and Workplan Principal Result R 14 indicator a
2. Percentage of HIV-positive pregnant women provided with any antiretroviral prophylaxis to reduce the risk of mother-to-child transmission.	UNGASS reports, core indicator 5 UNICEF stocktaking report WHO progress reports on Global Access to HIV ART Therapy	Annual	UNICEF Stocktaking report 2004: 7%, 2005: 11% UNGASS Report: 2005: 9%, 2006: 11% 2007 UNGASS country reports – due in 31 January 2008	Each country sets a national target. The global target is to have universal access by 2010 This is the 2006–2007 Unified Budget and Workplan Principle Result 10 indicator c
3. Condom use at last sex with non-regular partner	UNGASS reports, core indicators 17, 18, 19 and 20.	Every 4–5 years	2007 UNGASS country reports – due in 31 January 2008	Each country sets a national target. The global target is to have universal access by 2010. This is the 2006–2007 Unified Budget and Workplan Principle Result 6 indicator b. Another option is “Number of countries on track for reaching related national targets”—to be defined) to be followed up with IATT on Condom programming and UNFPA.

Key Output 1

Strengthened capacities at country level for the provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported ⁴ to strengthen their capacity on provision of essential HIV	<ul style="list-style-type: none"> ▪ Population based surveys such as DHS 	Annual	<ul style="list-style-type: none"> ▪ forthcoming 	The target is all countries that request such assistance

⁴ For this and other similar indicators the following definition of the support is used here:

- financial support
- trainings at country or regional level
- technical support through a consultancy

prevention services, including prevention of sexual transmission and development of new HIV prevention technologies – disaggregated by agency and by area of support	<ul style="list-style-type: none"> ▪ surveys ▪ Facility level registers 			
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Broad Activities

UNFPA: Strengthening linkages between sexual and reproductive health and HIV by promoting linkages using evidence base, providing technical support to countries, and disseminating guidance tools and promising practices to identify and implement key policy and programme actions, particularly focusing on rights-based sexual and reproductive health of people living with HIV, prevention of mother-to-child transmission, sexually transmitted infection management, and integrating family planning and HIV.

WHO: Development of technical guidance and tools and provision of technical support for health sector interventions to prevent transmission of HIV, including prevention of sexual transmission and condom standards and quality assurance, treatment and control of sexually transmitted infections, prevention for people living with HIV, safe blood supplies, prevention of transmission in health care settings, and implementation of new HIV prevention technologies, including male circumcision.

World Bank: Support efforts to scale up access to essential HIV prevention services including those for vulnerable and marginalized populations through analytical work, review of public expenditures and ensuring that obstacles to prevention services are addressed in national development agendas and Bank lending programmes.

Key Output 2

Enhanced capacities at country level to scale up comprehensive programmes for the prevention of mother-to-child transmission.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
<ol style="list-style-type: none"> 1. Number of countries supported to develop and implement PMTCT guidelines and strategies for scale up of PMTCT—<i>disaggregated by agency</i> 2. Number of countries supported through Joint Missions to review PMTCT and paediatric HIV care and treatment programmes—<i>disaggregated by agency</i> 	UNICEF/WHO reports UNFPA and WFP reports IATT reports on the Joint missions with specification of which agencies and what countries were supported	Annual		<ol style="list-style-type: none"> 1. The target is all countries that request such assistance 2. 20 countries (WHO workplan and budget)

Broad Activities

UNICEF & WHO: Provision of financial and material support, as well as technical assistance for acceleration of PMTCT implementation at national level including the development of supportive policies and costed, evidence-informed scale up plans, capacity development in the form of training of health care workers and direct support for management capacity at country level.

UNICEF & WHO: Advocacy and development of technical guidance and tools for the prevention of mother to child transmission (PMTCT)—through synthesizing evidence, identifying research priorities and collating global level service delivery statistics—and support for countries' efforts to foster national level coordination and planning, provision of training materials for national level capacity-building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate prevention of mother-to-child transmission programmes.

WFP: Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefiting patients and their families.

UNFPA: Provision of technical support, dissemination of existing and development, as required, of new guidance, and support for capacity-building to implement the Global Strategy for Accelerating PMTCT scale up, particularly focusing on a basic package of AIDS services in maternal health care settings, sexual and reproductive health for women living with HIV, and linking maternal health services with other sexual and

- technical support through a mission.

reproductive health services.

Interagency: Effective and coordinated action by UNAIDS and broader UN system to advocate, to forge partnerships and to mobilize resources and technical support for scaling up programmatic actions on prevention of mother-to-child transmission of HIV.

Key Output 3

Enhanced capacities at country level to scale up provision of AIDS treatment and care services, including antiretroviral therapy, prevention and management of opportunistic infections and other HIV related conditions, prevention for HIV-positive people, nutrition, and palliative and end-of-life care and related education services.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to scale up provision of AIDS treatment and care services, including antiretroviral therapy— <i>disaggregated by agency</i>	Cosponsor reports	Annual	Forthcoming	The target is all countries that request such assistance

Broad Activities

UNICEF: Financial support and technical assistance for strengthened capacity to ensure appropriate and integrated approaches to care and treatment for pregnant women, HIV-infected women, and HIV-exposed and infected children, as well as support for capacity development and adoption of policies promoting paediatric HIV care and treatment.

WFP: Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.

WHO: Synthesis of evidence, development of technical guidance and tools, and provision of technical support for scaling up antiretroviral therapy, improving care, and managing opportunistic infections for children and adults living with HIV, strengthening laboratory capacity for monitoring treatment, and monitoring, evaluating and reporting on progress in the scale up of treatment and care.

World Bank: Support efforts to scale up access for AIDS treatment and care services including development of innovative strategies through analytical work, review of public expenditures and ensuring that obstacles to treatment and care services are addressed in national development agendas and Bank lending programmes.

Key Output 4

Strengthened capacity of countries to ensure equitable access to HIV testing and counselling that ensures confidentiality, informed consent and counselling.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to scale up testing and counselling (with informed consent and confidentiality assured) through a rights-based approach	WHO reports	Annual	2007 so far: (Direct support to two countries, 1 workshop with 10 countries)	The target is all countries that request such assistance

Broad Activities

WHO: Synthesis of evidence, technical guidance and provision of technical support for the development and implementation of integrated policies and tools on HIV counselling and testing, including client- and provider-initiated testing and counselling for adults, children and families, and development of quality HIV diagnostics.

Key Output 5

Improved capacity of countries to scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of

prevention, care and support for HIV-related tuberculosis.				
Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries that scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis with the support from UNAIDS— <i>disaggregated by agencies</i>	WHO reports UNODC reports WFP reports	Annual	WHO—34 countries	The target is all countries that request such assistance WHO established a target of 43 countries, i.e. 25% increase
Broad Activities				
WFP: Technical assistance and programmes for nutrition and food support in HIV/TB programmes.				
UNODC: In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools, and provision of technical support in strengthening the capacity of countries to scale up joint HIV/TB planning, training, and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV-related tuberculosis in prison, drug dependence treatment and immigration detention settings.				
WHO: Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV and tuberculosis services.				
Key Output 6				
Key Output 6: Strengthened national systems for procurement and supply management for high quality HIV medicines, diagnostics, condoms, and other essential HIV commodities.				
Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries with a comprehensive Procurement, Supply Management and Distribution plan for HIV medicines, diagnostics, condoms and other essential HIV commodities that was developed with UNAIDS support	Reports from UNICEF, UNFPA, WHO, the World Bank	Annual	2006 WHO data – 10 countries	The target is all countries that request such assistance WHO established a target of 20 countries.
Broad Activities				
UNICEF: Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of HIV pregnant women and their children. This includes supporting the development of procurement and supply management plans and capacity-building as well as advocating for more appropriate formulations for prevention of mother-to-child transmission and paediatric HIV and adaptation of tools and instruments to assist in strengthening PSM.				
UNFPA: Implementation of the Global Condom Initiative to intensify comprehensive condom programming(CCP) for HIV prevention and dual protection with emphasis on: (a) scaling up female condom programming; (b) strengthening male condom programming; (c) increasing access and use of male and female condoms by women, young people, sex workers and populations in humanitarian settings; (d) building national capacity including through workshops, training of programme managers and service providers, condom branding, mass media campaigns, advocacy, and support for national coordination; (e) support for country level procurement of male and female condoms (MCs and FCs), STI drugs and diagnostics test kits including through training and support for the implementation of a low cost computer augmented LMIS system and (f) development of monitoring and evaluation tools to assess progress and evaluate impact.				
WHO: Provision of normative guidelines, quality standards including prequalification of HIV medicines and diagnostics, strategic information and technical support to strengthen national procurement and supply management systems.				

World Bank: Provision of workshops, knowledge generation and dissemination to improve procurement and supply chain management of AIDS medicines and diagnostics in partnership with UNICEF and the Global Fund/PEPFAR/WB procurement working group.

Key Output 7

Strengthened capacity of national and regional authorities in developing countries to utilize the flexibilities in the global trade rules in promoting wider access to affordable HIV-related pharmaceuticals and prevention commodities.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries supported to adopt enabling policy, legislation and TRIPS flexibilities— <i>disaggregated by agencies</i>	UNDP and WHO reports	Annual	2007 data are forthcoming through the end of the year survey	The target is all countries that request such assistance

Broad Activities

UNDP: Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines.

WHO: Provision of normative guidance and technical support to enable countries to make full use of the flexibilities in the TRIPS agreement, and to promote wider access to affordable HIV commodities, including HIV medicines and diagnostics.

Key Output 8

Improved capacities at country level for human resource planning, training, compensation and retention measures in all sectors relevant to the response to AIDS.

Indicators	Data source	Frequency	Baselines/benchmark	Additional information
1. Number of countries with sound strategic plans for the workforce, including policies and management practices on incentives, regulation and retention, with attention to specific issues raised by AIDS developed with UNAIDS support.	WHO, ILO, UNESCO reports	Annual	To be established	

Broad Activities

ILO and WHO: Policy guidance and technical support to strengthen human resources for health, including health-care workers' access to prevention, care and treatment, with a particular focus on workplace policies, occupational health services, training and retention issues (in particular, occupational safety and health, working conditions, compensation).

UNESCO: Capacity development in designing, implementing and assessing efficient and rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support.

WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen human resources for health for the scaling up of HIV prevention, treatment and care towards universal access, including a focus on HIV prevention, treatment and care for health workers, health workforce planning, certification and training of health-care workers, retention of health-care workers and expanding the health workforce through task-shifting.

Key Output 9

Enhanced capacities at country level to provide equitable access, through the workplace, to comprehensive HIV prevention, treatment and care services.

Indicators	Data source	Frequency	Baselines/benchmark	Targets and other information
1. Number of countries where workplaces provide HIV prevention and information on treatment, care and support services to workers with UNAIDS support – <i>disaggregated by agency</i>	ILO report UNHCR report	Annual		The ILO target for 2008–2009 biennium is 20 countries
Broad Activities				
<p>UNHCR: Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and/or implement and expand HIV workplace programmes.</p>				
<p>ILO: Policy guidance, tools and technical support to employers, workers and ministries of labour for the planning and implementation of comprehensive, gender-aware and sustainable workplace programmes, building on existing structures such as occupational safety and health committees and including voluntary confidential counselling and testing, prevention of mother-to-child transmission and TB treatment.</p>				

Principal Outcome 5: Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.

Indicators	Data source	Frequency	Baseline	Targets and other information
1. Number of countries that have laws and regulations that protect people living with HIV against discrimination ⁵ .	<p>UNGASS indicator/ NCPI/part b: Number of countries that have laws and regulations that protect people living with HIV against discrimination.</p> <p>UNAIDS country reports on the number of countries with national laws and regulations that specifically protect people living with HIV against discrimination.</p>	<p>Biennial</p> <p>Annual</p>	<p>2007 UNGASS country report due by 31 January 2008</p> <p>2005 UNAIDS country reports</p> <p>87 country offices responded: 44 reported that the country has such laws and regulations</p> <p>2006 UNAIDS country reports</p> <p>85 country offices responded; 58 reported having laws and regulations that protect people living with HIV against discrimination</p>	
2. Number of countries that have a policy to ensure equal access, between women and men, to prevention, treatment and care.	UNGASS indicator: National Composite Policy Index Part B on gender in relation to prevention, treatment, care and support.		2007 UNGASS reports (NCPI) due by 31 January 2008	

Key Output 1

Coordinated promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes, and improved government adherence to human rights treaties and other related international obligations.

Indicators	Data source	Frequency	Baseline / benchmark	Targets and other information
1. Number of countries where technical support is provided on the promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes <i>disaggregated by agencies</i>	UNAIDS country reports	Annual	2007 reports forthcoming	The target is all countries that request such assistance

Broad Activities

UNHCR Advocacy for HIV-related protection and rights based approach for people of concern to UNHCR to be included in HIV policy, proposals and programmes at all levels and to have non-discriminatory access to comprehensive HIV and AIDS response packages

⁵ Such laws and regulations will include general non-discrimination provisions or those that specifically mention HIV with a focus on schooling, housing and employment.

UNDP: Advocacy, policy support and development of normative and strategic guidance, to strengthen coherent and coordinated UN action in the area of HIV-related human rights and gender programming

UNODC: Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT) in line with human rights treaties and other related international standards

ILO: Policy and technical support to ministries of labour and their authorities—in collaboration with employers and workers—to ensure that labour laws and policies include HIV, protect rights, combat discrimination and violence, and promote workplace programmes

Secretariat: Support leadership and advocacy on human rights and gender equality in the global AIDS response, and development of human rights-based and gender-responsive policies and programmes, including the costing of necessary programmatic actions, mobilization of required resources, and increased capacity to track progress

Key Output 2

Strengthened capacity of government and civil society to address AIDS-related stigma and discrimination and other human rights issues especially in relation to most-at-risk populations.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries supported to prioritize targeted actions to address stigma and discrimination and other human rights of most-at-risk populations in national AIDS plans, sector strategies or plans— <i>disaggregated by agencies</i>	UNAIDS country reports	Annual	Forthcoming through the annual 2007 survey	The target is all countries that request such assistance

Broad Activities

UNDP: Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, civil society organizations, media, women's groups, the private sector and religious leaders to address HIV-related stigma and discrimination

UNESCO: Strengthen rights-based, gender-responsive and culturally appropriate educational, health and information services, particularly for most-at-risk populations, with a particular aim of reducing stigma and discrimination

UNODC: Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking (PVHT)

Interagency: Support joint UN work to stimulate and support programmatic action on human rights and gender equality, especially in relation to most-at-risk populations, identify and build leadership capacity and forge partnerships on human rights and gender across sectors

Key Output 3

Strengthened capacity of government and civil society to overcome legal and policy barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities, including those designed specifically for vulnerable and most-at-risk populations.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries supported to review, change and implement legislation and policies for equitable access to HIV prevention, treatment, care and support services and commodities—disaggregated by agencies	Cosponsor and Secretariat reports	Annual	Forthcoming through the annual 2007 survey	The target is all countries that request such assistance

Broad Activities

UNDP: Advisory services and support for undertaking legislative reviews and reform, promoting enforcement of laws that protect HIV-related rights and equality of women, and strengthening links between parliamentary, judicial and law enforcement structures

UNODC: Legal and policy reviews as they relate to prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT), and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities

Interagency: Collective UN action to support populations most-at-risk of exposure to HIV, including provision of technical support towards identified needs of capacity-building, e.g. on resource mobilization, management and advocacy, to enable full engagement of these populations in AIDS responses

Key Output 4

Strengthened capacity of governments and civil society to address gender inequality, gender-based violence, and discrimination against women and girls in responding to AIDS and to engage men and boys in this response.

Indicators	Data source	Frequency	Baseline / benchmark	Targets and other information
1. Number of countries supported to conduct gender assessments of national AIDS plans and/or integrate gender equality and the needs of women, <i>disaggregated by agencies, by programmatic areas.</i>	UNAIDS country reports, UNIFEM reports (via UNDP)	Annual	2007 survey will collect this information	The target is all countries that request such assistance

Broad Activities

WFP: Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support

UNDP: Advocacy, advisory services and technical support for planning and implementation of strategies to address gender dimensions of AIDS, reduce vulnerability of women and girls, mitigate impact, and strengthen networks of men and boys working to address gender and AIDS

UNFPA: Advocacy and capacity-building to mainstream gender equality into sexual and reproductive health programmes to address women's and girls' vulnerabilities, mitigate the impact of HIV, including gender-based violence, and involve men and boys in HIV prevention programmes

Key Output 5

Strengthened human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
<p>1. Number of countries supported to build human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors – <i>disaggregated by agencies.</i></p>	<p>Cosponsor reports</p>	<p>Annual</p>	<p>2007 survey will collect this information</p>	<p>The target is all countries that request such assistance</p> <p>The support will include technical advice, workshops, tools on the capacity to address human rights and gender competencies among parliamentarians, judges, law enforcement officials</p>
Broad Activities				
<p>UNODC: Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drugs users, or living in prisons, or vulnerable to human trafficking (PVHT).</p>				
<p>ILO: Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.</p>				

Principal Outcome 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.

Indicators	Data source	Frequency	Baseline	Targets and other information
1. Percentage of most-at-risk populations reached by prevention programmes	UNGASS reports data Population surveys and health facilities data (BSSs)	biennial	2007 UNGASS reports service coverage : IDUs – 8% MSM – 9% Engaged in sex work – n/a	Each country sets a national target. The global target is to have universal access by 2010.
2. Percentage of total national AIDS spending for most-at-risk populations	National AIDS spending assessments (categories 1.4, 1.8, 1.9, 1.10 under prevention line).	annual—selected countries	to be established	Each country sets a target for AIDS spending.

Key Output 1

Accelerated support to governments and civil society to scale up effective HIV prevention, treatment, care and support services for those engaging in injecting drug use, sex between men, sex work, including in prison settings.

Indicators	Data source	Frequency	Baseline/ benchmark	Targets and other information
1. Number of countries supported to develop and/or implement programmes to scale up provision of HIV prevention, treatment, care and support services to people engaging in injecting drug use, sex between men, sex work, including in prison settings— <i>disaggregated by agencies, by population at a greater risk of HIV</i>	UNODC, WHO, UNFPA reports	Annual	Forthcoming discussion on the role of output baselines	The target is all countries that request such assistance. Indicator measures the number of countries supported in the biennium 2008–2009.

Broad Activities

UNFPA: Advocacy and provision of technical support for implementation of policies and programmes addressing HIV and sex work, including through the greater and meaningful involvement and participation of sex workers as individuals and through their organizations and networks—at national, subregional and regional and global levels.

UNODC: Provision of support and technical assistance to countries for resource mobilization, establishment of multisectoral working groups, assessment of programmatic needs and capacity-building towards the development, implementation and monitoring of effective HIV prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking (PVHT).

WHO: Synthesis of evidence, provision of policy guidance, development of normative tools and guidelines and provision of technical support for strengthening of health services to deliver effective HIV prevention, treatment and care and sexually transmitted infection services for injecting drug users, (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.

Key Output 2

Expanded dissemination and support for the use of evidence-informed policies and practices as well as improved coordination and harmonization of approaches among all partners to address the vulnerabilities and needs of most-at-risk populations.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries that accessed policy guidance and other information that address the vulnerabilities and most-at-risk populations— <i>disaggregated by agency and by population group: drug users, MSM, and those engaged in sex work.</i>	UNAIDS Cosponsors and the Secretariat	Annual	Cosponsor and Secretariat reports	The target is all countries. Information on the number of accessing instances and downloads from the UNAIDS website will be collected for this indicator as well.
Broad Activities				
UNFPA: Development, documentation and scale-up of models to strengthen the evidence base to support programming in the context of HIV and sex work				
UNODC: In collaboration with relevant national and international partners, including civil society organizations, develop, adapt and disseminate evidence-based guidelines and best practices related to AIDS prevention and care for injecting drug users, people vulnerable to human trafficking (PVHT) and in prison settings.				
UNESCO: Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalised and excluded populations, and to programmes that address specific vulnerabilities.				
Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to scale up HIV prevention, treatment, care and support for men who have sex with men; and effective policies, partnerships and best practices in addressing the vulnerability of most-at-risk populations.				

Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel

Indicators	Data source	Frequency	Baseline	Targets and other information
1. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission— disaggregated by sex	UNGASS reports from selected countries (annually – about 20 countries)	4–5 years	2007 UNGASS reports forthcoming, due by 31 January 2008	95% by 2010—global target Each country sets a national target. This is a new Unified Budget and Workplan indicator
2. Percentage of schools that provided life skills-based HIV education in the last academic year	UNGASS reports	2 years	2007 UNGASS reports forthcoming, due by 31 January 2008	Each country sets a national target. This is a new Unified Budget and Workplan indicator
2. Number of countries in conflict/emergency affected and prone regions that have integrated and implemented HIV programmes for populations of humanitarian concern	UNGASS data UNAIDS country reports UNHCR monitoring and annual reports WFP Standard Project reports	Annual	2006 UNAIDS country reports 84 country offices responded: <ul style="list-style-type: none">▪ 31 countries with National AIDS Action Frameworks that include programmes related to conflict-affected, disaster-affected areas and/or other humanitarian settings▪ 36 countries have humanitarian action plans or similar strategies▪ 24 countries reported that their humanitarian action plans or strategies address the humanitarian situation and HIV	The target is all countries affected by aforementioned conditions that have UN Theme Groups on AIDS or UNHCR presence. This is a new Unified Budget and Workplan indicator

Key Output 1

Strengthened capacities at country level to prevent HIV among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries that have included gender-based violence responses in their AIDS Strategic Plans and implement them with the support from UNAIDS, one or several Cosponsors and the Secretariat.	Secretariat and Cosponsors reports	Annual	UNHCR 2006 data: 40 countries	UNHCR's target is 69 countries, i.e. in all countries where UNHCR implements AIDS programmes There will be additional information on the UNAIDS work related to gender, the needs of women and girls, in the

				form of case studies, narrative reports, assessments, from listed and other Cosponsors, e.g. UNDP
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Broad Activities

UNHCR: Promotion, support and coordination of sexual and gender violence response activities within AIDS programmes in conflict, post-conflict and displacement settings and support programmes for women, girls and boys to reduce their vulnerabilities and risk behaviours to HIV.

UNFPA: Conduct advocacy to raise awareness of the 'feminization' of the epidemic, support policy dialogue to catalyse action, provide technical support, and disseminate/develop guidance and good practices to reduce vulnerability of women and girls, mitigate impact, and empower women and girls, including reducing barriers to utilization of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas

UNODC: Development and dissemination of a Safe Mobility Toolkit for mobile and migrant populations, especially people vulnerable to human trafficking (PVHT); gender-responsive operational tools and guidelines which address the needs of female injecting drug users, and women and young girls living in prison settings; and the provision of technical assistance to government and civil societies for their implementation.

Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to address vulnerability of women, gender inequality, involvement of men and boys, and other issues related to the feminization of the AIDS epidemic.

Key Output 2

Enhanced capacities at country level to implement effective policies and programmes to prevent infections among young people, including young people most at risk of HIV in line with treatment, care and support.

Indicators	Data source	Frequency	Baseline /benchmark	Targets and other information
1. Number of countries that develop and implement programmes specifically focusing on addressing the risk factors of especially vulnerable adolescents with the support from UNAIDS, disaggregated by agency, by subject area, e.g. education programmes, behaviour communication, food support	Reports from UNICEF, WFP, UNHCR, UNESCO.	Annual	2006 UNICEF reported: 73 countries. 2006 UNHCR reported: 40 countries	The target is all countries that request such assistance. UNHCR's target is 69 countries, i.e. in all countries where UNHCR implements AIDS programmes.

Broad Activities

UNHCR: Development and dissemination of culturally/linguistically appropriate AIDS information-education-communication materials, with particular focus on HIV, and sexual and reproductive health for people of concern to UNHCR

WFP: Scaling up of HIV awareness and prevention in food and nutrition support programmes among young people

UNFPA: Increased access to comprehensive sexual and reproductive health and HIV information and education, skills and services for young people in and out of school, especially the vulnerable and most-at-risk through: effective coordination mechanisms at global, regional and country levels; mapping, data collection and use for the design, implementation, monitoring and evaluation of programmes; capacity-building, development of policy and programme guidance tools; and support and advocacy for youth involvement and participation

UNESCO: Implementation support for comprehensive national AIDS education programmes tailored to the gender-specific needs of groups of young people within the framework of universal access

Key Output 3

Strengthened capacities at country level to provide protection, care and support for children affected by AIDS.

Indicators	Data source	Frequency	Baseline/benchmark	Targets and other information
1. Number of countries supported to provide protection, care and support for children affected by HIV or AIDS— <i>disaggregated by agencies, by subject area.</i>	UNICEF, UNHCR, WFP reports	Annual		The target is all countries that request such assistance. Technical support includes guidelines for sector-led responses on protection and support for children affected by AIDS.

Broad Activities

UNHCR: Provision of technical support to youth and children, including separated and unaccompanied children and orphans, on basic rights awareness and life skills training to reduce their vulnerabilities to HIV and identify displaced children made vulnerable by HIV or AIDS to provide necessary support and work towards a durable solution.

UNICEF: Advocacy and provision of tools and technical assistance to develop and monitor policies, the implementation of costed, evidence-informed scale up plans for children affected by AIDS.

WFP: Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV or AIDS.

Key Output 4

Strengthened capacities and coordinated approaches of government and humanitarian actors to implement internationally accepted policies and standards, and effective and sustainable multisectoral HIV or AIDS programmes for populations of humanitarian concern, including for food insecure households, migrants and mobile populations, armed and uniformed groups.

Indicators	Data source	Frequency	Baseline/ benchmark	Targets and other information
1. Number of countries that are supported to integrate emergency-affected and the surrounding host communities in their National AIDS policies, programmes and strategic plans and implemented specific activities for them according to the IASC Guidelines for AIDS interventions in emergency settings— <i>disaggregated by agencies, by subject area.</i>	UNHCR reports; UNAIDS country reports; WFP, UNFPA and ILO reports	Annual	UNHCR data: 40 countries	The target is all countries that request such assistance. UNHCR's target is 69 countries, i.e. in all countries where UNHCR implements AIDS programmes.

Broad Activities

UNHCR: Support and coordination of integrated and comprehensive AIDS response programmes for emergency-affected populations (refugees, internally displaced persons and other people of concern) and the surrounding communities according to the phase of the emergency and the type of the HIV epidemic guided by the IASC Guidelines on HIV Interventions in Emergencies

UNHCR: Provision of technical assistance to implementing partners and build their capacities to design and implement HIV and AIDS programmes in conflict, post-conflict and displacement settings, and ensure availability of sufficiently trained personnel to coordinate and monitor HIV technical support

WFP: Integration of HIV nutrition into all WFP emergency responses through the use of specialized vulnerability assessment tools to guide the targeting and programming of food and nutrition support for affected

children, people on ART, people living with HIV and their families

UNFPA: Integration of comprehensive sexual and reproductive health and HIV services, including prevention and response to gender-based violence into emergency preparedness, humanitarian response, transition and recovery with emphasis on prevention of HIV and sexual violence among high risk groups affected by continuing crisis such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations

UNODC: In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV and the workplace, for uniformed groups, including law enforcement, prisons, border guards and immigration detention centre staff

ILO: Collaboration with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers which protect their rights, recognize gender differences, and ensure their access to prevention and treatment services

Secretariat: Establish and maintain policy guidance, technical assistance mechanisms and M&E systems to effectively address HIV among uniformed services and armed personnel, and other issues related to AIDS and security.

Interagency: Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.