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29th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
13-15 December 2011

UNAIDS 2012-2015
Unified Budget, Results and Accountability Framework
Revised results, accountability and budget matrix

**Annex 1 of this document has been updated
to reflect the final indicator definitions
(December 2012)**

Additional documents for this item:

- i. 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) Part I (UNAIDS/PCB(28)11.10)
- ii. Second Independent Evaluation of UNAIDS (UNAIDS/PCB(29)/11.21)

Action required at this meeting: The Programme Coordinating Board is invited to: *take note of* the consultative process with all constituencies to further strengthen UNAIDS results, accountability and budget matrix and *endorse* the outcome of the process.

Cost implications: No additional implications beyond those already agreed to by the Board in approving the 2012-2015 Unified Budget, Results and Accountability Framework in June 2011 – see UNAIDS/PCB(28)/11.10.

I INTRODUCTION

1. The 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) has been developed to translate UNAIDS Strategy into action. It responds to recommendations of the Second Independent Evaluation and decisions of the PCB and focuses on areas and activities where the Joint Programme can make the most difference. Resource allocations are based on epidemic priorities, the comparative advantage of the UN, the performance of the Secretariat and Cosponsors, and the funds that Cosponsors themselves raise.
2. Three main elements make up the UBRAF
 - i. A Business Plan that shows the contributions of UNAIDS to support the operationalization of UNAIDS 2011-2015 Strategy;
 - ii. A Results and Accountability Framework that will measure the achievements of the Joint Programme and provide a clear link between investments and results;
 - iii. A Budget to fund the core activities of the Cosponsors and Secretariat to operationalize the goals of UNAIDS Strategy
3. The 2012-2015 Unified, Budget, Results and Accountability Framework (UBRAF) was approved at the 28th meeting of UNAIDS Programme Coordinating Board (PCB) in June 2011 with a request to further strengthen the *results, accountability and budget matrix* through a consultative process with all constituencies and to report back to the PCB at its 29th meeting.
4. This paper outlines the consultation process undertaken as well as the approach adopted to revise the UNAIDS results, accountability and budget matrix. In accordance with the decision of the PCB, the process focused on revising the results, budget and accountability matrix, not the entire UBRAF, and this document should therefore be read in conjunction with the UBRAF presented to the PCB in June 2011 (UNAIDS/PCB(28)11.10). The revised *results, accountability and budget matrix* itself appears as Annex 1.
5. At the beginning of July, following the 28th PCB meeting in June 2011, all PCB members were invited to participate in a consultation to further strengthen UNAIDS results, accountability and budget matrix. Having incorporated feedback from a review by external monitoring and evaluation experts¹, a revised results, accountability and budget matrix was sent to those who expressed interest. Feedback and comments received were reviewed and reflected in a further revised matrix, which was shared with participants ahead of a face-to-face consultation together with a summary of comments and queries and responses to these.
6. The face-to-face consultation was held at UNAIDS Secretariat in Geneva on 27 September 2011, and included representation from 11 PCB member states (El Salvador (chairing), Finland, Germany, Italy, the Netherlands, New Zealand, Poland, Sweden, United Kingdom, United States and Zambia) and two PCB NGOs (North America and Europe). The Cosponsors were represented by UNESCO and WHO, as well as UNICEF in its capacity as the chair of the Cosponsor Evaluation Working Group (CEWG).
7. Consultation participants made general observations as well as detailed comments on the draft matrix by UBRAF strategic direction and function. Following the consultation, the UBRAF matrix and concept note were further revised and shared

¹ Global Monitoring and Evaluation Reference Group (MERG).

with members of the PCB consultation in October, and finalized for the 29th PCB meeting after a last round of feedback.

8. Key changes to strengthen the matrix include:
 - i. Missing targets and benchmarks at the outcome and impact levels have been included where indicators have also been streamlined to reduce complexity.
 - ii. Cosponsor and Secretariat accountability is captured in output level indicators, which did not exist previously and have been introduced.
 - iii. Cosponsors own resources are broken down at the strategic goal level to more clearly present the relationship between core UBRAF and other resources.
9. Reducing the number of indicators would have been desirable, but it was not possible to do this and at the same time provide additional measures of the performance of the Cosponsors and Secretariat. Reporting to the PCB will, however, be strategic, based on a dashboard type approach. This will entail a review of progress by outcome and output under strategic goals and functions and provide more in-depth reporting in areas where additional efforts may be required.
10. The UBRAF builds on and improves existing monitoring and evaluation systems and establishes or strengthens accountability mechanisms with a particular focus on the 20+ high impact countries. Some adjustments are expected as part of the implementation of the UBRAF, and flexibility is built into the instrument so that it may be fine-tuned as necessary following annual progress reviews. Additional information about the development of the UBRAF is included in the update on the Second Independent Evaluation of UNAIDS prepared for the PCB (UNAIDS/PCB(29)/11.21).

II CONCEPT AND APPROACH

11. As an instrument which captures the contribution of UNAIDS Cosponsors and Secretariat to the achievement of the goals in the 2011-2015 Strategy at country, regional and global levels, the UBRAF is different from its predecessor, the Unified Budget and Workplan (UBW) in several respects, including resource allocation, monitoring and evaluation (see UNAIDS/PCB(28)11.10 and below).
 12. While contributing to national measures of outcome and impact, UNAIDS accountability for results and reporting is primarily situated at output level and to a lesser extent the outcome level. At the impact level, targets are aligned to the overarching results structure in UNAIDS 2011-2015 Strategy.
- A. Principles underpinning performance monitoring and accountability**
13. The UBRAF, unlike the UBW, is designed as a *framework* rather than a *work plan*. It allows reporting and review that focuses on the achievement of strategic goals, outcomes and outputs of the Joint Programme while also making available more information on specific results, as necessary.
 14. Rolling annual workplans define the detailed actions of the Joint Programme at global, regional and country level and provide the basis for decentralized planning, monitoring and evaluation – a key principle of the UBRAF. Existing performance monitoring and review mechanisms – strengthened, as necessary, in turn provide the basis for decentralized accountability – another key principle of the UBRAF.

B. Building synergies and greater alignment

15. The UBRAF matrix uses tested indicators, tools and guidance to the extent possible to ensure consistency and alignment with existing reporting frameworks on AIDS (e.g., Global AIDS reporting, Universal Access, Global Fund, Cosponsor reporting). Independent sources of data are used wherever possible.²
16. Joint Programmes of Support and Joint Teams that contribute effectively to national AIDS responses are the foundation of UNAIDS work at country level. A key focus of UBRAF reporting is therefore on Joint Teams and Joint Programmes of Support to demonstrate results and the added value of the joint work of the UN on AIDS.
17. The indicators in the results framework do not aim to capture the totality of the response and will be supplemented by other sources of information. Links to Cosponsor results frameworks provide more in-depth information while case studies and reports by thematic areas will complement country-by-country reporting.

C. Development of the framework and refining the matrix

18. Two types of output-level indicators are included in the UBRAF matrix to capture both outputs indirectly resulting from UNAIDS work, and outputs directly attributable to UNAIDS work. This allows tracking of *programmatic progress* in countries as well as a focus on UNAIDS accountability.
19. A key objective in developing the UBRAF has been to minimise the reporting burden of UN Joint Teams by relying on existing and tested M&E indicators and tools. In some cases, no existing indicators appropriately measure results and *new indicators have been established* for which a definition and baseline need to be developed. This includes generic indicators for areas such as *capacity strengthening and normative guidance* as well as *civil society participation*. These will be reviewed and assessed for suitability and practicality after the first round of reporting.

III IMPLEMENTATION OF THE UBRAF

20. Key components in the implementation, monitoring and reporting on the UBRAF include a comprehensive M&E framework and increased accountability for results with a particular focus on the 20+ high impact countries.

A. Comprehensive monitoring and evaluation framework

21. Notwithstanding efforts to minimize the number of indicators in the UBRAF, a comprehensive set is required to measure the performance of the ten Cosponsors and the Secretariat. In each country, the actual indicators to be used and reported on will depend on regional priorities, national contexts and the epidemic in the country.³
22. The M&E data generated by the UBRAF indicator will provide largely quantitative measures of progress which will be complemented by country-specific qualitative data, case studies, in-depth analyses and thematic reporting. The indicator-based

² including Global AIDS Progress Reporting (formerly UNGASS), Universal Access, Cosponsor Corporate Results, Global Fund and the President's Emergency Plan for AIDS (PEPFAR).

³ Recognising variations between epidemic profiles, the UBRAF, like UNGASS reporting allows countries flexibility in the use of some indicators as long as the indicators selected are reported consistently over time.

reporting constitutes a key component of UNAIDS monitoring and evaluation framework, but not its entirety.

B. Joint accountability for results

Workplanning

23. Annual workplans will be developed at global, regional and country level. Planning at regional level will be based on regional priorities outlined in the UBRAF. At country level Joint Teams will develop workplans based on relevant national strategic and operational plans for HIV and AIDS; the UBRAF hierarchy of results; and the priority areas and regional results identified for different regions presented in the UBRAF.
24. Planning at all levels will involve consultations among Cosponsors, the Secretariat and partners to ensure appropriate links to UBRAF outputs and alignment of the Joint Programmes of Support with the United Nations Development and Assistance Frameworks (UNDAF) as well as plans and priorities of national and international partners.

Guidance on monitoring and evaluation and reporting

25. The UBRAF results framework and results-based approach introduces the use of targets and will require guidance across the Secretariat and Cosponsors (e.g., consequences for meeting targets or not, in-built incentives to ensure rigour, etc.). Concise guidance on UBRAF monitoring and evaluation, aligned with existing guidelines, tools and mechanisms is being developed with the Cosponsor Evaluation Working Group (CEWG).⁴
26. Guidance will be provided to UN Joint Teams, regions and the global level on 1) the role of the UBRAF in supporting coordinated and coherent Joint Programme planning; 2) mechanisms by which UN Joint Teams will assess progress and achievements; 3) adapting and translating the global results framework for country use; 4) reporting on the UBRAF using existing reporting and tools (e.g., Global AIDS Progress Reporting, Universal Access, etc.) and, 5) an outline of roles and responsibilities for different levels of the monitoring and evaluation of the UBRAF.
27. This will also provide UN Joint Teams and staff in country offices opportunities to engage more fully and link with national, global and regional frameworks, while building broader capacity on monitoring, evaluation and results-based management and also enhancing accountability.

UN Joint Team reporting

28. A Joint Team annual report will be prepared and submitted by members of the Joint Teams, which will include elements of what was previously included in annual surveys of UNAIDS Country Coordinators. The Cosponsors and Secretariat will use the core set of UBRAF indicators to develop their workplans, monitor results and review the Joint Programme's contribution in a systematic and consistent way.
29. At country level, reviewing the implementation of the UBRAF using standardised tools will provide an opportunity for Joint Teams and their partners to assess progress on defined aspects of their response to the epidemic(s), including civil society strengthening and participation, and the added value of the UN contribution.

⁴ UBRAF core indicator guidance will provide a quick reference to indicators, definitions and reporting – Although similar to the UNGASS guidance in format, it does not replace it and will address the specific M&E requirements for Joint Teams to report on the UBRAF.

It will also serve as the basis for annual reviews and evaluations to allow more consistent comparisons over time.

30. A UBRAF information system will be developed to coordinate, collate and share data at different levels, building on existing information sharing platforms such as DevInfo and AIDSInfo.

IV METHODS AND DEFINITIONS

31. Monitoring and evaluation of the UBRAF is aligned with validated reporting tools and mechanisms, drawing on both external and UN data sources. For existing indicators, UBRAF baselines and targets draw on available data. For new indicators, definitions are being refined and baselines will be established in the first year of reporting. While global baselines and targets provide an indication of overall achievement, it is the monitoring of progress on country-level baselines and targets, particularly in the 20+ high impact countries that will provide clear measures of progress.

32. The core set of indicators in the results matrix provides a frame of reference for UN Joint Teams on AIDS in countries to adapt and report on, based on their epidemic contexts. Specific guidance and country-specific templates will be developed to assist UN Joint Teams in implementing, monitoring and reporting on the UBRAF, as described above.

33. The following methodological issues were considered in refining the matrix:

1. Unless explicitly specified, baseline values refer to data reported by countries in 2010.
2. Global baseline values for survey data show a median value for countries reporting and the minimum-maximum range of values reported. This is the method adopted in global reports as surveys are not comparable as a result of methodological variations between countries and/or are not nationally representative since populations are localised (e.g. key population surveys).
3. Global baseline values for NCPI (National Composite Policy Index) indicators show the proportion of countries reporting achievement on the indicator (where “n” (numerator) is the number of countries and “N” (denominator) is the total number of counties in the reporting round (172 in 2010).
4. Output indicators are fully or partly supported by UNAIDS, details of which will be provided in linked qualitative reporting in the Joint Teams’ annual report against outputs and outcomes.
5. As agreed during the consultation process, where new indicators have been introduced, e.g., related to civil society strengthening or to better capture results specific to UNAIDS contributions, baselines or targets will be added in the first year.

34. Definitions:⁵

Impact indicators measure progress on the goals in UNAIDS 2011-2015 Strategy; they reflect the long-term, cumulative effect of programmes and interventions over time.

⁵ GLOSSARY OF M&E TERMS Prepared by the Evaluation Technical Working Group of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Monitoring and Evaluation Reference Group June 2008
[http://www.globalhivmeinfo.org/DigitalLibrary/Digital Library/Glossary of Monitoring and Evaluation Terms.doc](http://www.globalhivmeinfo.org/DigitalLibrary/Digital%20Library/Glossary%20of%20Monitoring%20and%20Evaluation%20Terms.doc)

Outcome indicators measure what UNAIDS aims to achieve; they reflect the medium-term effect of an intervention's outputs (e.g. change in knowledge, attitudes, behaviours).

Output indicators are the results to which the Joint Programme largely contributes; they are direct products or deliverables of programmes, interventions or activities.

35. The revised results, accountability and budget matrix appears as Annex 1, Cosponsors own resources broken down by strategic goal are shown in Annex 2 and a list of additional indicators to be used for in-depth reporting is included as Annex 3. Once additional comments from Board members on the UBRAF matrix and UNAIDS performance monitoring and accountability framework more generally have been taken into account, attention will turn to the implementation of the UBRAF, monitoring progress and reporting to the PCB in a way that allows the Board to perform its oversight function at a strategic level – assessing UNAIDS contributions to the response to HIV and AIDS and providing guidance in areas where additional efforts or different approaches may be required.
36. **The Programme Coordinating Board is invited to *take note of the consultative process with all constituencies to further strengthen UNAIDS results, accountability and budget matrix and endorse the outcome of the process.***

Annex 1: UBRAF Part II Revised Results, Accountability and Budget Matrix

GOAL A1: Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work				
Impact Indicators	Baseline⁶	Target/ Scope	Data source	Frequency⁷
a. Percentage of young people aged 15-24 who are living with HIV	<i>F=0.6% (0.5-0.7)</i> <i>M=0.3% (0.2-0.3)</i>	Prevalence reduced by 30% by 2015	ANC sentinel surveillance, DHS (gen. epidemics). Previously UNGASS #22, GARPR 1.6 - MDG indicator	Every 1-2 years
b. Percentage of men who have sex with men and sex workers who are living with HIV	MSM (n=67) Median(range): 6% (0%-32%) SW (n=78) Median(range): 3%(0%-40%)	MSM: Prevalence reduced by 50% by 2015 SW: Prevalence reduced by 30% by 2015 ⁸	IBBS, HSS, Previously UNGASS #23 (CEI ⁹), GARPR 1.10 and 1.14.	Every 2 years
c. Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months and who report the use of a condom during their last intercourse	Median and range (females N=40): 25% (0%-66%) Median and range (Males N=41): 32% (7%-74%)	Condom use doubled from a median baseline of 25% (f) and 32% (m) by 2015	DHS survey, MIC Survey (2008-2010). Previously UNGASS #17, GARPR 1.4. MDG indicator.	Every 3-5 years

Outcome A1.1 Evidenced-informed combination prevention policies and programmes for young people prioritized to specific localities and contexts.				
Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Median and range (females N=48): 28% (5%-65%) Median and range (Males N=44): 34% (5%-62%)	Doubled from median baselines of 34% (males) and 28% (females).	Population based surveys e.g. DHS, MICS, BSS, Previously UNGASS #13, GARPR 1.1. MDG indicator.	Every 3-5 years

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

⁶ Unless specified, baseline values refer to 2009 data reported in 2010.

⁷ Indicates the frequency of data collection from the primary data source(s). UBRAF reporting is annual and draws on data collected at different intervals.

⁸ In the absence of consistent incidence measurement across countries, reduction in prevalence, combined with increasing number of people tested for HIV and on ART can complement the picture on changes in incidence. Reduction in prevalence should not be reached at the cost of increased mortality (high stigma and low access to treatment can keep new infections high, and increase mortality).

⁹ CEI: core indicator for concentrated and low-level epidemic settings

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Strengthened national capacity among key stakeholders ¹⁰ for the design and implementation of quality, comprehensive age-specific sexuality education in policy and curricula	2011 UCC survey 73/96 countries (76% of which 28 HICs (74% out of 38))	2013: 84% (HICs: 87%); 2015: 90% (HICs: 100%)	Joint UN Team survey (complemented with data from UNFPA COAR, UNESCO SISTER)	Annual (UNESCO bi-annual)
a. Strengthened national capacity for the provision of essential Sexual and Reproductive Health Services (SRH) services to young people	2011 UCC survey: 80/95 countries (84%) of which 29 HICs (76% out of 38)	2013: 90% (HICs: 88%); 2015: 95% (HICs: 100%)	Joint UN Team survey (complemented with data from UNFPA COAR)	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	182,500	121,300	66,300	0	15,600	115,300	15,000	19,900	92,200	628,100
UNICEF	1,316,200	562,500	427,500	157,500	202,500	634,400	243,000	157,500	427,500	4,128,600
UNFPA	1,347,600	756,100	694,200	181,500	362,300	949,600	275,900	219,800	539,600	5,326,600
ILO	1,058,100	705,600	304,800	169,300	187,000	509,400	203,200	135,500	254,700	3,527,600
UNESCO	1,430,500	1,896,100	506,400	42,800	304,600	462,600	423,800	68,300	233,600	5,368,700
WHO	123,200	130,000	73,200	0	28,800	14,800	27,800	17,500	23,200	438,500
World Bank	700,000	3,780,500	280,000	112,000	224,000	1,120,100	112,000	112,000	560,000	7,000,600
Subtotal Output A1.1.1	6,158,100	7,952,100	2,352,400	663,100	1,324,800	3,806,200	1,300,700	730,500	2,130,800	26,418,700

DELIVERABLES

Policies

Joint deliverables

J1.1 UNICEF, UNFPA

a. Develop national strategies on social change and behaviour communication for young people and their communities, promoting safer attitudes, lifestyles and behavioural norms delaying sexual debut, using condoms for dual protection from sexually transmitted infections (including HIV) and pregnancy, responsible sexual behaviour, including reducing the number of sexual partners.

b. Develop and support mass media programmes to influence harmful social and cultural norms, and the provision of youth-friendly health services for the prevention, treatment and care of HIV within the country context.

J1.2 UNFPA, ILO

Policies

Individual deliverables

1. UNICEF

a. Develop guidance and provide technical support towards implementation, monitoring and evaluation of evidence-informed, skills based and age-specific comprehensive sexuality education through school and community-based programmes.

1.2 UNFPA

a. Analyse and utilize age- and sex-disaggregated data on SRH/HIV for adolescent and youth to inform policies and development and funding frameworks.

1.3 UNESCO

a. Support education sector sub-systems and institutions in playing a critical role in HIV

¹⁰ Key stakeholders defined as: Ministries of Education, educational institutions, implementing partners especially for out of school youth

a. Revise and introduce policies and legal frameworks to meet human rights standards, to remove legal barriers to access HIV prevention and care services, including condoms and to enhance access to HIV services for young workers (*Recommendation 200*).

J1.3 UNFPA, UNESCO

a. Implement and scale-up evidence-informed, skills-based and age-specific comprehensive sexuality education addressing HIV and sexual risk behaviours among young people.

prevention through accelerated and effective sector-wide policy, planning and programmatic responses that include sound monitoring and evaluation of education sector efforts as part of the national response.

b. Advocate for and expand the evidence base on removing legal, social and cultural barriers to accessing sexual and reproductive health education and services for key populations.

Service integration

Joint deliverables

J2.1 UNICEF, UNFPA, UNODC, WHO

a. Develop and/or review SRH/HIV policies and programmes including comprehensive intervention packages for young people (particularly marginalised adolescent girls, young people who use drugs, young prisoners and young sex workers and their partners).

J2.2 UNFPA, WHO

a. Strengthen national capacity to advocate for and incorporate integration of HIV prevention and linkages with SRH, gender and HIV care in national strategic development plans and frameworks, expanding access to prevention.

Capacity

Joint deliverables

J3.1 UNICEF, UNFPA, UNESCO

a. Strengthen and promote youth participation at all levels in the design, implementation, monitoring and evaluation of HIV prevention, sexuality education programmes and services through institutional mechanisms, with parents and adults in the community as supportive partners.

J3.2 UNICEF, World Bank

a. Expand capacity and coverage of quality HIV prevention interventions and uptake, including information and services addressing structural gaps and reduce the risk and vulnerability to HIV infection among adolescents and young people through sexual transmission.

J3.3 UNFPA, UNESCO

a. Strengthen national capacity and capacity of service providers, including youth led and youth serving organisations on youth friendly SRH/HIV, to scale up effective prevention programmes and implement age appropriate, gender and rights based sexual reproductive health and HIV education including new prevention approaches and technologies in schools' curricular and community settings including peer education.

J3.4 WHO, World Bank

Provide standards, guidance, tools and methods to implement and scale-up evidence-informed, quality prevention programmes, including models of health service delivery for adolescents (including adolescent sexual and reproductive health integration of male circumcision, HIV testing and counseling, and sexuality education).

Access to condoms

Joint deliverables

J4.1 UNFPA, ILO, UNHCR

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

J4.2 UNFPA, WHO

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

Capacity

Individual deliverables

3.1 UNHCR

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

Access to condoms

Individual deliverables

4.1 UNODC

a. Increase access to male and female condoms and to STIs prevention and treatment for people living in prisoners and other closed settings and for people who use drugs.

b. Support countries in removing legal barriers to access condoms in prisons and other closed settings.

Strategic information

Individual deliverables

5.1 UNICEF

a. Monitor national and sub-national response for adolescents and advocate for and support countries to strengthen collection and reporting of age disaggregated service data and youth-specific programme monitoring to enhance knowledge of epidemic and response in young people.

5.2 ILO

a. Develop programmes that increase access to information and HIV services for young workers in the informal economy.

5.3 WHO

a. Monitor, report on and evaluate progress in scaling up HIV prevention interventions in the health sector.

5.4 World Bank

a. Support countries to incorporate strategic prevention into national strategic and operational planning processes.

b. Support governmental decision making on cost effective combinations and funding allocations on HIV prevention and impact mitigation.

c. Support country efforts to use HIV prevention science and mathematical modelling to estimate and forecast the impact of individual and combinations of HIV prevention programmes at sub-national, national and regional levels.

Strategic information

Joint deliverables

J5.1 UNICEF, UNFPA, WHO, World Bank

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

Outcome A1.2 Evidenced-informed combination prevention policies and programmes prioritized to specific localities, contexts and key populations including, men who have sex with men, sex workers, transgender people and migrants at risk of HIV are implemented				
Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Percentage of sex workers reporting the use of a condom with their most recent client	2010 Baseline: 81% (5%-99%) (n=86)	Target to be set using 2012 GARPR and 2010 UNGASS baseline data, with updated trend analysis and modelling data	Behavioural surveillance or other special surveys Previously UNGASS #18, GARPR 1.8	Every 2-3 years
b. Percentage of men who have sex with men reporting the use of a condom the last time they had anal sex with a male partner	2010 Baseline: 57% (11%-89%) (n=86)	Target to be set using 2012 GARPR and 2010 UNGASS baseline data, with updated trend analysis and modelling data	Behavioural surveillance or other special surveys Previously UNGASS #19, GARPR 1.12	Every 2-3 years

Output A1.2.1 Informed vocal and capable organizations of men who have sex with men, sex workers and transgender people engaged as partners to advance universal access to HIV prevention, treatment, care and support, in major municipalities, and at least one comprehensive HIV programme in place providing non-judgemental, non-stigmatizing and relevant services.				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Municipal level comprehensive HIV prevention, treatment and care programmes implemented for and with men who have sex with men, sex workers and/or transgender people.	2011 UCC survey: 74/89 countries (73%) of which 28 HICs (74% out of 38)	By 2015: Increased by at least one municipal programmes from baseline in all 30+ countries <i>Different targets to be considered for CEI and GEI countries.</i>	Joint UN Team survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	175,500	75,000	57,000	21,000	27,000	84,600	32,400	21,000	57,000	550,500
UNDP	589,700	1,177,500	395,400	131,800	197,700	197,700	197,700	65,900	131,800	3,085,200
UNFPA	818,200	400,500	434,300	113,500	226,500	593,700	172,500	137,400	337,400	3,234,000
ILO	264,600	176,400	76,200	42,300	46,700	127,400	50,800	33,900	63,700	882,000
UNESCO	357,600	474,100	126,600	10,700	76,100	115,700	105,900	17,100	58,400	1,342,200
WHO	498,400	481,200	219,500	0	153,400	59,200	33,200	69,900	92,500	1,607,300
World Bank	70,000	378,000	112,000	5,600	84,000	2,800	5,600	39,200	2,800	700,000

Subtotal Output A1.1.3	2,774,000	3,162,700	1,421,000	324,900	811,400	1,181,100	598,100	384,400	743,600	11,401,200
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DELIVERABLES

Policies

Joint deliverables

J1.1 UNDP, UNFPA, UNESCO, WHO

a. Strengthen and engage informed, vocal and capable organizations of men who sex with men, transgender people, and sex workers as partners to advance universal access and expand comprehensive and linked HIV prevention and SRH services.

J1.2 UNICEF, UNDP, UNFPA

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

J1.3 UNFPA, UNODC

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

J1.4 UNFPA, ILO

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

Technical assistance and Capacity

Joint deliverables

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

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

J2.2 UNDP, UNFPA, WHO

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

J2.3 WHO, World Bank

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

Services

Joint deliverables

J3.1 UNICEF, UNFPA, WHO

a. Support capacity of countries to (1) expand coverage of effective prevention interventions for sexual transmission of HIV; (2) develop comprehensive combination prevention programmes linking prevention of sexual transmission of HIV with other HIV prevention interventions and (3) rapidly implement new prevention technologies and approaches.

J3.2 UNDP, UNFPA

a. Establish online services directory for men who have sex with men, sex workers, and transgender people covering legal and health services and reporting of human rights violations

Technical assistance and Capacity

Individual deliverables

2.1 UNFPA

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

2.2 UNESCO

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

Services

Individual deliverables

3.1 UNHCR

a. Support and implement programmes to reduce HIV sexual transmission in countries of asylum and those hosting internally displaced people.

b. Scale up existing programmes and develop new HIV prevention programmes for key populations in humanitarian settings.

Outcome A1.3 Combination prevention programming meeting needs of individuals and communities scaled up, and integrating most effective new and emerging prevention technologies (e.g. male circumcision, microbicides, PREP, HIV vaccines)				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Relevant new technologies has been piloted and/or integrated into HIV prevention programmes, policies and strategies.	2011 UCC survey: 46 (= 49% /93 countries) of which 26 HICs(68% out of 38)	2013: 65%; 2015: 80%	Joint UN Team survey	Annual

Output A1.3.1 New and emerging HIV prevention technologies and approaches (including male circumcision, microbicides, PREP, HIV vaccines) supported and included in the scale up of combination prevention if they continue to show effectiveness in trials.				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Support provided to countries to translate research on new technologies into implementation and scale-up	2011 UCC survey: 37 out of 93 countries (40%) of which 17 HICs (46% out of 38) had provided technical support for four or more technical support components over the last 12 months.	2013: 55% ; 2015: 70%	Joint UN Team survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	173,000	174,800	110,800	40,800	52,500	164,500	63,000	40,800	110,800	931,000
WHO	1,744,400	1,105,400	219,500	0	162,900	177,500	144,200	209,500	277,700	4,041,100
Subtotal Output A1.1.2	1,917,400	1,280,200	330,300	40,800	215,400	342,000	207,200	250,300	388,500	4,972,100

DELIVERABLES	
<p>Joint deliverables J1. UNICEF, UNFPA, WHO a. Build evidence and guidance on new prevention technologies to support scale-up and improvement in prevention approaches, including regional and country HIV vaccine initiatives. b. Provide guidance and support to expand combination prevention programmes, with focus on (1) standards, quality control, national regulation and procurement of male and female condoms; (2) including male circumcision devices, technologies and approaches to support scaling up HIV</p>	<p>Individual deliverables 1. UNHCR a. Strengthen promotion of and access to female condoms for populations in humanitarian situations 2. WHO a. Support countries to improve access to affordable prevention commodities. b. Provide technical guidance and research support on (1) the safe and effective use of ARV-based prevention technologies including PrEP and PEP and (2) on developing a research agenda on new</p>

<p>prevention where appropriate; (3) guidance on prevention for people living with HIV; (4) counselling and testing, combination prevention and treatment for discordant couples; (5) expanding disclosure and adherence support, transition and risk reduction services for adolescents living with HIV; and (6) advocate for and support research and development on female condoms.</p> <p>c. Scale up male circumcision programmes, including biomedical and behavioural aspects and the impact of women.</p> <p>J2. WHO, World Bank</p> <p>a. Provide normative guidance and capacity building for HIV surveillance and monitoring and evaluating prevention interventions.</p>	<p>prevention technologies and approaches, including vaccines, microbicides and the role of ARVs in prevention (including ART for prevention).</p> <p>c. Provide guidance and support on preventing HIV transmission within health care settings, including safe blood supplies, injection and surgical safety and universal precautions.</p> <p>d. Support UNAIDS/WHO regional and country HIV vaccine initiatives.</p>
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Output A1.3.2 Strengthened capacity to plan, implement and evaluate combination prevention programmes that meet the needs of individuals and communities

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Development or revision of a National/Sectoral HIV and AIDS workplace policy (ies) to implement workplace programmes	ILO 2011 reporting: 49 countries (63% HICs)	2013: 60 countries (70% HICs); 2015: 70 countries (80% HICs)	Joint UN Team Survey complemented by information from ILO	Annual
b. Strengthened national capacity in logistics management of commodities	60/95 countries (63%) of which 21 HICs (55% out of 38)	Targets to be set using 2012 baseline	Joint UN Team survey (complemented with data from UNFPA COAR)	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	182,500	121,100	66,300	0	15,600	115,300	15,000	19,900	92,200	627,900
UNICEF	263,200	112,500	85,500	31,500	40,500	126,900	48,600	31,500	85,500	825,700
UNDP	617,100	617,100	205,700	82,300	41,100	288,000	82,300	41,100	82,300	2,057,000
UNFPA	1,540,500	810,700	805,500	210,400	420,100	1,101,100	319,900	254,900	625,700	6,088,800
Subtotal Output A1.1.4	2,603,300	1,661,400	1,163,000	324,200	517,300	1,631,300	465,800	347,400	885,700	9,599,400
Subtotal Outcome A1.1	13,452,800	14,056,400	5,266,700	1,353,000	2,868,900	6,960,600	2,571,800	1,712,600	4,148,600	52,391,400
Total Goal A1	13,452,800	14,056,400	5,266,700	1,353,000	2,868,900	6,960,600	2,571,800	1,712,600	4,148,600	52,391,400

DELIVERABLES

<p>Joint deliverables</p> <p>J1. UNICEF, UNDP, UNFPA, WHO, World Bank</p> <p>a. Support countries to expand coverage of effective programmes and interventions for prevention of</p>	<p>Individual deliverables</p> <p>1. UNHCR</p> <p>a. Work with countries of asylum and those hosting internally displaced people to support the implementation of programmes reducing sexual transmission of HIV.</p> <p>b. Scale-up existing programmes and develop new prevention programmes when applicable to reduce HIV sexual transmission among populations affected by humanitarian situations.</p> <p>2. UNICEF:</p>
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heterosexual transmission of HIV, including multiple concurrent partnerships.
J2. UNICEF, UNFPA, WHO, World Bank
a. Develop strategic information/analytical work on risk, vulnerability, factors contributing to changes in HIV prevalence and behaviours and response to HIV in key populations, including young people to inform policies, programmes, planning and funding frameworks.

- a. Support countries to develop, implement and evaluate national programmes to reduce early sexual debut and age-disparate sex in young women and girls.
- 3. UNDP**
a. Support countries to understand and address key socio-economic factors that drive sexual transmission and to follow-up with appropriate planning and action outside the health sector.
- 4. UNFPA**
a. Develop and promote programmes and strategies to reduce demand for unprotected sex including unprotected paid sex.
- 5. ILO**
a. Support the active engagement of ministries of labour, employers' organizations and workers organization in the design, implementation, monitoring and evaluation of HIV and AIDS prevention workplace programmes and policies.
b. Provide normative guidance, policy advice and technical support to develop national and sectoral workplace policies, and programmes to provide all means of prevention (including condoms) and promote reproductive health rights and health at work, address the SRH needs of workers, in the context of occupational safety and in the workplace (based on *Recommendation 200*).

GOAL A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half				
Impact Indicators	Baseline¹¹	Target/ Scope	Data source	Frequency
a. Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	400,000 (2009) (= 27% transmission)	Reduction in new paediatric infections: 2013: By 50%; 2014; By 65%; 2015: By 85%	Early Infant Diagnosis (EID) testing laboratories, Spectrum estimates, central statistical offices, and/or sentinel surveillance Previously UNGASS #25, GARPR 3.2 (reformulated)	Every 2 years
b. Maternal deaths associated with HIV (number and percent)	~21,000 ¹²	2013: 36% reduction (<13,400) 2015: 50% reduction (<10,500)	Maternal Mortality Report	Every 2 years

Outcome A2.1 In countries with the greatest number of HIV-positive pregnant women -generalised epidemic settings¹³, HIV incidence reduced among women of reproductive age. Unmet need for family planning reduced; Anti-retroviral drugs provided to pregnant women with HIV; Coverage of care and support for HIV-infected mothers, infants and partners scaled up				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of HIV- positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	2010: 48% 2009: Number of women in low and concentrated epidemics: 56,612	> 50% by 2013, 90% by 2015 By 2015, all eligible HIV+ pregnant women in need of treatment (WHO 2010 guidelines) for their own health	Programme monitoring and HIV surveillance. Previously UNGASS #5, GARPR 3.1	Annual

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

¹¹ Baselines (and targets) under Goal A2 aligned to the 2011 Global Plan to Eliminate HIV infections in children.

¹² 2008 value

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

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	117,900	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	388,300
WHO	872,200	128,300	73,200	0	19,200	14,800	44,400	17,500	23,200	1,192,800
Subtotal Output A2.1.1	990,100	205,600	102,200	15,400	38,500	65,400	67,200	34,900	61,800	1,581,100
DELIVERABLES										
<u>Joint deliverables</u>										
J1. UNICEF, UNFPA, WHO										
a. Provide evidence-based policy guidance, technical support and lead advocacy at global, regional and country levels to promote the elimination of MTCT, and paediatric care and treatment, including through inter-agency task teams (IATTs).										

Output A2.1.2 Maternal and child health systems and services strengthened, including antenatal care and deliveries by skilled attendants, and PMTCT integrated with sexual and reproductive health.				
Output indicators	Baseline	Target/Scope	Data source	Frequency
a. National Plan implemented for strengthening the bi-directional (two-way) integration of sexual and reproductive health and HIV services.	2011: 30 countries (94 responses = 32%) of which 14 HICs (37%)	2013: 66% 2015: 100%	Scorecard on Gender Equality in National HIV Responses	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,300	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,300
WFP	0	57,600	2,900	0	0	12,700	2,900	0	10,400	86,500
UNFPA	190,400	151,000	88,600	23,100	46,200	121,100	35,200	28,000	68,800	752,400
WHO	249,200	154,700	54,900	0	9,600	22,200	16,600	26,200	34,700	568,100
Subtotal Output A2.1.2	556,500	440,600	175,400	38,500	75,100	206,600	77,500	71,600	152,500	1,794,300
DELIVERABLES										
<u>Joint deliverables</u>					<u>Individual deliverables</u>					
J1. UNICEF, UNFPA, WHO					1. UNFPA					
a. Provide policy operational guidance and technical support to countries to improve bi-directional					a. Support primary prevention of HIV among women of childbearing age and prevention of					

<p>linkages and integration of</p> <p>(1) HIV interventions and services within maternal, neonatal and child health services (UNICEF, UNFPA, WHO);</p> <p>(2) PMTCT services into other sexual and reproductive health services (UNICEF, UNFPA);</p> <p>(3) HIV prevention, voluntary counselling and testing, family planning, ARVs for PMTCT and infant feeding (UNICEF, UNFPA, WHO);</p> <p>(4) infant and young children feeding and PMTCT programmes (UNICEF).</p> <p>J2. UNICEF, WFP, WHO</p> <p>a. Increase access to optimal ARV regimens for pregnant women, primary prevention with special attention to adolescent girls and optimal infant and young child feeding.</p> <p>J3. UNICEF, WHO</p> <p>a. Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems and integration of health care services by national governments, partners and civil society organisations into national responses.</p>	<p>unintended pregnancies among women living with HIV</p> <p>2. UNODC</p> <p>b. Advocate and promote provision of PMTCT services for women living in prisons and other closed settings.</p>
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Output A2.1.3 Implementation of PMTCT improved, including rural and urban areas										
Output indicators		Baseline			Target/Scope			Data source		Frequency
a. PMTCT strategy/plans explicitly address low level and concentrated epidemic settings and access to services are implemented.		To be established in 2012 for 2011 <i>(new indicator)</i>			Targets to be set using 2012 baseline			Joint UN Team survey		Annual
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,200	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,200
WHO	249,200	288,100	73,200	0	19,200	44,400	33,200	52,400	69,400	829,100
Subtotal Output A2.1.3	366,100	365,300	102,200	15,400	38,500	95,000	56,000	69,800	108,000	1,216,300
DELIVERABLES										
<p><u>Joint deliverables</u></p> <p>J1. UNICEF, UNFPA, WHO</p> <p>a. Provide policy, operational guidance and technical support to countries to improve bi-directional linkages and integration of</p> <p>(1) HIV interventions and services within maternal, neonatal and child health services (UNICEF, WHO);</p> <p>(2) PMTCT services into other sexual and reproductive health services (UNICEF, UNFPA);</p> <p>(3) HIV prevention, voluntary counselling and testing, family planning, ARVs for PMTCT and infant feeding (UNICEF, WHO);</p> <p>(4) Infant and young children feeding and PMTCT programmes (UNICEF).</p> <p>J2. UNICEF, WHO</p> <p>a. Ensure coordinated responses through strategic partnerships on key thematic areas including strengthening of community systems and integration of health care services by national governments, partners and civil society organisations into national responses.</p>					<p><u>Individual deliverables</u></p> <p>1. WHO</p> <p>a. Provide guidance and develop enhanced country capacity for surveillance, monitoring and evaluation of PMTCT programmes.</p>					

Output A2.1.4 Reliable information and monitoring systems established, and external donor support and technical assistance mobilized										
Output indicators			Baseline			Target/Scope		Data source	Frequency	
a. Effective national M&E system for the elimination of MTCT programme has been established for the collection, analysis dissemination and use of data			Baseline will be set by UNJT in countries in 2012 (<i>new indicator</i>)			Targets will be set using 2012 baseline/ UNJT reports		Joint UN Team survey	Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	116,900	77,200	29,000	15,400	19,300	50,600	22,800	17,400	38,600	387,200
WHO	124,600	266,700	73,200	0	9,600	44,400	44,400	52,400	69,400	684,700
Subtotal A2.1.4	241,500	343,900	102,200	15,400	28,900	95,000	67,200	69,800	108,000	1,071,900
Subtotal Outcome A2.1	2,154,200	1,355,400	482,000	84,700	181,000	462,000	267,900	246,100	430,300	5,663,600
DELIVERABLES										
<u>Joint deliverables</u> 1. UNICEF, WHO a. Lead advocacy and coordination efforts at global, regional and country level to promote elimination of MTCT initiative including through the inter-agency task team (ATT).					<u>Individual deliverables</u> 1. UNICEF a. Support evidence-based advocacy and mobilization of resources through analysis of elimination plans, programming approaches and strategic visioning. 2. WHO a. Provide guidance and develop enhanced country capacity for surveillance, monitoring and evaluation of PMTCT programmes. b. Support operational research on PMTCT in priority countries and link with national scale-up efforts.					

Outcome A2.2 In low and concentrated epidemic settings, HIV incidence reduced among women of reproductive age. Unmet need for family planning reduced; Anti-retroviral drugs provided to pregnant women with HIV; Coverage of care and support for HIV-infected mothers, infants and partners scaled up					
Outcome Indicators	Baseline		Target/Scope	Data source	Frequency
a. Percentage of HIV- positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	2010: 48% 2009: Number of women in low and concentrated epidemics: 56,612		> 50% by 2013, 90% by 2015 By 2015, all eligible HIV+ pregnant women in need of treatment (WHO 2010 guidelines) for their own health	Programme monitoring and HIV surveillance. Previously UNGASS #5, GARPR 3.1	Annual

Output A2.2.1 PMTCT service delivery decentralized and integrated into routine antenatal, delivery and postnatal care settings and other sexual and reproductive health services (e.g. family planning, management of sexually transmitted disease).										
Output indicators		Baseline			Target/Scope			Data source		Frequency
Percentage of pregnant women who are tested for HIV and receive their results -during pregnancy, during labour and delivery and during postpartum period (< 72 hours), including those with previously known HIV status		2009: estimated 26% of 125 million pregnant women in low-and middle-income countries received an HIV test 2008: 21 % 2005: 7% 2009: Approximately 51% of pregnant women testing positive were reported to have been assessed for eligibility to receive antiretroviral therapy for their own health. 2008: 34%			By 2013: 50% ; By 2015: 80%			Universal Access Country Report – Indicator Ref. 1.8		Annual
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	380,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,270,800
WFP	0	336,300	6,900	0	0	29,200	6,900	0	24,200	403,500
WHO	249,200	455,500	109,800	0	19,200	74,000	55,400	87,300	115,700	1,166,100
Subtotal Output A2.2.1	629,300	1,048,700	211,800	50,700	82,600	269,200	137,100	144,300	266,700	2,840,400
DELIVERABLES										
Joint deliverables J1. UNFPA, WHO a. Strengthen advocacy, guidance and capacity to integrate PMTCT into 1) health sector planning and 2) sexual and reproductive health services and to implement package of services.					Individual deliverables 1. UNICEF a. Support sub-national analysis of programme performance for better resource investment to achieve equitable access to services. b. Support innovation to PMTCT service delivery to improve access, quality and utilization. 2. WFP a. Integrate food and nutrition support within PMTCT programmes to increase adherence, treatment success and HIV-free survival. 3. UNODC a. Advocate and support countries to provide PMTCT services to female drug users and women living in and/or released from prisons and other closed settings.					

Output A2.2.2 Paediatric HIV treatment and care integrated into existing child health services and treatment programmes to address the needs of exposed and infected children.										
Output indicators			Baseline			Target/Scope			Data source	Frequency
a. National policy on the routine offer of testing children in inpatient settings, nutritional intervention settings at facility and community levels, and in immunization settings (generalized epidemics)			To be established based on 2012 data			By 2015:100%			Universal Access Country Report	Annual
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	62,700	41,800	13,800	0	5,800	46,100	4,600	6,500	27,700	209,000
UNICEF	378,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,268,800
WFP	96,100	192,000	0	0	0	0	0	0	0	288,100
WHO	124,600	170,300	73,200	0	19,200	22,200	22,200	26,200	34,700	492,600
Subtotal Output A2.2.2	661,500	661,000	182,100	50,700	88,400	234,300	101,600	89,700	189,200	2,258,500
DELIVERABLES										
Individual deliverables										
1. UNHCR										
a. Support the integration of PMTCT into maternal and child health programmes in refugee settings.										
2. UNICEF										
a. Invest in development of continuum of care models that adequately serve both mothers and children in effective care services.										
2. WFP										
a. Integrate provision of food and nutrition (specialised food products) support to child health service delivery particularly for HIV-exposed infants and children.										
3. WHO										
a. Support the integration of PMTCT into health sector planning.										

Output A2.2.3 PMTCT policy and programmes expanded, including antiretrovirals (prophylaxis and treatment for eligible women), sexual and reproductive health (including MHCH, family planning, STIs and GBV), primary prevention and nutritional support.						
Output indicators		Baseline		Target/Scope	Data source	Frequency
a. Percentage of infants born to HIV-infected women receiving any ARV prophylaxis for PMTCT in the first six weeks of life		2010: 42%		By 2015: 85%	Universal Access Country Report MoH health facility service provision records	Annual
b. Strengthened national capacity among community-based interventions for family planning		To be established in 2012 for 2011 (new indicator)		2012 UNJT survey to update baseline and set target	Joint UN Team survey (complemented with	Annual

										data from UNFPA COAR)
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	378,100	256,900	95,100	50,700	63,400	166,000	74,800	57,000	126,800	1,268,800
UNFPA	127,000	150,200	48,500	12,700	25,300	66,300	19,300	15,300	37,700	502,300
WHO	124,600	200,900	109,800	0	19,200	29,600	11,000	34,900	46,300	576,300
Subtotal Output A2.2.3	629,700	608,000	253,400	63,400	107,900	261,900	105,100	107,200	210,800	2,347,400
Subtotal Outcome A2.2	1,920,500	2,317,700	647,300	164,800	278,900	765,400	343,800	341,200	666,700	7,446,300
Total Goal A2	4,074,700	3,673,100	1,129,300	249,500	459,900	1,227,400	611,700	587,300	1,097,000	13,109,900
DELIVERABLES										
Joint deliverables					Individual deliverables					
J1. UNICEF, WFP					1. UNFPA					
a. Integrate provision of food and nutrition (specialised food products) support to child health service delivery particularly for HIV-exposed infants and children.					a. Provide advocacy and guidance to, and strengthen capacity of, countries to integrate PMTCT services into sexual and reproductive health services and to implement strategies and a package of services.					
J2. UNICEF, WHO					2.2 UNODC					
a. Support annual reporting on progress achieved towards the elimination of MTCT.					a. Advocate and promote provision of PMTCT services for women living in prisons and other closed settings.					
b. Support national and sub-national analysis of programme performance for better resource investment to achieve equitable access to services.					3. WHO					
					a. Provide support to countries to address their policy and programmatic needs to eliminate MTCT and as appropriate to incorporate ongoing strategies on elimination of congenital syphilis.					

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

Impact Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Percentage of people who inject drugs who are living with HIV	2010: IDU (n=60): 8% (0%to 63%) (Median/range)	By 2013, reduced to 6.5% By 2015, reduced to 5% ¹⁴	Sentinel surveillance survey Previously UNGASS #23, GARPR 2.5	Every 2-3 years

Outcome A3.1 Strengthened regulations, policies and legislative reforms, which are evidence-informed and human rights focused, and support harm reduction and drug dependence treatment services for people who use drugs¹⁵

Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Countries with laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for people who inject drugs	2010: NCPI A (Governments) a. All countries: 45% (n=78) ; b. UNAIDS countries: 47% (n=52) ; c. HIC: 50% (n=19) NCPI B(Civil society) b. All countries: 62% (n=106); b. UNAIDS countries: 62% (n=68) ; c. HIC: 66% (n=25)	2015: (a) Domestic action to influence laws and legal barriers in at least 50 countries; (b) Law successfully reformed in at least 20 countries. (reported by population group where possible)	NCPI 2012 ¹⁶ (A.III.Q2; B.III. Q2)	Every 2 years

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

Output Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Policy guidance and tools addressing the needs and vulnerability of people who use drugs have been adapted and implemented in the past 12 months.	48/94 countries (51%) of which 20 HICs (53%)	2013: 67% of which 30 HICs 2015: 80% of which 38 HICs	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
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¹⁴ In the absence of consistent incidence measurement across countries, reduction in prevalence, combined with increasing number of people tested for HIV and on ART can complement the picture on changes in incidence. Reduction in prevalence should not be reached at the cost of increased mortality (high stigma and low access to treatment can keep new infections high, and increase mortality).

¹⁵ In at least 20 countries.

¹⁶ Was previously NCPI 2010 Part A.I Q6 and Part B.I Q3: "Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups

UNDP	102,800	102,800	48,000	6,900	41,100	13,700	13,700	6,900	6,900	342,800
UNICEF	161,700	75,500	87,100	21,000	87,100	24,700	32,400	21,000	27,000	537,500
UNODC	575,000	230,000	230,000	57,500	172,500	172,500	115,000	230,000	172,500	1,955,000
Subtotal Output A3.1.1	839,500	408,300	365,100	85,400	300,700	210,900	161,100	257,900	206,400	2,835,300

DELIVERABLES

Joint deliverables

J1. UNICEF, UNODC

a. Advocate and assist countries in reviewing and adapting national legislation and policies concerning narcotic drugs, criminal justice, prison management and HIV, including the protection of young people who inject drugs and access to services.

J2. UNDP, UNODC

a. Support countries in protecting the human rights of people who use drugs, working in partnership with people who use drugs and their organisations and other civil society partners, to address the intersections of drug use and sexual transmission, including in prisons and closed settings.

Individual deliverables

1. UNODC

a. Provide technical assistance and build capacity of countries to review and align national policies and operational plans on illicit drugs and criminal justice with national HIV strategic plans.

2. World Bank

a. Finance large scale programmes for people who inject drugs in selected countries promoting the principle of meaningful participation with people who use drugs and their organisations and other civil society partners.

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Evidence informs public health approaches to HIV prevention, treatment and care services including drug dependence treatment for people who use drugs, and for people living in prisons and other closed settings	UCC survey 2011: People who use drugs: 46/95 countries (48%) of which 13 HICs (34% out of 38) People living in prisons and other closed settings: 75/95 countries (79%) of which 30 HICs (79% out of 38)	2013; At least 85 countries 2015: At least 100 countries	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	373,800	42,800	0	0	95,800	0	0	0	0	512,400
UNODC	1,150,000	345,000	115,000	86,300	86,000	57,500	115,000	57,500	57,500	2,069,800
World Bank	70,000	378,000	126,000	11,200	22,400	28,000	25,200	11,200	28,000	700,000

Subtotal Output A3.1.2	1,593,800	765,800	241,000	97,500	204,200	85,500	140,200	68,700	85,500	3,282,200
Subtotal Outcome A3.1	2,433,300	1,174,100	606,100	182,900	504,900	296,400	301,300	326,600	291,900	6,117,500

DELIVERABLES	
<p>Joint deliverables J1. UNODC, WHO a. Synthesize evidence and advocate for public health approaches for HIV prevention, treatment and care among people who use drugs (injection and non-injection), amphetamine-type stimulants and cocaine use, hazardous alcohol use and drug dependence treatment. J2. UNODC, World Bank a. Undertake synthesis and analysis of global epidemics of HIV among people who inject drugs conducted.</p>	<p>Individual deliverables 1. UNODC a. Support countries to strengthen their national M&E systems to track progress of the HIV response among people who use drugs and among people living in prison and other closed settings.</p>

Outcome A3.2 (i) Expanded needle and syringe programmes to regularly reach people who inject drugs; (ii) Expanded opioid substitution therapy to regularly reach people who inject opioids; (iii) Increased coverage of other evidence based drug dependence treatment services for people who use opioids and/or stimulant drugs; (iv) Expanded (doubled) access to timely and uninterrupted antiretroviral therapy for people using drugs and living with HIV, and for people in prisons and other closed settings who are living with HIV.				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of people injecting drugs who reported using sterile injecting equipment the last time they injected	80% (7%-99%) (Median/range) (n=50)	85% by 2013 and 90% by 2015	Behavioural surveillance or other special surveys GARPR 2.3	Every 2 years

Output A3.2.1 HIV prevention, treatment, care and support provided, with drug dependence treatment for people who use drugs, and HIV prevention, treatment, care and support provided for people living in prisons and other closed settings.				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Provision of comprehensive HIV services to people living in prisons	No available baseline	Increase the total number of countries by 15% (2013) and 30% (2015)	UNODC Corporate Results Framework; Special surveys	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	161,700	75,400	87,100	21,000	87,100	24,700	32,400	21,000	27,000	537,400
UNFPA	135,100	75,100	69,800	18,200	36,400	95,400	27,700	22,100	54,200	534,000
UNODC	1,725,000	1,725,000	1,006,300	201,300	805,000	603,800	402,500	603,800	402,500	7,475,200

UNESCO	145,500	191,100	52,400	4,100	35,800	41,700	47,300	8,900	21,300	548,100
WHO	249,200	413,900	365,800	0	383,400	14,800	44,400	17,500	23,200	1,512,200
Subtotal Output A3.2.1	2,416,500	2,480,500	1,581,400	244,600	1,347,700	780,400	554,300	673,300	528,200	10,606,900
Subtotal Outcome A3.2	2,416,500	2,480,500	1,581,400	244,600	1,347,700	780,400	554,300	673,300	528,200	10,606,900
Subtotal Goal A3	4,849,800	3,654,600	2,187,500	427,500	1,852,600	1,076,800	855,600	999,900	820,100	16,724,400
DELIVERABLES										
<p><u>Joint deliverables</u></p> <p>J1. UNICEF, UNFPA, UNODC, UNESCO a. Support countries to implement youth-friendly education, harm reduction and drug dependence treatment services.</p> <p>J2. UNFPA, UNODC, WHO a. Facilitate selection, approval, procurement and distribution of affordable prevention and treatment medicines and commodities for people who use drugs, including opioid substitution drugs, sterile injecting equipment and condoms, both in community and in prisons and other closed settings.</p> <p>J3. UNODC, WHO, World Bank a. Provide technical support to countries for setting targets, national strategic planning and strengthening services in collaboration with PLHIV and networks of people who use drugs, to deliver comprehensive HIV prevention, treatment and care including drug dependence treatment.</p> <p>J4. UNODC, WHO a. Provide guidance to countries on prevention and management of active viral hepatitis in the context of HIV infection including global case definition of chronic liver disease for use in resource-poor settings in an HIV context (main focus on people who inject drugs).</p>										

GOAL B1: Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment				
Impact Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of eligible adults and children currently receiving antiretroviral therapy	36% (33%-39%) (5,254,000 ¹⁷) Global number of children (<15) : 356,407 (2009) Global number of adults(15+) : 4,805,450 (2009) Global number of females : 1,859,745 (2009) Global number of males : 2,579,099 (2009)	By 2013: 11 million people living with HIV will receive ART. By 2015: 15 million people living with HIV will receive ART.	Programme monitoring and HIV surveillance Previously UNGASS #4; GARPR 4.1 MDG Indicator	Annual

Outcome B1.1 Increased delivery and access to timely and uninterrupted treatment, care and support for people living with HIV				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of adults and children with HIV known to be receiving treatment 12 months after initiation of antiretroviral therapy	Average global retention rate: 2010: 81% (Median/range) 86% (11%-100%) Males (n=77): (Median/range) 89% (38%-100%) Females (n=72): (median/range) 88% (50%-100%) Under 15 (n=64): (median/range) 90% (0%-100%) Over 15 (n=88): (median/range) 87% (50%-100%)	By 2015 (average global retention rate): 90%	Programme monitoring tools (cohort/group analysis forms; Antiretroviral therapy registers and antiretroviral therapy cohort analysis report form). UA report (pp.105-106 for 2010 data) Previously UNGASS#24; GARPR 4.2	Annual

Output B1.1.1 Global guidance adapted and implemented to achieve the five pillars of Treatment 2.0, including support for strategic information that measures effectiveness and impact, with particular focus on countries with high prevalence and low ART coverage.										
Output Indicators	Baseline	Target/Scope	Data source	Frequency						
a. UN joint teams provided technical assistance for implementation of Treatment 2.0	2011 UCC reporting: 45/77 countries (44%) of which 18 HICs (47%)	By 2013: 28 HICs; By 2015: 38 HICs	Joint UN Team Survey	Annual						
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total

¹⁷ Not all countries are able to provide disaggregated data. As a result, the total number of people receiving treatment is higher than the sum of disaggregated categories (gender and age).

UNHCR	347,200	231,500	99,200	0	31,100	207,500	23,100	37,700	179,900	1,157,200
UNICEF	181,500	145,300	62,700	33,500	41,800	108,700	29,300	37,600	104,500	744,900
WFP	96,100	240,200	0	0	0	0	0	0	0	336,300
WHO	1,121,400	1,589,900	585,300	0	239,700	229,400	155,200	270,600	358,700	4,550,200
Subtotal Output B1.1.1	1,746,200	2,206,900	747,200	33,500	312,600	545,600	207,600	345,900	643,100	6,788,600

DELIVERABLES

Joint deliverables

J1. UNICEF, WHO

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

J2. UNHCR, UNICEF, WFP, WHO

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

Individual deliverables

1. UNICEF

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

2. WHO

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

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

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

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	36,300	0	6,700	3,500	4,400	11,600	3,100	4,000	11,100	80,700
WHO	872,200	292,400	109,800	0	19,200	44,400	33,200	52,400	69,400	1,493,000
Subtotal Output B1.1.2	908,500	292,400	116,500	3,500	23,600	56,000	36,300	56,400	80,500	1,573,700

DELIVERABLES	
<p>Joint deliverables J1. UNICEF, WHO a. Provide revised guidelines and technical support on ART for HIV + adults and children; diagnosis, prevention and management of opportunistic infections and co-infections in adults and children and technical guidance on paediatric ARV product selection. b. Develop prioritized list of desired new ARV combinations and conduct focused advocacy with industry and other stakeholders.</p>	<p>Individual deliverables 1. WHO a. Maintain Essential Medicines List and Expression of Interest List; prequalify medicines and publish in the <i>WHO List of Prequalified Medicines</i>.</p>

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

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

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	72,600	24,100	8,800	4,700	5,900	15,200	4,100	5,300	14,600	155,300
WHO	872,200	279,500	73,200	0	28,800	44,400	33,200	52,400	69,400	1,453,100
Subtotal Output B1.1.3	944,800	303,600	82,000	4,700	34,700	59,600	37,300	57,700	84,000	1,608,400
Subtotal Outcome B1.1	3,599,500	2,802,900	945,700	41,700	370,900	661,200	281,200	460,000	807,600	9,970,700

DELIVERABLES

<p>Individual deliverables 1. UNICEF a. Provide operational guidance technical support, advocacy, and policy recommendations to countries to accelerate adoption of new Point of Care (POC) technologies for early infant HIV diagnosis (EID) and CD4. 2. WHO a. Provide global guidance and technical support on (1) Point of Care (POC) and other simplified diagnostics; (2) selection, procurement, use and maintenance of simplified laboratory technologies for diagnosis and monitoring, treatment of TB, HIV and viral hepatitis. b. Prequalify priority diagnostics and publish WHO List of Prequalified Diagnostics; include technical updates and external quality assessments; Serve as Secretariat for <i>Global Incidence Working Group</i> for development of validation protocols and training in countries.</p>
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Outcome B1.2 Increased Access to and availability of, affordable HIV-related commodities				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Weighted average ART drug treatment cost per patient in low and middle income countries	First line regimen: 155 (USD) Second line regimen 1678 (USD) (2009)	By 2013: First line regimen 150 (USD); Second line regimen 1215 (USD) By 2015: First line regimen 147 (USD); Second line regimen 984 (USD)	WHO, The Lancet, 2011 (Investment framework study group)	Annual

Output B1.2.1 National systems ¹⁸ strengthened to make use of TRIPS flexibilities, pooled procurement and local production, cost-reduction and financial sustainability for drugs, diagnostics and non-commodity costs (Pillar 3)				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National health system and plan contains key components to address the HIV epidemic (HIV medicines; HIV diagnostics; provision of condoms and other essential HIV commodities; and use of intellectual property policy and law, including TRIPS flexibilities)	New indicator: to be established using 2012 reporting	To be established in early 2013 using 2012 baseline	Joint UN Team Survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	0	24,100	8,800	4,700	5,900	15,200	4,100	5,300	14,600	82,700
UNDP	205,700	205,700	41,100	13,700	54,900	82,300	41,100	27,400	13,700	685,600
WHO	623,000	283,800	73,200	0	38,300	44,400	33,200	52,400	69,400	1,217,700
Subtotal Output B1.2.1	828,700	513,600	123,100	18,400	99,100	141,900	78,400	85,100	97,700	1,986,000

DELIVERABLES	
<p>Joint deliverables J1. UNICEF, WHO a. Publish global and regional trends in drugs and other commodities use. b. Provide advice on use of TRIPS flexibilities and other mechanisms to reduce cost of medicines and commodities.</p>	<p>Individual deliverables 1. UNDP a. Provide support to reduce cost through appropriate use of market mechanisms, TRIPS flexibilities and innovation policy. 2. WHO a. Act as Secretariat for the <i>AIDS Medicines and Diagnostics Network</i> of technical partners. b. Maintain and update <i>Global Price Reporting Mechanism</i> database and forecast global and regional demand for drugs and other commodities.</p>

¹⁸ Legislative, procurement and other systems

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. UNAIDS guidance on health service delivery was used to develop and/or review country policies and strategies or implement key actions without a formal, written national policy.	To be established in 2013 using 2012 data (and in 2014 for 2013, for the WHO guidance on health service delivery)	Target to be set using 2012 baseline	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	245,000	163,400	59,400	31,600	39,600	102,900	27,700	35,600	98,900	804,100
WFP	384,300	1,152,900	40,400	0	0	231,400	40,400	0	168,300	2,017,700
ILO	72,000	48,000	20,700	11,500	12,700	34,700	13,800	9,200	17,300	239,900
WHO	747,600	569,200	182,900	0	76,600	88,800	66,600	104,800	138,900	1,975,400
Subtotal Output B1.2.2	1,448,900	1,933,500	303,400	43,100	128,900	457,800	148,500	149,600	423,400	5,037,100

DELIVERABLES

Individual deliverables

- 1. UNICEF**
 - a. Strengthen capacity at facility and community-level to deliver care for children living with, and exposed to HIV.
 - b. Support countries in addressing stock outs and overstocks of ARV and their underlying causes.
- 2. WFP**
 - a. Integrate food and nutrition support with HIV treatment to increase treatment success and adherence, and reduce malnutrition.
- 3. ILO**
 - a. Foster demand for HIV testing as entry point to enhanced treatment and facilitate access to treatment through workplace engagement, with special focus on vulnerable workers in identified economic sectors.
- 4. WHO**
 - a. Provide guidance, tools, strategic information and technical support on (1) decentralized, integrated service delivery; (2) retention in care; (3) HIV testing algorithms, testing strategies, selection of HIV testing approaches, and testing for discordant couples; and (4) procurement and supply management.

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of HIV programme services estimated to be provided by civil society (<i>testing and counselling/ reduction of stigma and discrimination, clinical services</i>)	Data are country and context-specific.	Targets are country and context-specific. Targets will be determined by countries, based on baseline involvement of Civil Society in service delivery.	NCPI 2012 -BI.Q7	Every 2 years

ART/OI Home-based care/ Programmes for OVC)'										
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	145,200	109,900	26,400	14,100	17,600	45,700	12,300	15,800	44,000	431,000
ILO	133,800	89,100	38,500	21,400	23,600	64,400	25,600	17,100	32,100	445,600
UNESCO	115,000	122,700	50,700	1,800	76,400	16,400	60,200	0	16,900	460,100
WFP	509,200	1,008,800	40,300	0	0	231,400	40,400	0	168,300	1,998,400
Subtotal Output B1.2.3	903,200	1,330,500	155,900	37,300	117,600	357,900	138,500	32,900	261,300	3,335,100
Subtotal Outcome B1.2	3,180,800	3,777,600	582,400	98,800	345,600	957,600	365,400	267,600	782,400	10,358,200
DELIVERABLES										
Joint deliverables J1. UNICEF, WFP, WHO a. Strengthen community systems to ensure community engagement in developing testing and counselling strategies, service design and delivery, adherence and provision of care and support, including food and nutritional support to increase treatment success and adherence.					Individual deliverables 1. WFP a. Integrate food and nutrition support with HIV treatment to increase treatment success and adherence, and reduce malnutrition. 2. ILO a. Build capacity among world of work actors to support the implementation of comprehensive workplace policies that actively promote referrals of workers for early diagnosis of HIV and ART. 3. UNESCO a. Strengthen networks of teachers and learners living with HIV to realise their right to Universal Access. 4. WHO a. Strengthen knowledge of civil society on treatment (treatment literacy).					

Outcome B1.3 Equitable access to treatment, care and support for key populations is ensured and monitored by countries to inform policy and programme implementation				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage (and number) of eligible adults and children currently receiving antiretroviral therapy	2009 36% (33%-39%) (5,254,000) Global number of children (<15) : 356,407 Global number of adults(15+) : 4,805,450 Global number of females :	By 2013: 11 million people living with HIV will receive ART. By 2015: 15 million people living with HIV will receive ART.	Programme monitoring and HIV surveillance Previously UNGASS #4; GARPR 4.1 MDG Indicator	Annual

	1,859,745 Global number of males: 2,579,099		
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Output B1.3.1 Policies and programmes address equitable access to treatment, care and support for children, women and men, with a particular focus on key populations.

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National HIV plans include policies and programmes targeting key populations for equitable access to treatment, care and support	2010: All countries: 74% (n=128); UNAIDS countries: 69% (n=76) ; HIC: 63% (n=24)	2013 - UNAIDS countries: 77%; HICs: 85% 2015 –UNAIDS countries: 85%; HICs: 100%	NCPI 2012 (BIII.Q8) UNAIDS Secretariat review of national plans Joint UN Team Survey	NCPI- Every 2 years UNAIDS Secretariat review of national plans and Joint UN Team survey-Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	168,100	144,100	41,500	0	18,400	98,000	9,200	23,100	92,200	594,600
UNICEF	108,900	72,600	25,200	13,500	16,800	43,800	11,800	15,100	42,100	349,800
WHO	124,600	113,200	36,600	0	19,200	14,800	11,000	17,500	23,200	360,100
Subtotal Output B1.3.1	401,600	329,900	103,300	13,500	54,400	156,600	32,000	55,700	157,500	1,304,500

DELIVERABLES

Individual deliverables

1. UNHCR

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

2. UNICEF

a. Support countries in accelerating paediatric care and treatment scale up by strengthening national ownership, coordination and resource-mobilisation.

b. Provide operational guidance and technical support to improve guidance and tools on management of early infant diagnosis programs, develop systems to expedite the EID results to underserved areas and allow real-time tracking of ART referrals.

3. WFP

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

4. UNODC

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

5. WHO

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

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
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a. Disaggregated data on treatment and care is reported (by age, gender and key populations)	2010: 79% reported sex-disaggregated data (119/149 countries)	By 2015: All countries disaggregated for age and sex. All countries with generalized and concentrated epidemics for key populations	Review of Global and Universal Access report	Annual
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CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	72,600	48,400	17,600	9,400	11,700	30,500	8,200	10,600	29,300	238,300
WFP	96,100	288,200	0	0	0	0	0	0	0	384,300
WHO	124,600	304,000	109,800	0	57,500	44,400	22,200	52,400	69,400	784,300
Subtotal Output B1.3.2	293,300	640,600	127,400	9,400	69,200	74,900	30,400	63,000	98,700	1,406,900
Subtotal Outcome B1.3	694,900	970,500	230,700	22,900	123,600	231,500	62,400	118,700	256,200	2,711,400
Total Goal B1	7,475,200	7,551,000	1,758,800	163,400	840,100	1,850,300	709,000	846,300	1,846,200	23,040,300

DELIVERABLES

Joint deliverables

J1.1 UNICEF, WFP, WHO

- a. Support generation of country-specific strategic information to monitor access to services by key populations (including children and adolescents) and technical guidance to allow real-time tracking of ART referrals, expedite early infant HIV diagnosis (EID) results to underserved areas and document barriers to care.
- b. Technical support, to countries to identify bottlenecks to equitable access of ART for children and pregnant women, with an emphasis on M&E capacity building at the sub-national level.
- c. Provide technical guidance, tools and country support to monitor access to treatment for key populations, children and pregnant women, address bottlenecks; and document public health implications of policy and legislative barriers to access.

GOAL B2: TB deaths among people living with HIV reduced by half				
Impact Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Percentage of HIV positive tuberculosis patients who died by the end of tuberculosis treatment	450,000- 520, 000 (2004)	Reduced 36% by 2012 Reduced 50% by 2015	National TB Programme, M&E	Annual

Outcome B2.1 More people living with HIV diagnosed and receiving treatment for tuberculosis¹⁹				
Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	17% of estimated TB/ HIV cases received treatment for both TB and HIV in 2009; (or 34% of registered cases).	50% of HIV-positive incident TB cases for both TB and HIV are treated by 2013. 100% of all registered HIV positive TB cases by 2015	TB/HIV Programme Estimates WHO M&E guide for TB/HIV activities Previously UNGASS #6, GARPR 5.1	Annual

Output B2.1.1 Country systems strengthened and HIV/TB collaborative activities implemented to reduce the burden of TB and HIV for people living with HIV				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of adults and children enrolled in HIV care during the reporting period whose TB status was assessed and recorded during their last visit (WHO)	2010: 58% (based on 69 countries reporting data).	2013: 75%; 2015: 100%	TB/HIV M&E (pre-ART/ART register) WHO M&E guide for TB/HIV activities	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	71,800	47,900	0	0	55,400	61,300	0	0	0	236,400
ILO	97,000	64,800	27,900	15,500	17,100	46,700	18,600	12,400	23,400	323,400
WHO	124,600	154,700	54,900	0	28,800	22,200	0	26,200	34,700	446,100
Subtotal Output B2.1.1	293,400	267,400	82,800	15,500	101,300	130,200	18,600	38,600	58,100	1,005,900
Subtotal Outcome B2.1	293,400	267,400	82,800	15,500	101,300	130,200	18,600	38,600	58,100	1,005,900

¹⁹ Countries accounting for 85% of the global burden of HIV/TB: Brazil, Cameroon, China, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Rwanda, South Africa, Swaziland, Thailand, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

DELIVERABLES	
<p>Joint deliverables J1. UNICEF, UNODC, WHO a. Support the implementation of HIV/TB collaborative activities within national AIDS and TB planning and programmes and to integrate TB and HIV control efforts into other programmes. b. Engage the infected and affected community in a meaningful collaboration to address HIV and TB. J2. UNICEF, WHO a. Evaluate utility of new TB diagnostics to improve diagnosis of TB in HIV-infected children and develop guidelines for PMTCT/TB integration and scale-up in countries with high TB/HIV co-infection.</p>	<p>Individual deliverables 1. UNODC a. Advocate and provide technical assistance to countries to implement joint HIV/TB programme and activities and to ensure continuity of access for people who use drugs and for people living in and/or released from prisons and other closed settings. 2. ILO a. Support national and enterprise level structures to implement TB/HIV workplace programmes for vulnerable workers in specific sectors such as mining, health and construction. 3. WHO a. Build normative guidance and country capacity to monitor and evaluate collaborative TB/HIV activities and report TB deaths among people living with HIV as well as country, regional and global progress reporting of TB and HIV interventions.</p>

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

Output B2.2.1 Access to ART and IPT to prevent TB for all PLHIV who are eligible, and for all TB patients irrespective of CD4 count				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. TB screening and Isoniazid Preventive Therapy are part of the national health system and plan	2011 UCC Survey: 61/95 countries (64%) of which 22 HICs (58% out of 38)	75% of HICs by 2013 and 100% of HICs by 2015	Joint UN Team survey Government's HIV/AIDS and TB policies, plans and/or guidelines.	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WFP	0	480,400	15,000	9,200	9,200	87,200	15,000	0	56,500	672,500
WHO	498,400	513,200	219,500	0	76,600	74,000	33,200	87,300	115,700	1,617,900
Subtotal Output B2.2.1	498,400	993,600	234,500	9,200	85,800	161,200	48,200	87,300	172,200	2,290,400
Subtotal Outcome B2.2	498,400	993,600	234,500	9,200	85,800	161,200	48,200	87,300	172,200	2,290,400

DELIVERABLES	
<p>Joint deliverables J1. UNICEF, WFP, UNODC, WHO a. Collaborate to support the nationwide implementation of the 'Three Is' HIV/TB collaborative activities within national AIDS and TB programmes.</p>	<p>Individual deliverables 1. WHO a. Provide normative guidance and technical support to (1) decentralize HIV treatment and prevention using TB services and promote integration of TB and HIV services into primary health care; and (2) integrate TB prevention and diagnosis into maternal and child health services including PMTCT</p>

Outcome B2.3 Knowledge of HIV status among TB patients increased and burden of HIV reduced				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of TB patients who had an HIV test result recorded in the TB register	26% of all registered TB patients in 2009	100% of all registered TB patients. 80% of TB patients in countries know their HIV status.	TB/HIV Reporting	Annual

Output B2.3.1 HIV testing and counselling for TB patients expanded; HIV prevention, treatment and care provided by TB programmes				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Strengthened national capacity among key stakeholders for the implementation of TB or dual HIV/TB workplace policies and programmes	To be established in 2012 <i>(new indicator)</i>	To be established based on baseline	Joint UN Team survey (complemented with data from ILO)	Annual
b. Proportion of TB patients with known HIV status.	2,100,000 or 34% in 2010	100% by 2015	WHO Global TB Report	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WFP	221,000	1,056,900	28,800	18,400	18,400	160,300	28,800	0	129,500	1,662,100
ILO	226,400	150,900	65,200	36,200	40,000	109,000	43,500	29,000	54,500	754,700
WHO	497,800	224,200	109,800	0	38,300	29,600	22,200	34,900	45,900	1,002,700
Subtotal Output B2.3.1	945,200	1,432,000	203,800	54,600	96,700	298,900	94,500	63,900	229,900	3,419,500
Subtotal Outcome B2.3	945,200	1,432,000	203,800	54,600	96,700	298,900	94,500	63,900	229,900	3,419,500

DELIVERABLES

Individual deliverables

1. WFP

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

2. ILO

a. Support implementation of comprehensive HIV workplace policies and programmes that actively promote TB case-finding for workers living with HIV and voluntary counselling and testing for workers with TB in key sectors such as health, mines and construction.

3. WHO

a. Provide (1) normative guidance to integrate HIV prevention, treatment and care into TB services and (2) technical support for nationwide expansion of HIV testing to those with presumptive and confirmed TB.

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

Impact Indicators	Baseline	Target/Scope	Data source	Frequency
a. Proportion of the poorest households who received external economic support in the past 3 months	New indicator – first data in 2012	30% by 2013 and 60% by 2015	Population-based surveys such as Demographic and Health Survey, AIDS Indicator Survey, Multiple Indicator Cluster Survey or other nationally representative survey Previously UNGASS #10, GARPR 7.4	Every 3-5 years

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

Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Domestic and international aid spending by categories and financing sources on category 6: social protection and social services	2010: USD 74,578,497 (64/114 countries reporting 78% expenditure = domestic sources)	UNICEF/WHO Increased domestic spending in 8 out of 10 high prevalence countries	National AIDS Spending Assessment (NASA) Previously UNGASS #1, GARPR 6.1	Every 2 years

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection strengthened (same indicator as B3.1.2)	UCC 2011 survey: 93 countries responded B3.1.1: 63 (68%) of which 28 HICs (74% out of 38) B3.1.2: 53 (57%) of which 19 HICs (50% out of 38)	2013: B3.1.1: 77% of which 33 HICs ; B3.1.2: 63% of which 29 HICs 2015: B3.1.1: 85% of which 38 HICs ; B3.1.2: 70% of which 38 HICs	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	336,300	225,800	99,200	0	31,100	207,500	23,100	37,700	179,900	1,140,600
UNICEF	220,500	239,500	89,800	47,900	59,900	217,300	40,100	53,900	89,800	1,058,700
WFP	0	336,300	32,300	0	0	156,400	32,300	0	115,300	672,600

ILO	114,700	76,500	33,000	18,300	20,300	55,200	22,000	14,700	27,600	382,300
World Bank	70,000	302,400	22,400	11,200	11,200	89,600	6,700	4,500	56,000	574,000
Subtotal Output B3.1.1	741,500	1,180,500	276,700	77,400	122,500	726,000	124,200	110,800	468,600	3,828,200

DELIVERABLES

Joint deliverables

J1. UNHCR, UNICEF, WFP, World Bank

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

J2. UNICEF, WFP, ILO, World Bank

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

J3. ILO, WHO

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

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection (same indicator as B3.1.1)	UCC 2011 survey: 93 countries responded B3.1.1: 63 (68%) of which 28 HICs (74% out of 38) B3.1.2: 53 (57%) of which 19 HICs (50% out of 38)To be established in 2012 for 2011	2013: B3.1.1: 77% of which 33 HICs ; B3.1.2: 63% of which 29 HICs 2015: B3.1.1: 85% of which 38 HICs ; B3.1.2: 70% of which 38 HICs	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	432,400	288,200	138,400	0	34,600	276,700	45,000	46,100	179,900	1,441,300
UNICEF	436,100	95,800	35,800	19,200	24,000	86,800	16,000	21,600	36,000	771,300
WFP	269,000	384,400	27,600	0	0	133,800	27,600	0	99,200	941,600
UNDP	308,500	308,600	102,800	41,200	20,600	144,000	20,600	20,600	61,800	1,028,700
ILO	183,500	122,300	52,800	29,300	32,500	88,300	35,200	23,500	44,200	611,600
World Bank	70,000	302,400	22,400	11,200	11,200	89,600	6,700	4,500	56,000	574,000

Subtotal Output B3.1.2	1,699,500	1,501,700	379,800	100,900	122,900	819,200	151,100	116,300	477,100	5,368,500
Subtotal Outcome B3.1	2,441,000	2,682,200	656,500	178,300	245,400	1,545,200	275,300	227,100	945,700	9,196,700

DELIVERABLES

<p>Joint deliverables J1. UNICEF, WFP, UNDP, ILO, World Bank a. Strengthen and disseminate global evidence on HIV sensitive social protection. b. Develop guidance on HIV sensitive social protection.</p> <p>J2. UNICEF, WFP, UNDP, ILO, WHO, World Bank a. Create and implement advocacy campaigns to encourage increases in investment towards HIV-sensitive social protection.</p>	<p>Individual deliverables 1. UNHCR a. Advocate for systems of social standard and benefits to include all persons of concern including PLHIV in countries hosting forcibly displaced populations.</p> <p>2. World Bank a. Support countries to undertake analyses to improve the quality of HIV sensitive social protection programmes.</p>
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Outcome B3.2 National social protection plans and health care financing systems incorporate access to HIV prevention, treatment and care²⁰

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

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Written national health financing and/or social protection strategies in place which explicitly address(es) HIV	The baseline is zero, since data will include only those strategies developed or updated from 2012-2015.	Target to be determined based on 2012 data	UN Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
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²⁰ In 3 high burden middle income countries by 2013

UNICEF	126,700	97,700	32,800	17,500	21,900	79,500	14,700	19,700	32,900	443,400
WHO	37,400	22,700	10,900	0	11,500	0	0	0	6,900	89,400
World Bank	70,000	453,600	33,600	16,800	16,800	134,400	10,100	6,700	84,000	826,000
Subtotal Output B3.2.1	234,100	574,000	77,300	34,300	50,200	213,900	24,800	26,400	123,800	1,358,800

DELIVERABLES
<u>Joint deliverables</u> J1. UNICEF, WHO, World Bank a. Provide technical support to countries to address progressive health financing

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of total health expenditure that is paid out-of-pocket is less than 15%	46/190 countries (2009 data)	Target to be determined from 2012 data	WHO Global Health Expenditure Database (GHED)	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	143,700	47,900	17,900	9,600	12,000	43,400	8,000	10,800	18,000	311,300
WHO	87,200	89,500	25,500	0	26,800	14,700	11,100	17,500	16,100	288,400
World Bank	70,000	453,600	33,600	16,800	16,800	134,400	10,100	6,700	84,000	826,000
Subtotal Output B3.2.3	300,900	591,000	77,000	26,400	55,600	192,500	29,200	35,000	118,100	1,425,700
Subtotal Outcome B3.2	535,000	1,165,000	154,300	60,700	105,800	406,400	54,000	61,400	241,900	2,784,500

DELIVERABLES

<u>Joint deliverables</u> J1. UNICEF, WHO a. Advocate for (1) prepayment for health services and health insurance, and against excessive reliance on out-of-pocket expenditures as a means of financing HIV related health expenditure; and (2) broader availability of health care and improved efficiency and effectiveness in HIV service delivery esp. for key populations. J2. UNICEF, WHO, World Bank a. Document and publicize new and innovative ways to finance healthcare, focusing on HIV.

Outcome B3.3 People and households affected by HIV have increased access to care, protection and support ²¹				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
<p>a. Percentage of orphaned and vulnerable children, aged 5-17 years, who receive free basic support through schools [Based on UNGASS #10. Subsequently disaggregated into three separate school-based indicators to identify three support services:</p> <ul style="list-style-type: none"> Percentage of orphaned and vulnerable children, aged 5-17 years, who receive bursary support through the school Percentage of orphaned and vulnerable children, aged 5-17 years, who receive emotional/psychological support through the school Percentage of orphaned and vulnerable children, aged 5-17 years, who receive social support, excluding bursary support, through the school 	New indicator being field tested in 4 countries (integration into school-based surveys will depend on results). Baseline to be provided in early 2013.	50% of OVCs aged 5-17 in school in high prevalence countries receive at least 2 of the 4 forms of support through school-based programmes by 2013 By 2015: 70%	UNESCO (Global Monitoring & Evaluation Framework for Comprehensive Education Responses to HIV and AIDS)	Every 3-4 years

Output B3.3.1 National HIV/AIDS strategies are reviewed and incorporate comprehensive responses to care, protection and support including for key populations										
Output Indicators	Baseline		Target/Scope		Data source			Frequency		
a. Refugees have equal access to ART as the host population	December 2011:93% (UNHCR HIS, camp only)		2015: 100%		Joint UN Team survey/ CRF UNHCR			Annual		
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	336,300	225,800	99,200	0	31,100	207,500	23,100	37,700	179,900	1,140,600
UNICEF	337,300	289,300	104,700	55,800	69,800	253,400	46,800	62,800	104,700	1,324,600
ILO	84,100	56,100	24,200	13,500	14,900	40,500	16,100	10,800	20,200	280,400
Subtotal Output B3.3.1	757,700	571,200	228,100	69,300	115,800	501,400	86,000	111,300	304,800	2,745,600
DELIVERABLES										
<p>Joint deliverables J1. UNICEF, WFP, WHO a. Review national strategies to ensure comprehensive care and support for AIDS-affected families and children. J2. UNICEF, WHO a. Document and share research undertaken on changing care and support landscape in relation to treatment.</p>					<p>Individual deliverables 1. UNHCR a. Support the inclusion of populations affected by humanitarian situations in national HIV strategies. 2. UNICEF a. Provide support to countries to strengthen their national M&E system for social protection, care and support. 3. ILO a. Develop national workplace strategies to tackle workplace stigma and discrimination and forge</p>					

²¹ In 3 out of 6 selected countries.

	<p>partnerships to enhance care and support.</p> <p>4. WHO</p> <p>a. Provide normative guidance and technical support for the review and revision of national palliative care strategies and responses.</p>
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Output B3.3.2 Strengthened national care and support systems (both government and non-governments)

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Number and percentage of HIV care and treatment clients vulnerable to food insecurity referred from clinical facilities to food security services	To be established in 2012 for 2011 <i>(new indicator)</i>	Target to be set using 2011 baseline	Routine programme and clinic records, including referrals to food security services	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	287,400	287,400	107,800	57,500	71,800	260,800	48,100	64,600	107,800	1,293,200
WFP	0	144,100	20,800	0	0	90,700	20,800	0	60,000	336,400
UNESCO	96,700	136,900	30,400	2,200	17,900	34,900	16,700	3,700	32,600	372,000
Subtotal Output B3.3.2	384,100	568,400	159,000	59,700	89,700	386,400	85,600	68,300	200,400	2,001,600
Subtotal Outcome B3.3	1,141,800	1,139,600	387,100	129,000	205,500	887,800	171,600	179,600	505,200	4,747,200
Total Goal B3	4,117,800	4,986,800	1,197,900	368,000	556,700	2,839,400	500,900	468,100	1,692,800	16,728,400

DELIVERABLES

<u>Joint deliverables</u>	<u>Individual deliverables</u>
<p>J1. UNICEF, WFP, UNESCO</p> <p>a. Provide technical assistance for government and civil society to strengthen national care, protection and support systems for HIV affected children, young people and families.</p>	<p>1. UNODC</p> <p>a. Advocate, promote and build capacity of national partners including civil society organizations to provide social protection services, including reintegration and rehabilitation programmes, for people who use drugs and for people living in and/or released from prisons and other closed settings.</p>

GOAL C1: Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half				
Impact Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Punitive laws and regulations around HIV, sex work, drug use or homosexuality reduced	116 criminalise aspect of sex work; 79 countries and territories worldwide criminalise same-sex sexual relations; 32 have laws allow death penalty for drug-related offences	2015: Domestic action to influence laws and legal barriers in at least 50 countries	GNP+, IHRA, ILGA, IPPF and UNAIDS database; (<i>Making the law work for the HIV response</i>)	Annual
b. Non-discriminatory laws or regulations for key populations enacted	2010 NCPI A (Governments) All countries: 62% (n= 106); Countries in which UNAIDS works: 65% (n= 71); HIC : 68% (n=26) NCPI B (Civil Society) All countries: 65% (n= 112); Countries in which UNAIDS works: 69% (n=76); HIC: 76% (n=29)	2015: (a) Domestic action to influence laws and legal barriers in at least 50 countries; (b) Law successfully reformed in at least 20 countries. (reported by population group where possible)	NCPI 2012 A III.Q1.1 and B III.Q1.1.	Every 2 years

Outcome C1.1 Parliamentarians and governments in an increasing number of countries with legal barriers that hinder access to HIV prevention, treatment, care and support actively promote proposals for reform, including attention to specific needs of women, young people, refugees, IDP, MSM, sex workers and migrants				
Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. National parliamentary discussions and governments actively consider and/or take steps towards the removal of legal barriers hindering access to HIV prevention, treatment and support for key populations	Baseline will be collected in 2012 (<i>new indicator</i>)	Target will be set using 2012 baseline.	Joint UN Team Survey	Annual

Output C 1.1.1 Movements for HIV related law reform are catalyzed and/or supported				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National capacity among policy-makers, law-makers, key populations and communities affected to advocate for reforms in country laws and practices strengthened	Baseline will be set by UNJT in 2012	Target to be set using 2012 baseline	Joint UN Team Survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	28,800	22,100	9,200	0	3,500	13,800	5,400	4,600	11,500	98,900
UNICEF	36,000	16,800	19,400	4,700	19,500	5,500	7,300	4,700	6,000	119,900
UNDP	411,400	411,400	82,300	54,900	54,900	164,600	27,400	54,900	109,700	1,371,500
UNFPA	144,000	50,100	80,800	21,100	42,200	110,500	32,100	25,600	62,800	569,200
ILO	92,900	47,100	20,300	11,300	12,500	34,000	13,500	9,000	17,000	257,600
WHO	124,600	112,900	36,600	0	28,800	14,800	11,000	17,500	23,200	369,400
Subtotal Output C1.1.1	837,700	660,400	248,600	92,000	161,400	343,200	96,700	116,300	230,200	2,786,500
DELIVERABLES										
Joint deliverables										
J1. UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank										
a. Strengthen and update evidence base on HIV and law reform, and make it available to key stakeholders.										
b. Facilitate dialogue between parliamentarians, human rights bodies, the judiciary, legal profession, religious leaders, public health leaders, civil society and key populations.										
c. Advocate for under 18-year-olds to have the right to the full participation in society, including access to anonymous and confidential HIV testing.										
J2. UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank										
a. Build partnerships with PLHIV, civil society and human rights activists in support of advocacy for legal reform and to 'know your rights'.										

Output C 1.1.2 National coalitions for relevant law and regulation reform are actively advocating for removal of legal barriers to HIV prevention, treatment, care and support including attention to specific needs of women, young people, refugee, MSM, sex workers, IDPs and migrants				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National coalitions actively advocate for the removal of legal barriers to HIV prevention, treatment, care and support	Baseline will be collected in 2012 <i>(New indicator)</i>	Target will be set using 2012 baseline	Joint UN Team survey	Annual
b. Legislation in place and protecting persons of concern from mandatory testing for HIV	December 2011: 57%	By 2015: 90%	CRF UNHCR	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	143,300	95,000	0	0	0	120,300	0	0	120,400	479,000
UNDP	102,800	102,800	20,600	13,700	13,700	41,100	6,900	13,700	27,400	342,700
UNFPA	51,600	50,100	22,100	5,800	11,500	30,200	8,800	7,000	17,100	204,200
ILO	113,700	65,800	28,400	15,800	17,500	47,500	19,000	12,600	23,800	344,100
UNESCO	61,800	78,700	21,900	1,800	14,100	18,700	17,900	4,600	9,600	229,100
Subtotal Output C1.1.2	473,200	392,400	93,000	37,100	56,800	257,800	52,600	37,900	198,300	1,599,100
Subtotal Outcome C1.1	1,310,900	1,052,800	341,600	129,100	218,200	601,000	149,300	154,200	428,500	4,385,600
DELIVERABLES										
Joint deliverables										
J1. UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO										
a. Build capacity in countries to undertake legislative review and reform punitive laws to (1) implement the ILO HIV and AIDS recommendation, (2) address needs of people who use drugs and people living in prisons and other closed settings, (3) address the needs of populations in humanitarian settings, (4) the rights of men having sex with men, sex workers and transgender populations, (5) address age of consent laws and (6) include rights to health, education and access to anonymous, confidential HIV testing and counselling for under 18 year-olds and (7) take action to deal with the negative consequences of punitive laws and practices.										

Outcome C1.2 Stigma and discrimination reduced and access to justice increased for people living with HIV and other key populations in all countries				
Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Percent of the general population with accepting attitudes toward PLHIV	Male: 19.2% (0.3%-60.5%) Female: 12.0% (0.7%-56.4%)	2015: In at least 50 countries, HIV responses are comprehensively addressing access to justice for PLHIV and other key populations and reducing stigma and discrimination.	Population-based survey, Demographic and Health Survey (DHS), BSS, Population-based survey tools, such as the AIDS Indicator Survey (AIS). (previous UNGASS #14)	Every 2 years

Output C1.2.1 Evidence on stigma and discrimination and its impact is developed, updated and used to inform programmes and policies in countries, with key populations acting as change agents in all countries (and in relevant global forums and processes)										
Output Indicators			Baseline	Target/Scope	Data source	Frequency				
a. Stigma Index report published			2010: 14/79 countries UNJT to set their own baseline	Global target 2013: 44 countries; 2015: 64 countries UNJT to set their own targets	Joint UN Team Survey	Annual				
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	24,000	24,000	6,900	0	2,300	11,500	2,300	3,700	6,900	81,600
UNDP	257,200	257,200	51,400	34,400	34,400	103,000	17,200	34,400	68,600	857,800
UNFPA	41,100	35,000	18,600	4,900	9,700	25,400	7,400	5,900	14,400	162,400
ILO	30,600	20,500	8,800	4,900	5,400	14,700	5,900	3,900	7,400	102,100
UNESCO	82,300	105,000	29,200	2,400	18,800	25,000	23,800	6,200	12,800	305,500
WHO	0	12,800	0	0	28,800	0	0	0	0	41,600
Subtotal Output C1.2.2	435,200	454,500	114,900	46,600	99,400	179,600	56,600	54,100	110,100	1,551,000
DELIVERABLES										
Joint deliverables J1. UNDP, UNODC, ILO, UNESCO a. Strengthen country capacity to provide evidence to address stigma and discrimination towards key populations, especially (1) on the needs, rights and responses in the education sector; (2) in key sectors employing vulnerable workers; and (3) among people who use drugs and people in closed settings. J2. UNHCR, WHO a. Provide tools, guidance and training to address stigma and discrimination in the health sector, and reduce stigma and discrimination towards PLHIV in humanitarian situations. J3. UNDP, UNFPA a. Support legislative review and mapping of HIV-related laws affecting men who have sex with men, sex workers, transgender people and people who inject drugs.					Individual deliverables 1. UNDP a. Strengthen community capacity of key populations to challenge stigma and discrimination towards people with HIV and populations affected by HIV, including through south-south learning and exchange					

Output C1.2.2 Access to HIV-related legal services and legal literacy increased for people living with HIV, for key populations and for women										
Output Indicators	Baseline			Target/Scope			Data source		Frequency	
a. [Number of countries with] Legal support services for PLHIV include at least one: i. Legal aid systems/services for HIV casework, ii. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV, iii. Programmes to educate, raise awareness among people living with HIV, key populations and women on their rights	2010: (i) 44% (n=76); UNAIDS countries: 43% (n=47); HIC: 63% (n=24) (ii) 35% (n=60); UNAIDS countries: 38% (n=42); HIC: 61% (n=23) (iii) 77% (n=132); UNAIDS countries: 86% (n=95); HIC: 89% (n=34)			Action taken in at least 30 countries to increase access to justice programming for PLHIV, other key populations and women.			NCPI 2012 BIII. Q12 (a and b) and 11 (a) UNAIDS Secretariat		NCPI- every 2 years UNAIDS Secretariat- Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	308,500	308,500	61,700	41,100	41,100	123,400	20,600	41,100	82,300	1,028,300
ILO	152,900	102,000	44,000	24,500	27,000	73,600	29,400	19,600	36,800	509,800
UNESCO	267,600	341,100	94,900	7,800	61,200	81,200	77,400	20,000	41,700	992,900
Subtotal Output C1.2.3	729,000	751,600	200,600	73,400	129,300	278,200	127,400	80,700	160,800	2,531,000
Subtotal Outcome C1.2	1,164,200	1,206,100	315,500	120,000	228,700	457,800	184,000	134,800	270,900	4,082,000
Total Goal C1	2,475,100	2,258,900	657,100	249,100	446,900	1,058,800	333,300	289,000	699,400	8,467,600
DELIVERABLES										
J Joint deliverables										
J1. UNDP, ILO, UNESCO										
a. Strengthen country capacity to expand access to legal services and legal literacy for PLHIV, other key populations and vulnerable groups.										

GOAL C2 HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions				
Impact Indicators	Baseline	Target/Scope	Data source	Frequency
a. Discriminatory HIV travel-related restrictions in effect	As of July 2011 - Globally: 48 countries, territories and areas	Global: end-2013: 40 countries, territories and areas; end-2015: 30 countries, territories and areas	Special surveys of UNAIDS regional and country offices UNAIDS Secretariat / Joint UN Team survey	Annual

Outcome C2.1 Parliamentarians and governments in an increasing number of countries with discriminatory HIV-related travel restrictions are actively considering proposals for reform				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Proposals for legal, regulatory or policy reform are tabled in parliament (or relevant national forum) to remove discriminatory HIV-related travel restrictions	In 2011, 24 / 96 countries (25%) of which 6 HICs (16% out of 38) responded 'Yes'	2013: 30 countries, territories and areas. 2015: 40 countries, territories and areas.	Joint UN Team Survey	Annual

Output C2.1.1 National coalitions for relevant law and regulation reform are actively advocating for removal of discriminatory HIV-related travel restrictions created including attention to HIV related services for migrants				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National coalitions actively advocate for the removal of discriminatory HIV-related travel restrictions	In 2011, 21/96 countries (22%) of which 5 HICs (13% out of 38) responded 'Yes'	2013: 30 countries, territories and areas. 2015: 40 countries, territories and areas.	Joint UN Team Survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	33,600	28,800	11,500	0	4,600	13,800	4,600	6,900	16,100	119,900
UNDP	51,400	51,400	10,300	6,900	6,900	20,600	3,400	6,900	13,700	171,500
ILO	80,300	67,800	29,300	16,300	18,000	48,900	19,500	13,000	24,500	317,600
UNESCO	50,200	64,200	17,000	1,500	11,900	15,400	13,700	3,700	8,500	186,100
Subtotal Output C2.1.1	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100

Subtotal Outcome C2.1	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100
Total Goal C2	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100
DELIVERABLES										
<u>Joint deliverables</u> J1. UNDP, ILO, UNESCO a. Educate key stakeholders and influencers in countries with restrictions, and facilitate dialogue to build national coalitions for relevant law and regulation reform.					<u>Individual deliverables</u> 1. UNHCR a. Advocate for removal of travel restrictions on PLHIV, for populations affected by humanitarian situations (as per UNHCR's <i>Note on HIV and Protection</i>). 2. UNDP a. Strengthen country capacity to undertake legislative review, reform punitive laws and practices, and to deal with their negative consequences. 3. ILO a. Strengthen country capacity to implement Recommendation 200 which states that migrant workers should not be excluded from migration on the basis of their real or perceived HIV status.					

GOAL C3 HIV-specific needs of women and girls are addressed in at least half of all national HIV responses				
Impact Indicators	Baseline	Target/Scope	Data source	Frequency
a. Percentage of young women aged 15-24 who are living with HIV	0.6% (2009 prevalence estimates for young women aged 15-24) Note: rate is 0.3% for men of the same age.	By 2015: Prevalence reduced by 30%	ANC sentinel survey (gen epidemic) Sero-prevalence surveys, IBBS, DHS+ Previously UNGASS #22, 23; GARPR 1.6. MDG indicator.	Every 2 years

Outcome C3.1 Gender-transformative HIV strategies are operationalized, as part of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010–2014)				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Positive score on measurements in the <i>Agenda for women and girls</i> Scorecard	zero (2011)	90% of the reporting countries demonstrate progress in at least 3 markers both by 2013 and again by 2015, and for any of the markers relevant for each country.	Analysis of scorecard on Gender Equality in National HIV Responses	Annual

Output C3.1.1 Strategic actions for women and girls are incorporated into national AIDS strategic plans, with appropriate budgets for implementation, monitoring and evaluation				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National multisectoral HIV strategy includes a specific component and budget for Women.	2010: All countries: 80%(n=137) of countries Included women in HIV strategy and 46% (n=79)has a specific HIV budget UNAIDS countries: 90%(n=99) included women in HIV strategy and 57%(n=63) has a specific HIV budget HIC: 92% (n=35) included women in HIV strategy and 74% (n=28) has a specific HIV budget	2015: 80% (of the countries reporting)	NCPI 2012 Part A.I Q1.2	Every 2 years]
b. Networks of women living with HIV participate in the formal planning and review mechanism of the national response to HIV	2011: 62 (66% of 94) of which 26 HICs	2013:75% of which 32 HICS 2015: 85% of which 38 HICs	Scorecard on Gender Equality in National HIV Responses	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	139,600	109,800	77,200	0	0	92,200	0	0	79,600	498,400

UNDP	205,700	205,700	41,100	27,400	27,400	82,300	27,400	27,400	41,100	685,500
UNFPA	338,700	160,200	181,000	47,300	94,400	247,500	71,900	57,300	140,600	1,338,900
Subtotal Output C3.1.1	684,000	475,700	299,300	74,700	121,800	422,000	99,300	84,700	261,300	2,522,800

DELIVERABLES

Joint deliverables

J1. UNFPA, UNICEF, WFP, UNDP, UNODC, UNESCO, ILO, WHO

a. Undertake consultative processes in countries to (1) identify key issues faced by women and girls in the context of HIV; (2) support the implementation of the *UNAIDS Agenda for Women and Girls*.

Individual deliverables

1. UNICEF

a. Provide technical support to develop gender-sensitive national plans.

2. UNDP

a. Promote an enabling environment to achieve gender equality supported by laws, policies and national HIV and development plans addressing the gender dimensions of HIV.

3. UNFPA

a. Strengthen advocacy, guidance and capacity to integrate gender equality and empowerment of women and girls into national AIDS plans, including access to sexual and reproductive health services, education, economic opportunities and rights-based programmes.

4. UNESCO

a. Increase access to and completion of secondary education for girls and young women.

5. WHO

a. Strengthen evidence on gender-based inequities in HIV and support the implementation of tools, guidelines and monitoring.

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

Output Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Government entities responsible for gender and women's issues have included HIV in operational planning and budgeting	2011: 28 (30% of 94) of which 12 HICs	2013: 45% of which 24 HICs 2015: 60% of which 35 HICs	Scorecard on Gender Equality in National HIV Responses	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	432,400	288,200	138,400	0	34,600	276,700	45,000	46,100	179,900	1,441,300
UNDP	205,700	205,700	41,100	27,400	27,400	82,300	27,400	27,400	41,100	685,500
UNFPA	293,000	100,100	164,800	43,100	86,000	225,400	65,500	52,200	128,100	1,158,200
UNESCO	368,500	470,800	122,300	10,600	71,900	118,200	82,300	37,200	60,200	1,342,000
WHO	124,600	172,200	36,500	0	0	29,600	11,000	34,900	46,300	455,100
Subtotal Output C3.1.2	1,424,200	1,237,000	503,100	81,100	219,900	732,200	231,200	197,800	455,600	5,082,100

DELIVERABLES
<p>Individual deliverables</p> <p>1. UNHCR a. Include the reproductive health rights and HIV needs of women and girls affected by humanitarian situations in national gender plans, and advocate for adequate resources allocation for implementation, monitoring and evaluation.</p> <p>2. UNFPA a. Provide advocacy, guidance, capacity strengthening, and technical assistance to countries at policy, systems, and service-delivery levels, to assess HIV, sexual and reproductive health bi-directional linkages, identify gaps, develop and implement related plans to strengthen them.</p> <p>3. UNDP a. Support the integration of the gender dimension of HIV into laws, policies and national gender plans, including KYE/KYR, the role of men and boys, and the link between the needs of women and girls and sexual minorities.</p> <p>4. UNODC a. Support countries to address the needs of female drug users and prisoners through gender-based situation and needs assessments, comprehensive HIV services, M&E tools and strategic information.</p> <p>5. UNESCO a. Support countries to ensure that (1) the needs of women and girls in relation to HIV are addressed and monitored in national education sector responses, and (2) comprehensive sexuality education addressing gender inequalities and inequities is delivered.</p> <p>6. WHO a. Support countries to create an enabling environment for women's rights and empowerment in countries through evidence-based advocacy capacity building and resources.</p>

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

Output Indicators	Baseline	Target/ Scope	Data source	Frequency
a. National capacity among civil society organizations and networks in promoting gender equality including to engage men and boys strengthened.	New indicator: to be established in 2012	Target to be set using 2012 baseline	Joint UN Team survey (complemented with data from UNFPA & Women and Girls Scorecard)	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNICEF	144,700	109,700	77,200	0	0	92,200	0	0	79,700	503,500
UNDP	308,500	308,500	61,700	41,100	41,100	123,400	41,100	41,100	61,700	1,028,200
UNFPA	213,300	60,100	122,800	32,100	64,000	167,800	48,800	38,900	95,400	843,200
ILO	147,000	100,000	43,300	24,000	26,500	72,300	28,800	19,200	36,100	497,200
UNESCO	157,900	201,700	52,400	4,500	30,800	50,700	35,300	16,000	25,800	575,100
Subtotal Output C3.1.3	971,400	780,000	357,400	101,700	162,400	506,400	154,000	115,200	298,700	3,447,200
Subtotal Outcome C3.1	3,079,600	2,492,700	1,159,800	257,500	504,100	1,660,600	484,500	397,700	1,015,600	11,052,100

DELIVERABLES	
<p><u>Joint deliverables</u></p> <p>1. UNFPA, UNDP</p> <p>a. Advocate for and promote the engagement of women's groups, grass-roots organizations, organizations of women living with HIV, and key populations in designing, implementing, monitoring and evaluating HIV policies and programmes (using a gender transformative approach).</p> <p>2. UNFPA, UNESCO</p> <p>a. Strengthen capacity of governments to engage men and boys through gender equality and comprehensive sexuality education programmes challenging traditional gender norms and unequal gender relations.</p>	<p><u>Individual deliverables</u></p> <p>1. UNICEF</p> <p>a. Support civil society actions to reduce gender-based violence against girls through the 'Together for Girls' initiative.</p> <p>2. ILO</p> <p>a. Strengthen the capacity of employers and workers organizations to address the HIV specific needs of women and girls including through the engagement of men and boys.</p>

GOAL C4: Zero tolerance for gender-based violence				
Impact Indicators	Baseline	Target/Scope	Data source	Frequency
a. Proportion of ever married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Baseline in 2012 from first round of reporting	Target will be set using 2012 baseline	Population based surveys already being used within countries, such as WHO Multi-country surveys, DHS/AIS (domestic violence module)*, International Violence Against Women Surveys (IVAWS) GARPR 7.2	Every 3-5 years

Outcome C4.1 HIV strategies and programmes integrate GBV and HIV with actions and resources that address and prevent both pandemics in an integrated manner				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Policy, law or regulation to reduce violence against women and men including sexual assault are in place.	38% (31 of 81 countries) address gender-based violence in health sector policy ²²	50% of countries in 2013 60% of countries in 2015	NCPI 2012 BIII.Q3	Every two years
b. An IEC strategy on HIV for the general population that includes messaging to fight violence against women implemented	2010 All countries: 74% (n=128); UNAIDS countries: 82% (n=90); HIC:89% (n=34) (note: 75% of countries reported to have included fighting against VAW in their IEC messages)	2013: 146 countries (85%) 2015: 155 countries (90%)	NCPI 2012 AIV.Q1	

Output C4.1.1 Evidence on GBV and HIV linkages is collected, shared and used to address GBV within national HIV strategies and/or to review or develop new strategies, and range of actors linking GBV and HIV is increased										
Output Indicators	Baseline			Target/Scope		Data source			Frequency	
a. Country-specific data on the links between gender-based violence and HIV that is collected and available	15/94 (16%) of which 10 HICs			2013: 25% of which 20 HICs 2015: 40% of which 30 HICs		Scorecard on Gender Equality in National HIV Responses			Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	57,600	43,200	13,800	0	13,800	23,100	8,100	13,800	23,400	196,800
UNICEF	244,400	159,600	122,800	0	0	146,600	0	0	126,800	800,200
UNDP	289,700	163,700	34,800	23,200	23,200	69,700	23,200	23,200	34,800	685,500

²² From June 2011 PCB report on gender sensitivity of AIDS responses (p. 41)

UNFPA	72,300	64,100	32,200	8,400	16,800	44,000	12,800	10,200	25,000	285,800
ILO	66,200	44,100	19,100	10,600	11,700	31,800	12,700	8,500	15,900	220,600
UNESCO	66,400	85,700	23,900	1,900	10,500	19,700	16,200	7,900	5,200	237,400
WHO	124,600	58,700	18,300	0	9,600	7,400	0	8,700	11,500	238,800
Subtotal Output C4.1.1	921,200	619,100	264,900	44,100	85,600	342,300	73,000	72,300	242,600	2,665,100
Subtotal Outcome C4.1	921,200	619,100	264,900	44,100	85,600	342,300	73,000	72,300	242,600	2,665,100

DELIVERABLES

Joint deliverables

J1. UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO

a. Support the consolidation, analysis, promotion and use of country-specific qualitative and quantitative evidence and programmatic guidance on the association of GBV and HIV, including work on the global initiative on violence against women, GBV towards sex workers, transgender people, women who use drugs and marginalized adolescent girls, GBV in populations affected by humanitarian situations, and homophobic bullying in school settings.

J2. UNDP, UNFPA

a. Increase capacity of governments and civil society to scale up programming and address GBV-related needs of women and girls.
b. Provide support to implement set of actions (including SRH, condom programming and tackling stigma and discrimination) to address and prevent violence against women, including sex workers and transgender people.
c. Work with UN Women and the UNiTE campaign to support (1) efforts to address GBV among LGBTs; (2) organizations engaging men and boys as partners for the empowerment of women; and (3) transformation of gender norms, gender equality and human rights.

Individual deliverables

1. UNICEF

a. Contribute to communications and public awareness campaigns to draw attention to GBV and motivate changes in societal, gender norms and behaviours.

2. ILO

a. Build capacity in labour ministries and employers' and workers' organisations to develop workplace policies and programmes which address zero tolerance for sexual harassment in and advocate against gender based violence.

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

Outcome Indicators	Baseline	Target/ Scope	Data source	Frequency
a. Service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped & experienced incest	Baseline to be established for 2012	Target to be set using 2012 baseline (with specific analysis of situation in hyper-endemic countries)	Joint UN Team Survey	Annual

Output C4.2.1 Countries integrate GBV in their multisectoral HIV strategies and plans										
Output Indicators	Baseline			Target/Scope			Data source		Frequency	
a. Legislation and/or policies addressing violence against women and gender equality have been reviewed or developed.	2011 UCC survey: 94 countries responded to question 'Have legislation and/or policies addressing violence against women and gender equality scorecard been reviewed or developed in the last 24 months' 54 (57%) – Yes 35 (37%) - Legislation already in place			Legislation in place in countries: 2013 (45%); 2015 (55%)			Joint UN Team Survey		Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	92,200	61,500	28,800	0	32,300	28,800	18,400	14,200	31,100	307,300
UNICEF	64,900	39,900	31,000	0	0	36,900	0	0	31,900	204,600
UNDP	121,700	247,700	47,400	31,600	31,600	94,900	31,600	31,600	47,400	685,500
ILO	22,100	23,200	10,000	5,600	6,200	16,800	6,700	4,500	8,400	103,500
UNESCO	123,300	159,200	44,300	3,500	19,600	36,600	30,000	14,700	9,600	440,800
WHO	124,600	44,600	18,300	0	9,600	7,400	22,200	8,700	11,500	246,900
Subtotal Output C4.2.1	548,800	576,100	179,800	40,700	99,300	221,400	108,900	73,700	139,900	1,988,600
DELIVERABLES										
<u>Joint deliverables</u>										
J1. UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO										
a. Provide additional resources and technical support (1) to hyper-endemic countries to mainstream gender equity into national AIDS responses; (2) with food assistance to increase awareness of the links between GBV and food insecurity; (3) tailored interventions to address sexual violence; (4) expanding access to comprehensive sexuality education programmes; (5) promoting inclusion of GBV in Global Fund proposals; and (6) addressing vulnerability of female prisoners to GBV.										

Output C4.2.2 Crisis/post-crisis countries significantly affected by HIV integrate GBV and HIV into conflict prevention, resolution and recovery efforts					
Output Indicators	Baseline		Target/Scope	Data source	Frequency
a. Rape survivors received PEP within 72 hours	December 2011; 26%		By 2015: 100%	UNHCR Health Management Information System (UNHCR CRF)	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNHCR	184,500	123,000	23,100	0	13,800	196,000	6,900	14,600	53,000	614,900
UNICEF	59,900	39,900	31,000	0	0	36,900	0	0	31,900	199,600
UNDP	154,300	154,300	20,600	20,600	0	61,700	0	41,100	61,700	514,300
Subtotal Output C4.2.2	398,700	317,200	74,700	20,600	13,800	294,600	6,900	55,700	146,600	1,328,800
Subtotal Outcome C4.2	947,500	893,300	254,500	61,300	113,100	516,000	115,800	129,400	286,500	3,317,400
Total Goal C4	1,868,700	1,512,400	519,400	105,400	198,700	858,300	188,800	201,700	529,100	5,982,500
DELIVERABLES										
<p>Joint deliverables J1. UNDP, UNFPA a. Strengthen capacity of countries in post-conflict to meet HIV needs and prevent gender-based violence among populations affected by humanitarian situations by partnering with civil society and providing training packages for uniformed services. J2. UNHCR, UNFPA a. Support the development of multi-sectoral protection, prevention and response programmes to address GBV in humanitarian situations.</p>					<p>Individual deliverables 1. UNHCR a. Strengthen capacities in post-conflict countries to meet HIV needs and prevent gender-based violence among populations affected by humanitarian situations, by partnering with civil society. 2. UNICEF a. Support the mainstreaming of HIV, gender violence and young people needs into the development of emergency and post crisis plans.</p>					

FUNCTION D1 Leadership and Advocacy
Impact
<i>By nature, the Strategic Functions contribute collectively to the impact of the Joint Programme –Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).</i>

Outcome D1.1 Positive and measurable movement on key issues and drivers of the epidemic				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Non-discriminatory laws or regulations for key populations are enacted	2010 NCPI A (Governments) All countries: 62% (n= 106); Countries in which UNAIDS works: 65% (n= 71); HIC : 68% (n=26) NCPI B (Civil Society) All countries: 65% (n= 112); Countries in which UNAIDS works: 69% (n=76): HIC: 76% (n=29)	2015: (a) Domestic action to influence laws and legal barriers in at least 50 countries; (b) Law successfully reformed in at least 20 countries. (reported by population group where possible)	NCPI 2012 AIII. Q1.1 BIII. Q1.1	Every 2 years

Output D1.1.1 Programmes/resources/strategies to work with PLHIV in terms of positive health, dignity and prevention are expanded				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Services provided by civil society in areas of HIV prevention, treatment, care and support included in the national HIV strategy	2010: All countries: 59% (n=101); UNAIDS countries: 63% (n=69); HIC: 66% (n=25)	2015: UNAIDS countries: 80% HIC: 90%	NCPI 2012 (BI.Q3a)	Every 2 years

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	3,093,900	613,500	406,100	238,200	180,500	537,700	192,900	230,700	775,800	6,269,300
Subtotal Output D1.1.1	3,093,900	613,500	406,100	238,200	180,500	537,700	192,900	230,700	775,800	6,269,300

DELIVERABLES	
Joint deliverables J1. Incorporate Positive Health Dignity and Prevention programmes into costed national strategic plans and support their implementation.	Secretariat deliverables a. Reduce HIV-related stigma through advocacy for the removal of travel restrictions, roll out of civil society action packs, roll-out of PLHIV Stigma Index and development of a global stigma indicator. b. Influence and steer various commissions and international groups in terms of HIV, Human Rights and prevention.

Output D1.1.2 Capacities to work with key populations are strengthened										
Output Indicators	Baseline		Target/Scope		Data source		Frequency			
a. Civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan	2010: All countries: 65% (n=111); UNAIDS countries: 66% (n=73); HIC: 68% (n=26)		2015: UNAIDS countries: 80% HIC: 90%		NCPI 2012 (BI.Q2)		Every 2 years			
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	7,909,100	1,569,000	1,038,000	608,900	461,500	1,374,400	493,200	589,600	1,983,000	16,026,700
WHO	0	21,400	0	0	38,300	0	0	0	0	59,700
Subtotal Output D1.1.2	7,909,100	1,590,400	1,038,000	608,900	499,800	1,374,400	493,200	589,600	1,983,000	16,086,400
DELIVERABLES										
Joint deliverables										
J1. Advocate for stronger community involvement for key populations in policy and service delivery and renewed country ownership.										
J2. Develop and promote strategies to scale up HIV prevention.										
J3. Support development of tools and guidance to foster constructive engagement of communities in national planning and implementation processes including development of programmes and services.										

Output D1.1.3 Support provided to civil society to further enable leadership and advocacy efforts										
Output Indicators	Baseline		Target/Scope		Data source		Frequency			
a. Key affected populations are represented on the Country Coordinating Mechanism (CCM) of the Global Fund	2011: Women and Girls – in 32 countries (33%); Youth – 35 (36%); MSM – 21 (22%); PUD – 13 members (13%); Sex workers – 10 (10%); Transgender – 10 (10%); PLHIV - 70 (72%)		2015: Women and Girls – 60%; Youth – 65%; MSM – 40%; PUD – 30%; Sex workers – 25%; Transgender – 25%; PLHIV – 90% Pending review and confirmation from the Global Fund		Global Fund survey of CCM members		Annual			
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	2,975,600	590,300	390,500	229,100	173,600	517,200	185,500	221,800	746,100	6,029,700
Subtotal Output D1.1.3	2,975,600	590,300	390,500	229,100	173,600	517,200	185,500	221,800	746,100	6,029,700

Subtotal Outcome D1.1	13,978,600	2,794,200	1,834,600	1,076,200	853,900	2,429,300	871,600	1,042,100	3,504,900	28,385,400
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DELIVERABLES
<p>Joint deliverables</p> <p>J1. Support civil society leadership, including networks of PLHIV, key populations, communities and faith based organisations to achieve better results, especially on key issues and drivers of the epidemic</p> <p>J2. Support civil society in developing advocacy and strategic litigation for human rights and enabling legal environment for universal access.</p> <p>J3. Build leadership capacity on prevention, treatment, care and support among women and youth through 'New Generation Leadership'.</p> <p>J4. Support networks of PLHIV on HIV-related human rights literacy and advocacy.</p> <p>J5. Provide support to UNAIDS country offices, Joint Teams on AIDS and other UN system partners to best respond to individual cases of HIV-related human rights violations and other crisis situations.</p>

Outcome D1.2 Effectiveness in national HIV responses				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Modes of transmission / Know Your Epidemic exercises have been completed <i>(including systematic review of available and quality epidemiological data (serological and behavioural) and the Modes Of Transmission Model has been used)</i>	2010: 19/147 (13%) countries (Reports/studies since 2008)	2012: 45/147 (31%); 2015: 75/147 (51%)	UNAIDS Secretariat	Annual
b. A NASA or equivalent spending assessment has been completed in the last two years.	2010: 43	2012: 54; 2013: 65; 2014: 76; 2015: 87 (60% of LMIC)	GARPR 6.1/ UNGASS #1 National AIDS Spending Assessment (NASA) or equivalent	Every 2 years

Output D1.2.1 Countries use "Know Your Epidemic - Know Your Response" analysis to re-prioritize the national response and allocate resources				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. National M&E committee or technical working group meets regularly to coordinate strategic information/M&E	2010: All countries: 33% (n=56); UNAIDS countries: 35% (n=38) HIC: 29% (n=11)	2015: 68 (75% of countries with UNAIDS offices)	NCPI 2012 AVI.Q5	Every 2 years

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	238,200	112,300	32,700	16,400	16,400	57,300	8,200	8,200	41,400	531,100
World Bank	56,000	302,400	60,500	9,000	17,900	62,700	9,000	9,000	33,600	560,100
Secretariat	10,434,600	25,280,000	1,369,500	803,300	608,900	1,813,400	650,700	777,900	2,616,300	44,354,600
Subtotal Output D1.2.1	10,728,800	25,694,700	1,462,700	828,700	643,200	1,933,400	667,900	795,100	2,691,300	45,445,800

DELIVERABLES	
<p>Joint deliverables J1. National institutions supported to strengthen coordination and governance of national and decentralized AIDS responses.</p>	<p>Individual and Secretariat deliverables 1. World Bank: Conduct state-of-art epidemiological and economic analysis to re-prioritize and reallocate resources to effective programmes. 2. Secretariat a. Influence agenda of Global Fund through timely and regular strategic intelligence and dialogue. b. Provide country intelligence to implement cost-effective, evidence-based strategies. c. Develop and support national partners to use tools to track the HIV epidemic and response from a gender perspective.</p>

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Expenditure by the Joint Programme, by organization and geographical area	Expenditure (2010-2011): \$3.99 billion of which \$517.3 million (core) and \$3.47 billion (non-core)	(2012-2013 UBRAF) \$3.89 billion of which \$484.8 million (core) and \$3.40 billion (non-core)	Secretariat (finance) and Joint Team/ Cosponsor global reporting (UNAIDS performance monitoring report 2010-2011)	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	5,447,400	1,080,800	714,900	419,400	317,900	946,700	339,700	406,100	1,365,800	11,038,700
Subtotal Output D1.2.2	5,447,400	1,080,800	714,900	419,400	317,900	946,700	339,700	406,100	1,365,800	11,038,700
Subtotal Outcome D1.2	16,176,200	26,775,500	2,177,600	1,248,100	961,100	2,880,100	1,007,600	1,201,200	4,057,100	56,484,500

DELIVERABLES	
<p>Joint deliverables J1. Mobilise resources for UNAIDS catalytic role in the AIDS response.</p>	<p>Secretariat deliverables a. Strengthen UN system capacities (UCOs, Joint Teams, CEB, UNDG mechanisms, etc) and leverage UN Reform for effective UN support to key national partners in accessing and managing sustainable resources from mainstream and alternative funding mechanisms. b. Develop and implement comprehensive resource mobilization strategy for a strengthened and sustainable global response to fully fund the UBRAF and support the UNAIDS 2011-2015 Strategy. c. Integrate the AIDS response into key intergovernmental processes such as the General Assembly, ECOSOC, Security Council, as well as international conferences and events with global reach.</p>

Outcome D1.3 Renewed and expanded political commitment to the HIV response				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Country leadership, including officials in regions and/or districts publicly engages in the AIDS response	2010: All countries: 60% (n=104); UNAIDS countries: 68% (n=75); HIC: 82% (n=31)	2013: 72% (n=124); 2015: 80% (n=138)	NCPI 2012 AII.Q1	Every 2 years

Output D1.3.1 Transformative leadership and commitment for a sustainable AIDS response, at national and local levels and in key populations				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Proportionate share of national HIV spending of the total (national + international) spending	2008/09: According to World Bank income bands: Low income (11.7%); Lower middle (65.4%); Upper middle (83.1%)	2013: LI (18%), LMI (68%), UMI (92%); 2015: LI (26%), LMI (69%), UMI (100%)	GARPR 6.1/ UNGASS #1 National AIDS Spending Assessment (NASA) or equivalent	Every 2 years

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	238,200	112,300	32,700	16,400	16,400	57,300	8,200	8,200	24,600	514,300
WHO	0	0	0	0	9,600	0	0	0	0	9,600
Secretariat	10,100,500	2,003,800	1,325,700	777,600	589,400	1,755,300	629,800	753,000	2,532,500	20,467,600
Subtotal Output D1.3.1	10,338,700	2,116,100	1,358,400	794,000	615,400	1,812,600	638,000	761,200	2,557,100	20,991,500

DELIVERABLES	
<p>Joint deliverables</p> <p>J1. Promote transformative leadership to create more favourable and sustainable outcomes regarding AIDS policy, funding and programmes, building synergies across a broad range of partners.</p> <p>J2. Promote and support AIDS initiatives among parliamentarians, the legal system, including the development and rollout of the UNAIDS <i>Judicial Handbook on HIV</i>.</p> <p>J3. Countries supported to strengthen leadership through capacity building at national, local and community levels.</p> <p>J4. Develop and maintain high-level political partnerships and strategies to accelerate action among key populations and vulnerable groups, including women and girls.</p>	<p>Secretariat deliverables</p> <p>a. Engage at high levels new national partners including in parliaments, judiciary, ministries of justice and interior.</p> <p>b. Equip UCOs and Joint Teams to address gaps in country programmes and to speak out on key issues and drivers of the epidemic.</p>

Output D1.3.2 Advocacy to secure commitment, effective partnerships and investment of national resources to advance gender equality and rights-based AIDS responses										
Output Indicators		Baseline			Target/Scope		Data source		Frequency	
a. The Scorecard on Gender Equality in National HIV response has been completed		2011: 94 countries of which 35 HICs			2013: 100 ; 2015: 117 (All HICs by 2013)		UNAIDS Secretariat		Annual	
b. UNAIDS Human Rights Costing Tool has been implemented		2010: zero			2015: 25		UNAIDS Secretariat		Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	4,284,500	850,200	562,200	329,800	250,000	744,600	267,200	319,400	1,074,200	8,682,100
Subtotal Output D1.3.2	4,284,500	850,200	562,200	329,800	250,000	744,600	267,200	319,400	1,074,200	8,682,100
Subtotal Outcome D1.3	14,623,200	2,966,300	1,920,600	1,123,800	865,400	2,557,200	905,200	1,080,600	3,631,300	29,673,600
DELIVERABLES										
<p>Joint deliverables</p> <p>J1. Undertake advocacy to secure commitment, effective partnerships and investment of national resources to advance gender equality, GIPA and rights-based AIDS responses in an efficient and sustainable manner.</p> <p>J2. Support the definition of the global strategic agenda and policies on gender equality and rights-based AIDS responses.</p> <p>J3. Support and manage <i>UNAIDS Reference Group on HIV and Human Rights</i> for strategic advice and increased leadership.</p>										

Outcome D1.4 Inclusion of AIDS into global health, human rights, gender, and development agendas					
Outcome Indicators	Baseline		Target/Scope	Data source	Frequency
a. HIV is integrated into the general development plan	2010: All countries: 80% (n=137); UNAIDS countries: 91% (n=100); HIC: 92% (n=35)		2013: 92% (n=158); 2015: 95% (n=163)	NCPI 2012 AI.Q2	Every 2 years

Output D1.4.1 Links between HIV responses and the broader MDG agenda are visible					
Output Indicators	Baseline		Target/Scope	Data source	Frequency
a. UNAIDS policy guidance documents were used to develop and/or review country policies and strategies or implement key actions without a formal, written national policy.	From UBW 2011 (UCC survey) 1. Practical Guidelines on HIV preventions - 86 2. Greater involvement of People Living with HIV - 82 3. HIV and sex between men – 69 4. Criminalization of HIV transmission – 49		Not applicable	Joint UN Team Survey	Annual

				5. HIV and refugees – 43 6. HIV, food security and nutrition – 43 7. HIV and international labour migration - 36						
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
UNDP	425,100	173,100	60,200	30,100	30,100	105,300	15,000	15,000	45,100	899,000
WHO	186,900	197,900	73,200	0	19,200	29,600	22,200	34,900	46,300	610,200
Secretariat	7,806,200	1,548,900	1,024,400	600,900	455,500	1,356,500	486,700	581,900	1,957,100	15,818,100
Subtotal Output D1.4,1	8,418,200	1,919,900	1,157,800	631,000	504,800	1,491,400	523,900	631,800	2,048,500	17,327,300
Subtotal Outcome D1.4	8,418,200	1,919,900	1,157,800	631,000	504,800	1,491,400	523,900	631,800	2,048,500	17,327,300
Total Function D1	53,196,200	34,455,900	7,090,600	4,079,100	3,185,200	9,358,000	3,308,300	3,955,700	13,241,800	131,870,800
DELIVERABLES										
<p>Joint deliverables</p> <p>J1. Promote links between HIV responses and the broader MDG agenda that deliver in a cost-effective manner on multiple MDGs.</p> <p>J2. Countries supported in addressing HIV/MDG synergies as part of UNDG/MDG Acceleration Framework roll-out.</p> <p>J3. Provide strategic information and analysis to MDG report and UN statistics office, including reporting on Universal Access achievement of health-related MDGs.</p>					<p>Secretariat deliverables</p> <p>a. Guide the translation of global strategies and policies into effective country and regional support strategies.</p> <p>b. Achieve greater human rights policy coherence across the Joint Programme, e.g. with regards to sex work; drug control/harm reduction/compulsory drug detention centres.</p> <p>c. Expand political commitment through work with the <i>UN Human Rights Council</i> and global, regional and national human rights mechanisms.</p> <p>d. Leverage system-wide efforts including through interagency mechanisms (CEB, UNDG, etc), and intergovernmental bodies and fora (the General Assembly, ECOSOC, Security Council) to implement the AIDS and MDGs agenda.</p>					

FUNCTION D2: Coordination, coherence and partnerships

Impact

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

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

Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Mechanism to promote stakeholder interaction between government, civil society organizations and private sector to implement HIV strategies/programmes	2010: All countries: 84% (n=145); UNAIDS countries: 86% (n=95); HIC: 87% (n=33)	2013: 90% (n=155) 2015: 94% (n=162)	NCPI 2012 All.Q3	Every 2 years

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Strengthened national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response.	Normative guidance – 80.2% Technical assistance – 85.5% Resource mobilization (non-financial) – 59.7% Funding – 67.4% Training – 73.5% Advocacy – 76.3% (Overall = 70.2%)	2013: 10% increase over baseline 2015: 20% increase over baseline	Joint UN Team Survey	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	373,800	359,000	109,800	0	19,200	59,200	44,400	69,900	92,500	1,127,800
Secretariat	10,434,600	2,070,300	1,369,500	803,300	608,900	1,813,400	650,700	777,900	2,616,300	21,144,900
Subtotal Output D2.1.1	10,808,400	2,429,300	1,479,300	803,300	628,100	1,872,600	695,100	847,800	2,708,800	22,272,700

DELIVERABLES

<p>Joint deliverables</p> <p>J1. Provide leadership and coordinate efforts in key areas related to AIDS, such as Treatment 2.0; elimination of Mother To Child Transmission of HIV; integration of HIV prevention into sexual and reproductive health services and MNCH, identifying access and use of male and female condoms; strengthening of TB/HIV links and integration; strengthening health and chronic care systems; and sustainable financing and economics.</p> <p>J2. Facilitate national-level partnerships for strategic information, including the generation, analysis and use of monitoring, evaluation and surveillance data to inform strategic planning processes.</p> <p>J3. Provide support to countries to strengthen their national M&E system for social protection.</p> <p>J4. Implement UNAIDS' guidance at country level for work with civil society and key populations (including PLHIV).</p>	<p>Individual Cosponsors and Secretariat deliverables</p> <p>1. WHO</p> <p>a. Develop normative guidance and provide support to countries to strengthen their health information systems, and integrate HIV surveillance and M&E and eHealth into these systems.</p> <p>2. Secretariat</p> <p>a. Strengthen national AIDS coordinating authorities to effectively coordinate AIDS responses to deliver on Universal Access to prevention, treatment, care and support.</p> <p>b. Guide work on community systems, HIV and health information, human resource needs for HIV responses with an emphasis on country ownership, south-to-south and regional cooperation, and civil society partnerships.</p>
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Output D2.1.2 Strategic alliances and partnerships are established and well defined for quality diagnostics and treatment, and elimination of new child infections

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Private sector is included in the national multi-sectoral AIDS coordination body	2010 : All countries:57% (n=98); UNAIDS countries :65% (n=72); HIC: 74% (n=28)	2013: 67% (n=115) 2015: 73% (n=125)	NCPI 2012AII.Q2.1 and Q2.1	Every 2 years

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	2,491,700	494,300	326,900	191,800	145,400	433,000	155,400	185,700	624,700	5,048,900
Subtotal Output D2.1.2	2,491,700	494,300	326,900	191,800	145,400	433,000	155,400	185,700	624,700	5,048,900
Subtotal Outcome D2.1	13,300,100	2,923,600	1,806,200	995,100	773,500	2,305,600	850,500	1,033,500	3,333,500	27,321,600

DELIVERABLES

<p>Joint deliverables</p> <p>J1. Develop strategic alliances and partnerships to enhance access to safe and affordable quality diagnostics, prevention commodities (including male and female condoms), and treatment for potential efficiency gains.</p> <p>J2. Mobilize private sector and other new partners for elimination of new child infections, ensure sustained high-level coordination and leadership, and strong linkages of the campaign with the SG strategy, H4 and Partnership for Maternal, Newborn and Child Health.</p>

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

Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Mechanism to promote stakeholder interaction between government, civil society organizations and private sector to implement HIV strategies/programmes	2010: All countries: 84% (n=145); UNAIDS countries: 86% (n=95); HIC: 87% (n=33)	2013: 90% (n=155); 2015: 94% (n=162)	NCPI 2012 AII.Q3	Every 2 years

Output D2.2.1 Community data and approaches have influenced the design, implementation and decision making of HIV policies and plans										
Output Indicators		Baseline		Target/Scope		Data source		Frequency		
a. Civil society was involved at every stage of the process to develop the multisectoral strategy.		2010 Baseline: Active involvement in the development of the multisectoral strategy: All countries: 75% (n=129); UNAIDS countries: 82% (n=90); HIC:87% (n=33)		2013: 153 countries (89%) 2015: 169 countries (98%)		NCPI 2012 AI.Q1.7/		Every 2 years		
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	3,785,200	751,200	496,700	291,400	220,900	657,800	236,000	282,200	949,000	7,670,400
Subtotal Output D2.2.1	3,785,200	751,200	496,700	291,400	220,900	657,800	236,000	282,200	949,000	7,670,400
DELIVERABLES										
<u>Joint deliverables</u> J1. Collaborate with PLHIV, key populations and young people to engage in and influence the design, implementation and decision-making of national and sub-national HIV policies and plans.					<u>Secretariat deliverables</u> a. Bring together the HIV and women's rights movement, whilst engaging men and boys, to scale up actions and create demand for integrated services.					

Output D2.2.2 National Strategic planning and programme tools implemented with inclusion of civil society										
Output Indicators		Baseline		Target/Scope		Data source		Frequency		
a. Number of community-based organizations and/or networks that have meaningfully participated in HIV and AIDS joint national programme reviews or evaluations in the last 12 months		2011 UCC survey: 70/90 countries responding (78%) of which 28 HICs (74% out of 38)		Target will be set using baseline		Joint UN Team Survey		Annual		
b. National Strategic Plans benefited from an external quality assurance/peer review		To be established using 2012 data (<i>New indicator</i>)		To be set based using 2012 baseline		Joint UN Team Survey		Annual		
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	436,100	806,100	237,800	0	105,400	125,800	72,000	148,300	196,700	2,128,200
World Bank	84,000	453,000	90,700	13,400	26,900	94,100	13,400	13,400	50,400	839,300

Secretariat	7,909,000	1,569,000	1,037,900	608,900	461,500	1,374,500	493,200	589,600	1,983,000	16,026,600
Subtotal Output D2.2.2	8,429,100	2,828,100	1,366,400	622,300	593,800	1,594,400	578,600	751,300	2,230,100	18,994,100

DELIVERABLES

Joint deliverables

J1: Develop and implement national strategic planning and programme tools for national reporting, including civil society participation and their data.

Individual deliverables

1. World Bank

a. Develop results management tools to support better resource allocation for prioritized and costed multisectoral national AIDS plans.

Output D2.2.3 Skills built to address gender, GIPA and human rights aspects of the HIV epidemic

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. UN personnel have attended at least one learning activity to address the elimination of HIV-related stigma	2009: 44%, 5,786 'yes' responses over a total of 13,079 responses (entire UN system).	67% of survey respondents by 2013 85% of survey respondents by 2015	UN Cares bi-annual global all-personnel survey (2009, 2011, 2013, etc.)	Annual

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	10,757,200	2,134,500	1,411,800	828,200	627,700	1,869,400	670,800	801,900	2,697,100	21,798,600
Subtotal Output D2.2.3	10,757,200	2,134,500	1,411,800	828,200	627,700	1,869,400	670,800	801,900	2,697,100	21,798,600
Subtotal Outcome D2.2	22,971,500	5,713,800	3,274,900	1,741,900	1,442,400	4,121,600	1,485,400	1,835,400	5,876,200	48,463,100

DELIVERABLES

Joint deliverables

J1. Equip the UN family through competency-based and In Reach training to build strong partnerships with civil society and other partners to address gender, GIPA and human rights aspects of the HIV epidemic, including support to UN Plus.
J2. Development of regional human rights and HIV strategies, including establishing a system for regional human rights support to Joint Programmes of Support on AIDS.

Secretariat deliverables

a. Promote the prevention leadership programme (reference group, guidance, and tools).
b. Promote key programmes to support human rights in national HIV responses.
c. Strengthen UN staff capacity on human rights issues, and rights-based and gender-responsive approaches to HIV.

Outcome D2.3 Implementation of evidence-informed, prioritized, costed national strategic and operational plans which are aligned to other sectoral plans and development processes to achieve Universal Access targets

Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. Multisectoral strategy is inclusive (with budget for activities)	2010: included education, health, labour, transportation, military/police, women and young people sectors (7 sectors) STRATEGY: All countries: 38% (n=66); UNAIDS countries: 55% (n=60); HIC:76% (n=29) BUDGET: All countries: 20% (n=34); UNAIDS countries: 29% (n=32); HIC: 53% (n=20)	2013: 45% (n=77; N=172); 2015: 60% (n=103, N=172) Strategy including all sectors	NCPI 2012 AI.Q1.2	Every 2 years

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. M&E data is used in developing/revising the national HIV response	2010: All countries: 60% (n=104); UNAIDS countries: 62% (n=68); HIC: 61% (n=23)	2013: 70% (120 countries, all 30+ countries) 2015: 75% (129 countries, 90% of UNAIDS countries)	NCPI 2012 AVI.Q8	Every 2 years

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
World Bank	112,000	604,800	121,000	17,900	35,800	125,400	17,900	17,900	67,200	1,119,900
Secretariat	6,220,800	1,234,000	816,500	478,900	363,000	1,081,100	387,900	463,800	1,559,800	12,605,800
Subtotal Output D2.3.1	6,332,800	1,838,800	937,500	496,800	398,800	1,206,500	405,800	481,700	1,627,000	13,725,700

DELIVERABLES

<u>Joint deliverables</u>	<u>Individual Cosponsors and Secretariat deliverables</u>
<p>J1. Support and include people living with HIV and civil society in advocacy, planning, implementation, monitoring and evaluation, reporting, costing and budget tracking and development of funding proposals (especially to strengthen community systems).</p> <p>J2. Support countries to integrate HIV issues into national strategies and plans, and to access resources to implement such plans.</p> <p>J3. Support and promote new leaders to shape and drive social movements in the AIDS response.</p>	<p>1. World Bank</p> <p>a. Support countries with planning processes using evidence to prioritize and fund efficient programmes, including advice, coaching and mentoring.</p> <p>b. Support countries to efficiently allocate resources by promoting a comprehensive package of priority interventions including access to new planning tool.</p> <p>2. Secretariat</p> <p>a. Map UN system capacities on AIDS and conduct needs assessments to assist country partners.</p>

Output D2.3.2 Strategic information tools and processes refined, shared and utilized for decision making										
Output Indicators	Baseline			Target/Scope			Data source		Frequency	
a. Standardised and recognised strategic information tools for NSP reviews are used	2011 survey (94 countries responding): Breakdown: Modes of transmission – 62 (65%) National AIDS Spending Assessment – 72 (76%) AIDSinfo – 60 (64%) Gender audit – 35 (37%) 76/94 (80%) countries reported using two or more tools of which 31 HICs (82%)			2015: (100%)			Joint UN Team Survey		Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	249,200	0	0	0	0	0	0	0	0	249,200
Secretariat	3,813,600	756,600	500,500	293,600	222,500	662,700	237,800	284,300	956,200	7,727,800
Subtotal Output D2.3.2	4,062,800	756,600	500,500	293,600	222,500	662,700	237,800	284,300	956,200	7,977,000
Subtotal Outcome D2.3	10,395,600	2,595,400	1,438,000	790,400	621,300	1,869,200	643,600	766,000	2,583,200	21,702,700
DELIVERABLES										
Joint deliverables J1. Build and strengthen systems, methodologies and tools to collect, manage and disseminate evidence on the epidemic to inform decision making at all levels. J2. Support country efforts to use HIV prevention science and mathematical modelling to estimate and forecast the impact of individual and combinations of HIV prevention programmes at sub-national, national and regional levels. J3. Support and develop strategic information and analytical work on risk, vulnerability, reasons for changes in HIV prevalence and behaviours and response to HIV in key populations generated to inform policies, programmes, planning and funding frameworks.					Secretariat deliverables a. Lead on and showcase strategic information, including surveillance, monitoring and estimates on countries and regions to inform high level decision making and prioritization of the AIDS response at all levels. b. Develop, maintain and improve monitoring and evaluation systems and standardization of tools.					

Outcome D2.4 Technical and policy support are demand driven and cost effective						
Outcome Indicators	Baseline		Target/Scope		Data source	Frequency
a. Civil society accessed adequate financial and technical support to implement its HIV activities	2010 Financial support: All countries: 20% (n=34);		2015: Financial support UNAIDS countries & HIC: 40%		NCPI 2012 (BI.Q6a & BI.Q6b)	Every 2 years

	UNAIDS countries: 18% (n=20); HIC: 13% (n=5) Technical support: All countries: 28% (n=48); UNAIDS countries: 25% (n=27); HIC: 21% (n=8)	Technical support UNAIDS countries & HIC: 50%		
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Output D2.4.1 Technical support provided, including through civil society technical support providers, to strengthen community systems and provide HIV-related services

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

CORE RESOURCES

Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	3,577,800	710,200	469,600	275,500	208,700	621,900	223,100	266,800	897,200	7,250,800
Subtotal Output D2.3.2	3,577,800	710,200	469,600	275,500	208,700	621,900	223,100	266,800	897,200	7,250,800
Subtotal Outcome D2.4	3,577,800	710,200	469,600	275,500	208,700	621,900	223,100	266,800	897,200	7,250,800
Total Function D2	50,245,000	11,943,000	6,988,700	3,802,900	3,045,900	8,918,300	3,202,600	3,901,700	12,690,100	104,738,200

DELIVERABLES

Secretariat deliverables

- a. Provide quality and timely technical support to civil society partners to advance priority areas including integrating HIV prevention into sexual and reproductive health services and Mother, Neonatal and Child Health, integrating TB/HIV links and strengthening systems for health, Treatment 2.0 and the elimination of Mother To Child Transmission through the Technical Support Facilities.
- b. Support improved coordination of technical support providers and donor/funding mechanisms.

FUNCTION D3: Mutual accountability
Impact
<i>By nature, the Strategic functions contribute collectively to the impact of the Joint Programme –Indicators of impact are therefore those of the Strategic Directions (Sections A, B, C).</i>

Outcome D3.1 UNAIDS delivers value for money, clearly managing high impact operations that link human and financial resources to results and demonstrate improved efficiency, effectiveness and outreach				
Outcome Indicators	Baseline	Target/Scope	Data source	Frequency
a. UBRAF annual multi-stakeholder review of the Joint Programme of Support conducted,	2011 UCC survey: 46/95 countries (48%) of which 24 HICs (63% out of 38) conducted an annual and multistakeholder review (with at least two non-UN stakeholders) of the Joint Programme of Support	2012: All HIC; 2013: All UNAIDS countries.	Joint UN Team Survey	Annual

Output D3.1.1 Mutual accountability frameworks, including the UBRAF and systems for delivery of UNAIDS Vision, Mission and Strategy developed				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Financial expenditure of UN Joint Teams on AIDS by strategic goal/ function, country and geographical area.	To be established in 2012	To be set in 2013 using 2012 baseline	Joint UN Team survey (expenditure in output forms)	Annual
b. Core budget implementation rate of Cosponsors and Secretariat, including by goal and outcome.	51% (2010). 2010-2011 available in 2012.	40% (2012) and 100% (2012-2013)	Joint UN Team Survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	0	103,200	36,600	0	19,200	14,800	11,000	17,500	23,200	225,500
Secretariat	9,725,700	1,929,500	1,276,500	748,800	567,500	1,690,200	606,400	725,000	2,438,600	19,708,200
Subtotal Output D3.1.1	9,725,700	2,032,700	1,313,100	748,800	586,700	1,705,000	617,400	742,500	2,461,800	19,933,700

DELIVERABLES	
<p>Joint deliverables J1. Develop mutual accountability frameworks and systems for delivery of UNAIDS Strategy, including the delivery of measurable results in a transparent and accessible format (such as AIDInfo). J2. Develop a programme-wide culture of joint action and accountability with results based management, policies focusing on cost effectiveness and technologically innovative solutions for monitoring, learning and reporting.</p>	<p>Secretariat deliverables a. Establish mechanisms and policies to improve Results Based Management, accountability and tracking of linkages between financial investments and programmatic results. b. Develop and maintain UNAIDS' leadership role, as well as programme and management systems with state-of-the-art information management and technology.</p>

Output D3.1.2 UNAIDS Division of Labour is systematically operationalized and monitored at global, regional and country levels				
Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. UNAIDS Division of Labour is formally reviewed, adapted and endorsed	2011: 64 countries (67% of 96) of which 31 HICs (82% of 38) reported that they reviewed, adopted and endorsed the DoL	2013: All HICs 2015: 100% of UNAIDS countries	Joint UN Team Survey	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	0	89,400	36,600	0	19,200	14,800	11,000	17,500	23,200	211,700
World Bank	28,000	151,200	30,200	4,500	9,000	31,400	4,500	4,500	16,800	280,100
Secretariat	6,844,500	1,357,800	898,300	527,000	399,300	1,189,500	426,800	510,300	1,716,200	13,869,700
Subtotal Output D3.1.2	6,872,500	1,598,400	965,100	531,500	427,500	1,235,700	442,300	532,300	1,756,200	14,361,500

DELIVERABLES	
<p>Joint deliverables J1. Conduct systematic reviews, and where applicable implement reforms, of country level Joint Programmes of Support on AIDS.</p>	<p>Secretariat deliverables a. Assess implementation of the Division of Labor, including ensuring compliance and accountability of RST support, and reviews of Joint Team performance. b. Develop and maintain an online database to track progress of Joint Teams, Cosponsors and the Secretariat.</p>

Output D3.1.3 HIV and AIDS corporate results frameworks, both across UNAIDS and other stakeholders in the response to AIDS, are increasingly synchronized and aligned										
Output Indicators		Baseline			Target/Scope			Data source	Frequency	
a. Cosponsor results frameworks indicators are directly related, adapted and/or used in the UBRAF		In the 2011 UBRAF, 24 indicators (out of 126, or 19%) came, or were directly adapted, from Cosponsors' own results frameworks.			<ul style="list-style-type: none"> Use of Cosponsor indicators in the UBRAF continues at same level or increases Number of UBRAF indicators appearing in Cosponsor results frameworks (i.e. UBRAF-specific or other Cosponsor indicators) increases 			Cosponsor Reports	Annual	
CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
WHO	0	65,700	18,300	0	9,600	7,400	5,600	8,700	11,500	126,800
Secretariat	7,185,600	1,425,900	943,000	553,100	419,300	1,248,600	448,000	535,600	1,801,500	14,560,600
Subtotal Output D3.1.3	7,185,600	1,491,600	961,300	553,100	428,900	1,256,000	453,600	544,300	1,813,000	14,687,400
Subtotal Outcome D3.1	23,783,800	5,122,700	3,239,500	1,833,400	1,443,100	4,196,700	1,513,300	1,819,100	6,031,000	48,982,600
DELIVERABLES										
Joint deliverable										
J1. Ongoing advocacy by UNAIDS stakeholders, including the PCB, to promote links to and coherence between the UNAIDS Strategy and other corporate frameworks, within the Joint Programme and beyond (particularly the Global Fund and PEPFAR).										

Outcome D3.2 The Joint Programme is managed and implemented effectively						
Outcome Indicators		Baseline		Target/Scope	Data source	Frequency
a. Joint UN Team on AIDS is functional		2009: 71 2011 UCC report: 85 countries (89% out of 96) of which 28 HICs (74% of 38)		2013: 90 (33 HICs); 2015: 95 (38 HICs)	UNAIDS Secretariat	Annual
b. Details of Joint UN Programmes of Support on AIDS (JPS)		2009: 61 2011: 75 (24 HICs)		2013: 85 (31 HICs); 2015: 95 (38 HICs)	UNAIDS Secretariat	Annual
c. Efficiency gains through use of technology and reduced logistics cost (e.g., travel, meetings, etc.) quantified and monitored by UNAIDS Secretariat, including:		i. None ii. First data in 2012 iii. (2010) Black and white: 2,137,184 copies @ \$0.0569 per copy; Colour: 970,244 copies @ \$0.2187 per copy iv. (2011) 824 WebEx conferences held; and 295 multi-point videoconferences held, with an average duration of 90 minutes		i. To be set using 2012 baseline (indicative targets below) ii. 90% (2013) 100% (2015) iii. Volume & cost reduced by 10% per year (40% reduction from 2010-2015) iv. (against 2011 final figures): 2015: 30% increase in videoconferences; 50% increase in online meeting sessions.	UNAIDS Secretariat	Annual
i. Development and implementation of a replacement policy for electronic equipment						
ii. Percentage of electronic equipment that remains in use up to or after the scheduled replacement date						
iii. HQ photocopying (volume and costs)						

iv. Number of times videoconferencing and online meeting services are used				
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Output D3.2.1 The UBRAF is managed, monitored and reported in a transparent way to meet the needs of different stakeholders

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Unqualified audited UNAIDS financial statements and acceptance of the annual financial and performance monitoring reports by UNAIDS Programme Coordinating Board.	Not applicable	Acceptance by PCB	Reports of the PCB	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	8,612,700	1,709,000	1,130,300	663,000	502,500	1,496,600	537,000	642,000	2,159,300	17,452,400
Subtotal Output D3.2.1	8,612,700	1,709,000	1,130,300	663,000	502,500	1,496,600	537,000	642,000	2,159,300	17,452,400

DELIVERABLES										
<u>Secretariat deliverables</u>										
a. Strengthen focus on results and accountability of the Cosponsors and Secretariat in planning, implementation, monitoring and reporting at global, regional and country levels, and make adjustments to operations as necessary.										

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

Output Indicators	Baseline	Target/Scope	Data source	Frequency
a. Number of human resources management policies developed and implemented, in line with the Human Resources Strategy (Secretariat)	2011: zero	<ul style="list-style-type: none"> Policies developed and implemented by 2013 	UNAIDS Secretariat	Annual
b. Proportion of secretariat staff having completed e-learning modules to strengthen core and managerial competencies in the past 12 months	414 (as of 13 December 2011)(High number reflects large scope of marketing during first year of Portal launch.)	250 per year	UNAIDS Secretariat	Annual

CORE RESOURCES										
Agency	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Secretariat	13,209,800	2,621,200	1,733,700	1,017,000	770,800	2,295,600	823,700	984,700	3,312,000	26,768,500
Subtotal Output D3.2.2	13,209,800	2,621,200	1,733,700	1,017,000	770,800	2,295,600	823,700	984,700	3,312,000	26,768,500
Subtotal Outcome D3.2	21,822,500	4,330,200	2,864,000	1,680,000	1,273,300	3,792,200	1,360,700	1,626,700	5,471,300	44,220,900

Total Function D3	45,606,300	9,452,900	6,103,500	3,513,400	2,716,400	7,988,900	2,874,000	3,445,800	11,502,300	93,203,500
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DELIVERABLES

Secretariat deliverables

- a. Strengthen the management of human and financial resources and administrative services and leverage technology to achieve greater cost-effectiveness and impact on programme delivery
- b. Ensure optimal deployment of staff and expertise at all levels to deliver on the UNAIDS Strategy, taking into account the Human Resources Strategy and its updated policies.
- c. Strengthen the skills and competencies of a workforce that is field-oriented, multi-skilled, diverse and mobile, working across disciplines to deliver UNAIDS mandate in the most efficient and cost-effective manner.

Annex 2: Resource allocation summary

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

Goal A1

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Core Resources										
Subtotal	13,452,800	14,056,400	5,266,700	1,353,000	2,868,900	6,960,600	2,571,800	1,712,600	4,148,600	52,391,400
Non Core Resources										
ILO	1,700,000	2,833,100	839,200	466,200	514,900	1,402,700	559,500	373,000	701,400	9,390,000
UNESCO	3,080,100	8,216,500	778,500	105,500	361,200	869,100	379,100	406,400	741,200	14,937,600
UNDP	4,368,000	85,612,800	5,085,400	3,219,000	4,601,700	39,313,400	1,198,600	24,277,600	7,924,300	175,600,800
UNFPA	2,830,000	5,150,000	10,181,300	0	10,824,200	23,410,600	14,890,400	587,100	0	67,873,600
UNHCR	650,000	450,000	129,600	54,000	0	324,000	108,000	162,000	302,400	2,180,000
UNICEF	1,638,200	49,523,400	35,137,200	2,247,400	2,736,700	11,165,900	2,615,900	2,134,100	6,953,800	114,152,600
WB	0	755,580,000	149,072,000	14,560,000	8,372,000	118,356,000	20,776,000	2,212,000	190,372,000	1,259,300,000
WHO	6,733,900	9,714,300	3,243,600	0	2,185,400	1,391,900	1,299,100	1,879,600	2,291,500	28,739,300
UNODC	302,800	1,598,400	650,600	147,900	739,300	354,900	295,700	532,300	236,600	4,858,500
Subtotal	21,303,000	918,678,500	205,117,400	20,800,000	30,335,400	196,588,500	42,122,300	32,564,100	209,523,200	1,677,032,400
TOTAL RESOURCES GOAL A1	34,755,800	932,734,900	210,384,100	22,153,000	33,204,300	203,549,100	44,694,100	34,276,700	213,671,800	1,729,423,800

Goal A2

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Core Resources										
Subtotal	4,074,700	3,673,100	1,129,300	249,500	459,900	1,227,400	611,700	587,300	1,097,000	13,109,900
Non Core Resources										
UNHCR	444,800	322,400	176,000	0	0	246,400	0	0	281,600	1,471,200
UNDP	0	10,701,600	0	0	0	7,371,300	0	0	890,400	18,963,300
UNFPA	720,000	4,240,000	96,500	0	0	750,900	454,600	0	0	6,262,000
UNICEF	1,363,800	57,818,400	3,728,100	1,915,000	2,269,100	7,740,100	2,133,300	2,047,300	5,462,500	84,477,600
WFP	500,000	7,900,000	620,000	0	0	2,785,000	620,000	0	2,100,000	14,525,000
WHO	7,889,300	9,294,100	3,591,300	0	728,400	1,592,800	1,439,500	1,879,500	2,391,700	28,806,600

Annex 2: Resource allocation summary

UNAIDS/PCB(29)/11.23
Page 2/10

UNODC	64,900	342,500	139,400	31,700	158,400	76,000	63,400	114,100	50,700	1,041,100
Subtotal	10,982,800	90,619,000	8,351,300	1,946,700	3,155,900	20,562,500	4,710,800	4,040,900	11,176,900	155,546,800
TOTAL RESOURCES GOAL A2	15,057,500	94,292,100	9,480,600	2,196,200	3,615,800	21,789,900	5,322,500	4,628,200	12,273,900	168,656,700

Goal A3

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
Core Resources										
Subtotal	4,849,800	3,654,600	2,187,500	427,500	1,852,600	1,076,800	855,600	999,900	820,100	16,724,400
Non Core Resources										
UNDP	0	10,701,600	3,390,300	804,800	4,601,700	2,457,100	513,700	1,277,800	89,000	23,836,000
UNESCO	250,700	662,500	64,400	8,000	33,900	62,700	33,800	42,500	54,000	1,212,500
UNFPA	60,000	200,000	522,700	0	1,194,600	309,200	0	0	0	2,286,500
UNICEF	274,800	8,080,800	1,618,300	376,400	1,478,200	545,900	438,000	357,400	551,600	13,721,400
WHO	422,200	2,823,400	2,316,900	0	3,035,400	93,700	280,900	110,600	146,600	9,229,700
UNODC	1,795,300	9,476,100	3,857,300	876,600	4,383,200	2,104,000	1,753,300	3,155,900	1,402,600	28,804,300
Subtotal	2,803,000	31,944,400	11,769,900	2,065,800	14,727,100	5,572,600	3,019,700	4,944,200	2,243,800	79,090,400
TOTAL RESOURCES GOAL A3	7,652,800	35,599,000	13,957,400	2,493,300	16,579,700	6,649,400	3,875,300	5,944,100	3,063,900	95,814,800

Summary: Strategic Direction 1

SD1	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	Total
TOTAL GOAL A1	34,755,800	932,734,900	210,384,100	22,153,000	33,204,300	203,549,100	44,694,100	34,276,700	213,671,800	1,729,423,800
TOTAL GOAL A2	15,057,500	94,292,100	9,480,600	2,196,200	3,615,800	21,789,900	5,322,500	4,628,200	12,273,900	168,656,700
TOTAL GOAL A3	7,652,800	35,599,000	13,957,400	2,493,300	16,579,700	6,649,400	3,875,300	5,944,100	3,063,900	95,814,800
TOTAL RESOURCES SD1	57,466,100	1,062,626,000	233,822,100	26,842,500	53,399,800	231,988,400	53,891,900	44,849,000	229,009,600	1,993,895,300

Annex 2: Resource allocation summary

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

Goal B1

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	7,475,200	7,551,000	1,758,800	163,400	840,100	1,850,300	709,000	846,300	1,846,200	23,040,300
Non Core Resources										
ILO	350,000	731,300	169,200	93,900	103,700	282,600	112,800	75,200	141,200	2,059,900
UNDP	2,000,000	55,648,300	2,542,700	1,207,100	5,982,200	19,656,700	513,700	13,288,800	3,561,500	104,401,000
UNESCO	218,400	506,400	63,600	6,200	38,700	35,900	39,000	0	32,700	940,900
UNHCR	675,500	452,000	286,100	0	0	423,400	0	0	435,000	2,272,000
UNICEF	830,500	29,279,800	3,042,400	1,182,700	1,485,000	3,859,200	1,390,200	1,182,400	4,547,700	46,799,900
WB	0	215,880,000	42,592,000	4,160,000	2,392,000	33,816,000	5,936,000	632,000	54,392,000	359,800,000
WFP	2,700,000	55,000,000	4,745,000	0	0	10,000,000	4,745,000	0	11,110,000	88,300,000
WHO	16,823,700	19,656,600	7,414,000	0	3,035,500	3,032,800	2,246,800	3,814,600	4,956,300	60,980,300
UNODC	0	664,000	182,600	41,500	166,000	83,000	124,500	149,400	83,000	1,494,000
Subtotal	23,598,100	377,818,300	61,037,600	6,691,400	13,203,100	71,189,600	15,108,000	19,142,400	79,259,400	667,048,000
TOTAL RESOURCES GOAL B1	31,073,300	385,369,300	62,796,400	6,854,800	14,043,200	73,039,900	15,817,000	19,988,700	81,105,600	690,088,300

Goal B2

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	1,737,000	2,693,000	521,100	79,300	283,800	590,300	161,300	189,800	460,200	6,715,800
Non Core Resources										
ILO	435,000	540,700	224,500	63,000	81,900	385,200	149,600	0	190,100	2,070,000
UNDP	1,000,000	48,157,200	4,237,900	1,207,100	2,761,000	28,010,800	856,200	11,499,900	4,897,000	102,627,100
UNICEF	69,200	2,386,000	0	0	572,500	633,200	0	0	0	3,660,900

Annex 2: Resource allocation summary

UNAIDS/PCB(29)/11.23
Page 4/10

WFP	500,000	16,800,000	725,000	135,000	135,000	3,880,000	725,000	0	3,000,000	25,900,000
WHO	4,644,700	5,112,000	2,433,100	0	910,700	796,600	351,000	939,700	1,145,800	16,333,600
UNODC	0	885,300	243,500	55,400	221,300	110,700	166,000	199,200	110,700	1,992,100
Subtotal	6,648,900	73,881,200	7,863,900	1,460,500	4,682,400	33,816,400	2,247,800	12,638,800	9,343,600	152,583,700
TOTAL RESOURCES GOAL B2	8,385,900	76,574,200	8,385,000	1,539,800	4,966,200	34,406,700	2,409,100	12,828,600	9,803,800	159,299,500

Goal B3

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	4,117,800	4,986,800	1,197,900	368,000	556,700	2,839,400	500,900	468,100	1,692,800	16,728,400
Non Core Resources										
ILO	547,500	791,600	281,400	156,400	172,600	470,300	187,600	125,100	235,200	2,967,700
UNDP	1,368,000	3,210,500	1,695,100	1,609,500	460,200	1,474,300	342,500	766,700	445,200	11,372,000
UNESCO	183,600	565,200	38,100	7,500	9,000	76,600	10,800	54,200	63,300	1,008,300
UNHCR	1,088,000	727,000	272,100	0	90,700	544,200	181,400	308,400	417,200	3,629,000
UNICEF	1,494,900	52,681,600	5,486,500	2,134,100	2,680,700	9,722,400	2,400,400	2,134,400	4,928,900	83,663,900
WFP	400,000	35,110,000	2,260,000	0	0	5,546,000	2,260,000	0	7,755,000	53,331,000
WHO	1,266,700	691,200	231,700	0	242,900	93,700	70,300	110,600	146,600	2,853,700
UNODC	0	462,800	127,300	28,900	115,700	57,800	86,800	104,100	57,800	1,041,200
Subtotal	6,348,700	94,239,900	10,392,200	3,936,500	3,771,800	17,985,300	5,539,700	3,603,500	14,049,200	159,866,800
TOTAL RESOURCES GOAL B3	10,466,500	99,226,700	11,590,100	4,304,500	4,328,500	20,824,700	6,040,600	4,071,600	15,742,000	176,595,200

Annex 2: Resource allocation summary

Summary: Strategic Direction 2

SD2	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
TOTAL GOAL B1	31,073,300	385,369,300	62,796,400	6,854,800	14,043,200	73,039,900	15,817,000	19,988,700	81,105,600	690,088,300
TOTAL GOAL B2	8,385,900	76,574,200	8,385,000	1,539,800	4,966,200	34,406,700	2,409,100	12,828,600	9,803,800	159,299,500
TOTAL GOAL B3	10,466,500	99,226,700	11,590,100	4,304,500	4,328,500	20,824,700	6,040,600	4,071,600	15,742,000	176,595,200
TOTAL RESOURCES SD2	49,925,700	561,170,200	82,771,500	12,699,100	23,337,900	128,271,300	24,266,700	36,888,900	106,651,400	1,025,983,000

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

Goal C1

Funding Source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	2,475,100	2,258,900	657,100	249,100	446,900	1,058,800	333,300	289,000	699,400	8,467,600
Non Core Resources										
ILO	620,000	925,700	399,900	222,200	245,200	668,300	266,600	177,800	334,200	3,859,900
UNDP	655,200	8,026,200	635,700	301,800	690,200	3,685,600	128,400	1,916,700	667,800	16,707,600
UNESCO	702,500	1,866,600	182,900	24,200	94,000	192,200	100,100	75,600	177,600	3,415,700
UNFPA	200,000	200,000	43,000	0	0	1,618,600	990,200	0	0	3,051,800
UNHCR	260,000	156,000	75,000	18,800	18,800	75,000	18,800	75,000	93,600	791,000
UNICEF	135,700	4,348,300	171,400	0	0	1,163,100	0	0	1,166,300	6,984,800
WHO	0	778,100	231,600	0	364,200	93,700	70,200	110,600	146,600	1,795,000
UNODC	0	1,448,600	633,700	126,700	380,200	253,500	253,500	633,700	253,500	3,983,400
Subtotal	2,573,400	17,749,500	2,373,200	693,700	1,792,600	7,749,900	1,827,800	2,989,400	2,839,600	40,589,200
TOTAL RESOURCES GOAL C1	5,048,500	20,008,400	3,030,300	942,800	2,239,500	8,808,700	2,161,100	3,278,400	3,539,000	49,056,800

Annex 2: Resource allocation summary

UNAIDS/PCB(29)/11.23
Page 6/10

Goal C2

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	215,500	212,200	68,100	24,700	41,400	98,700	41,200	30,500	62,800	795,100
Non Core Resources										
ILO	250,000	268,600	116,000	64,500	71,200	193,900	77,300	51,600	97,000	1,190,100
UNESCO	85,700	228,200	21,300	3,000	11,900	23,700	11,500	9,100	23,400	417,800
UNHCR	137,000	110,000	45,600	11,400	11,400	45,600	11,200	45,600	57,000	474,800
UNODC	0	0	0	0	0	0	0	0	0	0
Subtotal	472,700	606,800	182,900	78,900	94,500	263,200	100,000	106,300	177,400	2,082,700
TOTAL RESOURCES GOAL C2	688,200	819,000	251,000	103,600	135,900	361,900	141,200	136,800	240,200	2,877,800

Goal C3

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	3,079,600	2,492,700	1,159,800	257,500	504,100	1,660,600	484,500	397,700	1,015,600	11,052,100
Non Core Resources										
ILO	350,000	428,500	185,100	102,900	113,600	309,400	123,400	82,300	154,700	1,849,900
UNDP	327,600	13,377,000	1,059,500	503,000	1,150,400	6,142,700	214,100	3,194,500	1,113,000	27,081,800
UNESCO	898,200	2,391,800	219,000	30,400	102,500	259,900	98,800	130,600	238,000	4,369,200
UNFPA	2,700,000	2,000,000	447,100	0	0	7,477,600	1,751,300	131,000	0	14,507,000
UNHCR	792,000	526,000	158,400	66,000	66,000	369,600	66,000	224,400	369,600	2,638,000
UNICEF	215,100	8,537,200	1,364,200	0	0	1,705,000	0	0	1,469,900	13,291,400
WFP	100,000	350,000	35,000	0	0	185,000	35,000	0	145,000	850,000
WHO	1,266,700	1,064,400	231,700	0	0	187,400	70,200	221,100	293,100	3,334,600
UNODC	0	2,012,000	880,200	176,000	528,100	352,100	352,100	880,100	352,100	5,532,700
Subtotal	6,649,600	30,686,900	4,580,100	878,300	1,960,500	16,988,600	2,710,800	4,864,000	4,135,300	73,454,600
TOTAL RESOURCES GOAL C3	9,729,200	33,179,600	5,739,900	1,135,800	2,464,600	18,649,200	3,195,300	5,261,700	5,150,900	84,506,700

Annex 2: Resource allocation summary

UNAIDS/PCB(29)/11.23
Page 7/10

Goal C4

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	1,868,700	1,512,400	519,400	105,400	198,700	858,300	188,800	201,700	529,100	5,982,500
Non Core Resources										
ILO	225,000	396,400	171,300	95,100	105,100	286,200	114,200	76,100	143,100	1,612,500
UNDP	109,200	5,350,800	423,800	201,200	460,200	2,457,100	85,600	1,277,800	445,200	10,810,900
UNESCO	323,700	871,300	85,500	10,900	30,100	86,600	38,900	55,500	40,800	1,543,300
UNFPA	300,000	479,000	57,200	0	0	1,834,900	907,900	0	0	3,579,000
UNHCR	955,000	670,000	170,300	71,000	71,000	397,100	71,000	241,300	397,300	3,044,000
UNICEF	279,400	9,311,200	1,632,800	0	0	2,037,800	0	0	1,758,700	15,019,900
WFP	200,000	1,225,000	105,000	0	0	515,000	105,000	0	375,000	2,525,000
WHO	844,500	638,200	231,600	0	121,400	93,800	140,400	110,600	146,600	2,327,100
UNODC	0	563,400	246,400	49,300	147,900	98,600	98,600	246,400	98,600	1,549,200
Subtotal	3,236,800	19,505,300	3,123,900	427,500	935,600	7,807,000	1,561,500	2,007,800	3,405,300	42,010,900
TOTAL RESOURCES GOAL C4	5,105,500	21,017,700	3,643,300	532,900	1,134,300	8,665,300	1,750,300	2,209,500	3,934,400	47,993,400

Summary: Strategic Direction 3

SD3	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
TOTAL GOAL C1	5,048,500	20,008,400	3,030,300	942,800	2,239,500	8,808,700	2,161,100	3,278,400	3,539,000	49,056,800
TOTAL GOAL C2	688,200	819,000	251,000	103,600	135,900	361,900	141,200	136,800	240,200	2,877,800
TOTAL GOAL C3	9,729,200	33,179,600	5,739,900	1,135,800	2,464,600	18,649,200	3,195,300	5,261,700	5,150,900	84,506,700
TOTAL GOAL C4	5,105,500	21,017,700	3,643,300	532,900	1,134,300	8,665,300	1,750,300	2,209,500	3,934,400	47,993,400
TOTAL RESOURCES SD3	20,571,400	75,024,700	12,664,500	2,715,100	5,974,300	36,485,100	7,247,900	10,886,400	12,864,500	184,433,900

Annex 2: Resource allocation summary

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

Function D1

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	53,196,200	34,455,900	7,090,600	4,079,100	3,185,200	9,358,000	3,308,300	3,955,700	13,241,800	131,870,800
Non Core Resources										
Secretariat	0	6,000,000	1,426,500	836,900	634,200	1,889,000	677,800	810,300	2,725,300	15,000,000
WB	0	107,940,000	21,296,000	2,080,000	1,196,000	16,908,000	2,968,000	316,000	27,196,000	179,900,000
UNDP	600,600	14,714,700	1,165,400	553,300	1,265,400	6,757,000	235,500	3,513,900	1,224,200	30,030,000
WHO	844,500	1,355,200	463,400	0	425,000	187,400	140,400	221,100	293,100	3,930,100
Subtotal	1,445,100	130,009,900	24,351,300	3,470,200	3,520,600	25,741,400	4,021,700	4,861,300	31,438,600	228,860,100
TOTAL RESOURCES FUNCTION D1	54,641,300	164,465,800	31,441,900	7,549,300	6,705,800	35,099,400	7,330,000	8,817,000	44,680,400	360,730,900

Function D2

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	50,245,000	11,943,000	6,988,700	3,802,900	3,045,900	8,918,300	3,202,600	3,901,700	12,690,100	104,738,200
Non Core Resources										
Secretariat	0	6,000,000	1,426,500	836,800	634,100	1,889,200	677,800	810,300	2,725,300	15,000,000
WHO	8,478,400	6,802,300	2,201,100	0	789,100	1,171,300	737,400	1,382,000	1,931,900	23,493,500
UNDP	491,400	12,039,300	953,500	452,700	1,035,400	5,528,400	192,600	2,875,000	1,001,700	24,570,000
Subtotal	8,969,800	24,841,600	4,581,100	1,289,500	2,458,600	8,588,900	1,607,800	5,067,300	5,658,900	63,063,500
TOTAL RESOURCES FUNCTION D2	59,214,800	36,784,600	11,569,800	5,092,400	5,504,500	17,507,200	4,810,400	8,969,000	18,349,000	167,801,700

Annex 2: Resource allocation summary

Function D3

Funding source	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
Core Resources										
Subtotal	45,606,300	9,452,900	6,103,500	3,513,400	2,716,400	7,988,900	2,874,000	3,445,800	11,502,300	93,203,500
Non Core Resources										
Secretariat	0	6,000,000	1,426,500	836,800	634,200	1,888,800	677,900	810,400	2,725,400	15,000,000
WHO	1,066,900	1,584,800	579,900	0	303,800	232,100	175,100	270,800	363,100	4,576,500
Subtotal	1,066,900	1,584,800	579,900	0	303,800	232,100	175,100	270,800	363,100	4,576,500
TOTAL RESOURCES FUNCTION D3	46,673,200	17,037,700	8,109,900	4,350,200	3,654,400	10,109,800	3,727,000	4,527,000	14,590,800	112,780,000

Summary: Strategic Functions

SF	Global	20+ Countries	AP	CAR	EECA	ESA	LA	MENA	WCA	TOTAL
TOTAL FUNCTION D1	54,641,300	164,465,800	31,441,900	7,549,300	6,705,800	35,099,400	7,330,000	8,817,000	44,680,400	360,730,900
TOTAL FUNCTION D2	59,214,800	36,784,600	11,569,800	5,092,400	5,504,500	17,507,200	4,810,400	8,969,000	18,349,000	167,801,700
TOTAL FUNCTION D3	46,673,200	17,037,700	8,109,900	4,350,200	3,654,400	10,109,800	3,727,000	4,527,000	14,590,800	112,780,000
TOTAL RESOURCES SF	160,529,300	218,288,100	51,121,600	16,991,900	15,864,700	62,716,400	15,867,400	22,313,000	77,620,200	641,312,600

OVERALL SUMMARY

TOTAL RESOURCES SD1	57,466,100	1,062,626,000	233,822,100	26,842,500	53,399,800	231,988,400	53,891,900	44,849,000	229,009,600	1,993,895,300
TOTAL RESOURCES SD2	49,925,700	561,170,200	82,771,500	12,699,100	23,337,900	128,271,300	24,266,700	36,888,900	106,651,400	1,025,983,000
TOTAL RESOURCES SD3	20,571,400	75,024,700	12,664,500	2,715,100	5,974,300	36,485,100	7,247,900	10,886,400	12,864,500	184,433,900
TOTAL RESOURCES SF	160,529,300	218,288,100	51,121,600	16,991,900	15,864,700	62,716,400	15,867,400	22,313,000	77,620,200	641,312,600
SUMMARY : 2012-2015 UBRAF	288,492,500	1,917,109,000	380,379,700	59,248,600	98,576,700	459,461,200	101,273,900	114,937,300	426,145,700	3,845,624,800

Annex 2: Resource allocation summary

Notes on presentation of budgets.

- *“The budget allocation will be linked to each of the three levels of the business plan and the results and accountability framework. For each strategic goal and function, specific deliverables for each of the outputs will be identified and resource needs defined, from either core UBRAF or other AIDS resources the Cosponsors raise themselves.” (para. 57, page 18, 2012-2015 UBRAF Part I: Overview) Therefore, in cases where deliverables linked to an organization exist without a corresponding core budget line, the costs of associated activities will be covered by non-core budgets.*
- *“Budgeted amounts included for Cosponsors’ other AIDS funds are best estimates by Cosponsors taking into account their most recent level of regular budgets and voluntary fundraising. These budget estimates are subject to change as Cosponsors formulate their individual workplans, refine and approve their own budgets, and mobilize funds. All resources shown are ‘HIV-specific’ and do not include mainstreamed HIV funds, or funds which are supportive of HIV responses more generally, and indirectly advance work on AIDS.” (para. 124, page 45, 2012-2015 UBRAF Part I: Overview)*
- (*) WFP (- USD 71,919,000) and UNICEF (+ USD 28,812,400) non-core fund estimates are adjusted in this Revised Results, Accountability and Budget Matrix. Compared to the version of the UBRAF submitted to the 28th PCB meeting where the total is USD 3,888,731,000, there is a net decrease of USD 43,106,600.
- Numbers have been rounded to the nearest USD 100.

Annex 3: Additional indicators

UNAIDS/PCB(29)/11.23
Page 1/2

Additional programme indicators from global results and monitoring and evaluation frameworks²³ which may also be used as complement for in-depth reporting (by strategic goal or function)

UBRAF reference	Name of indicator	Source
A1	New HIV infections = (HIV incidence) [disaggregated by age and gender for generalised epidemics]	National surveys and modelling
A1	Percentage of men who have sex with men and sex workers reached with HIV prevention programmes (CEI)	Previously UNGASS #9 (GAPR 1.11 and 1.7)
A1.1.1	Number of countries with Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people	UNFPA
A1.2.1	Percentage of men who have sex with men and sex workers reached with HIV prevention programmes (CEI)	Previously UNGASS#9 (GAPR 1.11)
A1.3.2	Percentage of women and men who received an HIV test in the past 12 months and know their result (GEI)	Previously UNGASS #7 (GAPR 1.5)
A1.3.2	Reduced Coping Strategies: Coping Strategy Index (*Reliance on negative coping mechanisms decreased for 80% of projects (Adequate food consumption over assistance period reached for target households, communities, IDPs and refugees)	WFP
A2	Global Plan to Eliminate New Paediatric HIV Infections and Keep Mothers Living with HIV Alive and Healthy	UNAIDS (2011)
A2	Number and percentage of deaths among children less than 5 years of age due to HIV	National surveys and modelling
A2.1, A2.2	New HIV infections	National surveys and modelling
A2.1, A2.2	Unmet need for Family Planning	National surveys
A2.1.1	Number of countries with strengthened national capacity for community-based interventions for family planning	UNFPA
A2.1.1	PMTCT Default Rate: Percentage of clients defaulting from the PMTCT programme during the reporting period	WFP, UNICEF, WHO
A3.1	Number of countries with strengthened regulations, policies and legislative reforms, which are evidence-based and human rights focused, and support harm reduction and drug dependence treatment services for people who use drugs [CEI]	UNODC
A3.2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes [CEI]	New UNGASS
A3.2.1	Percentage of drug users reached with HIV prevention programmes	Previously UNGASS #9
B1.2	ART Nutritional Recovery Rate: Percentage of adult ART clients found to be malnourished at initiation of food support, who are considered to have recovered from malnutrition upon completion of food support	WFP
B1.2.1	Number and percentage of community based organisations reporting no stock-out of HIV, TB, malaria or immunisation essential commodities according	CSS, Global Fund

²³ "Global AIDS Progress Reporting: monitoring the 2011 political declaration on HIV and AIDS: construction of core indicators"(UNAIDS (2011); Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive" (UNAIDS, UNICEF, WHO, 2011); Cosponsor Corporate Results Frameworks (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank)

Annex 3: Additional indicators

	to program implementation focus during the reporting period	
B1.2.2	Number of countries that have implemented HIV treatment services in the workplace or treatment referral systems through the workplace.	NCPI (A.IV.2.1)
B1.2.3	Nutrition Assessment for People Living with HIV (PLHIV): The number and proportion of PLHIV in care and treatment who were nutritionally assessed during the reporting period.	WFP (PEPFAR), WHO
B2.1.1	TB / Nutritional Recovery Rate: Percentage of adult ART clients found to be malnourished at initiation of food support, who are considered to have recovered from malnutrition upon completion of food support	WFP
B3.1.3	Percentage of countries where UNHCR's PLWHIV have access to supplementary feeding programmes	UNHCR
C1.2.2	Number of countries that have implemented In Reach Training	(potentially) Joint Team report
C2.1.1	Number of countries that do not apply travel restrictions towards refugees, IDPs and persons of concern to UNHCR	UNHCR
C3.1.3	Number of community-led organizations/networks supported to engage in programmes addressing HIV and SRH-needs of young people and sex-workers.	UNFPA
C3-C4	Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV	UNAIDS (2010)
C4.2.1	% of countries reporting the establishment of multisectoral teams for the prevention and management of GBV	UNHCR
C4.2.2	Number of countries with strengthened national capacity for addressing GBV and HIV and provision of quality services, including in humanitarian settings	UNFPA
D1.1	Percentage (and number) of countries with programmes in place to reduce HIV-related stigma and discrimination, through the media, school programmes or personalities speaking out regularly.	NCPI 2012 BIII.Q13
D1.2	Number of countries using AIDSinfo or other tested source of evidence for strategic planning	UNAIDS Secretariat
D3.1.1	Ratio of Cosponsors UBRAF core funds received: non-core funds raised.	UNAIDS
D3.1.3	Cosponsors' implementation of their HIV and AIDS programmes reported to their Board in the last two years	UNAIDS