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UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-FOURTH MEETING

Date: 1-3 July 2014

Venue: Executive Board Room, WHO, Geneva

Agenda item 5.2

2012–2015 Unified Budget, Results and Accountability Framework

Revised Indicator Framework

Additional documents for this item:

- **Mid-term Review**: UNAIDS/PCB (34)/14.6
- **External Reviews of UNAIDS:** UNAIDS/PCB (34)/14.7
- **UNAIDS Performance Monitoring Report**: UNAIDS /PCB (34)/14.9

Action required at this meeting – the Programme Coordinating Board is invited to:
Take note of the report and request UNAIDS to continue to look for ways to strengthen performance measurement and reporting.

Cost implications of decisions: None

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ACRONYMS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care services
ARV	Antiretroviral
CEWG	Cosponsor Evaluation Working Group
CS	Congenital syphilis
GARPR	Global AIDS Response Progress Report
HIC	High Impact Country
HIV	Human immunodeficiency virus
ILO	International Labour Organization
JPMS	Joint Programme Monitoring System
JPS	Joint Programme of Support
M&E	Monitoring and evaluation
MERG	Monitoring and Evaluation Reference Group
MTCT	Mother-to-child transmission of HIV
NGO	Nongovernmental organization
PCB	Programme Coordinating Board
PMTCT	Prevention of mother-to-child transmission of HIV
SI	Strategic Information
STI	Sexually transmitted infection
UA	Universal Access
UBRAF	Unified Budget, Results and Accountability Framework: 2012 - 2015
UBW	Unified Budget Workplan
UCC	UNAIDS Country Coordinator
UCO	UNAIDS Country Office
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNJT	Joint UN Team on AIDS

Note: A glossary of M&E terms can be found at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf

SUMMARY OF OUTCOMES OF PROCESS

1. This paper summarizes the outcomes of the process to simplify and refine the indicators in the UBRAF, following the request at the 32nd PCB meeting in June 2013. It presents a revised indicator set for use in 2014-2015, the second biennium of the UBRAF. The revised indicator set is presented in Annex 1 while the full indicator definitions are presented in Annex 2.

2. The process to simplify and refine the indicators included multi-stakeholder consultations in October 2013 and March 2014. Through the process, the original set of 122 indicators has been revised and indicators that measure overall progress in the AIDS response have been clearly distinguished from those which measure the performance of the Joint Programme. The consultation process concluded that:

   - 31 core indicators be retained as measuring attribution or direct contribution to the actions of the Joint Programme;
   - 11 indicators be removed as no longer necessary or subsumed into the revised set of 31 indicators; and
   - 80 indicators be reframed as reference, providing relevant contextual information on the broader AIDS response.

3. The core set of 31 indicators includes eight civil society related indicators. The revised indicator set presents the Joint Programme's best efforts to capture credible and high-quality data reflecting progress against each of the UBRAF goals. However, it is recognized that indicators alone cannot provide a full picture of the Joint Programme's multi-faceted contributions, and require triangulation with other data sources. Moreover, many of the indicators have been used for a year or two and further revisions may need to be made in the context of planning for the post-2015 period.

BACKGROUND AND DESCRIPTION OF THE PROCESS

4. The progress of the UBRAF is considered annually, with Joint Programme reviews at country, regional and global levels that feed into the presentation of a UNAIDS Performance Monitoring Report and accompanying papers to the PCB each year.

5. The UBRAF notes that "all indicators will be reviewed as part of the annual reviews of progress in order to make sure that the indicators are robust, appropriate and remain relevant. The full engagement of external stakeholders, in particular national governments and civil society as well as UN Country Teams and UN Joint Teams on AIDS in the annual review process, is key"[1].

6. At its 32nd meeting in June 2013, the PCB "endorsed the continued simplification and refinement of the [UBRAF] indicators" (decision 8.2). Guidance from independent

[1] UBRAF Part I, paragraph 77: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/20110526_UBRAF Part 1_final.pdf

experts of UNAIDS Monitoring and Evaluation Reference Group (MERG) at the same meeting recommended:

a. Further simplification of the indicator set and improvement of indicator quality;
b. Establishment of stronger and more logical links between resources, results and indicators, and;
c. Continued emphasis on case studies, in-depth reviews and evaluations to complement indicator reporting.

7. Following the PCB decision, as part of the process to refine the indicators, a UNAIDS multi-stakeholder consultation on programmatic and financial accountability was convened in Geneva in October 2013. During this consultation, a range of issues relating to performance measurement and accountability were discussed.

8. The consultation noted the need to find a balance between the type and amount of data to be collected and the time, effort and costs that this would require. The long process of developing the UBRAF had demonstrated that finding a set of indicators of sufficiently high quality was difficult, and that developing indicators is by nature an iterative process. It was noted that there had been a clear improvement in indicators used previously (in the Unified Budget and Workplan), but it was acknowledged that the quality of many indicators could be improved.

9. Based on input and discussions, it was agreed that the UBRAF indicator set would be refined so that an improved indicator set could be used in 2014-2015, the second biennium of the UBRAF. Additionally, it was proposed and agreed that new indicators could be developed and tested in parallel for the post 2015 period. It was also confirmed, notwithstanding certain limitations monitoring and reporting on achievements in 2013 would be based on the original indicator set (used in 2012).

2014-2015 UBRAF INDICATORS

10. When reviewing the original indicator set, the main criteria considered was the level of attribution to the activities of the Joint Programme. The original indicator set consisted of 122 indicators, as a result of the consultation process, it was agreed that 80 existing higher (goal and outcome) level indicators in the UBRAF be reframed as reference providing relevant contextual information on the broader AIDS response, but not directly attributable to the actions of the Joint Programme.

11. The October 2013 consultation considered the remaining 42 UBRAF indicators, which are measured through the Joint Programme Monitoring System (JPMS) at country level. These were categorized in terms of extent to which these could be attributed to the activities of Joint UN Teams on AIDS. As a result the following conclusions were reached:

12. Firstly, 31 core indicators should be retained. Out of these 31 indicators:

a. Five underwent no or minimal changes;
b. Twenty-three underwent some modifications; and
c. Three indicators underwent significant transformation.

13. Secondly, 11 indicators should be removed:

a. Six indicators considered as no longer viable; and
b. Five indicators subsumed into other indicators.

14. Out of the revised set of 31 core indicators, 13 indicators use a 'generic' indicator approach; the methodology for which was developed in 2011 to more consistently and effectively measure UNAIDS contribution at country level. The methodology was updated during the process to refine the UBRAF indicator set. Annex 2 gives further details.

15. For more in-depth information on the indicators, including their rationale, method of measurement, source, baseline and target, an Indicator Reference is presented in Annex 2. The aim of this guidance is to guide countries as they complete indicators to ensure that the data between countries is as coherent and comparable as possible.

INVOLVING AND BETTER REPRESENTING CIVIL SOCIETY

16. During the consultation process, special consideration was given to civil society related indicators as there were concerns about their quality and appropriateness. Nine of the original civil society related indicators were identified as having "reasonable links to civil society". Eight indicators are retained in the new indicator set; of these, D2.2.2a has been transformed to specifically measure how the Joint UN Team contributes to strengthen civil society engagement in the national response.

17. A sub-group of the Cosponsor Evaluation Working Group (CEWG) – with PCB NGO participation – was established in October 2013 to address more explicit reporting on engagement with civil society. The sub-group is building on the process started by the UBRAF indicator review, and recommendations from the multi-stakeholder consultation to agree on how gaps and challenges in regard to civil society related indicators can be addressed. Additionally, the group oversaw the preparation of a Working Paper on UNAIDS engagement with civil society building on that submitted to the 32nd PCB meeting[2]. The 2011 UNAIDS publication, UNAIDS guidance for partnerships with civil society; including people living with HIV and key populations provides an important guide for this process[3].

CONCLUSION

18. The revised indicator set effectively reduces and reframes the 122 indicators originally considered to a core set of 31 indicators measuring attribution or direct contribution to the actions of the Joint UN Team on AIDS. The reduction means that all UBRAF strategic goals and functions have at least one indicator. The analysis of each indicator is complex, as it must consider data from many sources to build a fuller picture.

19. Indicators are not the only data source for reporting, and require triangulation with other sources such as narrative and financial reporting to give a fuller picture of the work of

[2] See UNAIDS working paper, *UNAIDS engagement with civil society*, published for the 32nd PCB in June 2013: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624_UNAIDS_WorkingPaper_CSengagement.pdf

[3] http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2236_guidance_partnership_civilsociety_en.pdf

the Joint Programme. Regular monitoring and reporting also needs to be complemented by more in-depth assessments, evaluations and case studies to fully capture the work and performance of the Joint Programme and the extent to all UBRAF outcomes and outputs have been achieved.

[Annexes follow]

ANNEX 1. REVISED CORE UBRAF INDICATOR SET[4]

Indicator	Level	UBRAF Code	Summary of modification
1. UN Joint Team contributed to strengthen national capacity among key stakeholders for the design and implementation of quality, comprehensive age-appropriate sexuality education in policy and curricula.	Output	A1.1.1a	**Indicator name modified** 'generic' indicator
2. UN Joint Team contributed to strengthen national capacity for the provision of essential SRH services to young people.	Output	A1.1.1b	**Indicator name modified** 'generic' indicator
3. UN Joint Team contributed to strengthen municipal level comprehensive HIV prevention, treatment and care programmes for and with men who have sex with men, sex workers and/or transgender people.	Output	A1.2.1	**Indicator name modified** 'generic' indicator
4. UN Joint Team contributed to strengthen national policy implementation and/or scale-up of new and emerging HIV prevention technologies.	Output	A1.3.1	**Indicator name modified** 'generic' indicator
5. UN Joint Team contributed to the development or revision of a National/Sectoral HIV and AIDS workplace policy(ies) to implement workplace programmes.	Output	A1.3.2a	**Indicator name modified** Changed to make UN Joint Team specific *Extra question in addition to contextual information: Did the UN Joint Team contribute to the development/revision of this HIV and AIDS workplace policy/legislation in the last 12 months? (Y/N)*
6. UN Joint Team contributed to strengthen national capacity in logistics management of HIV-related commodities.	Output	A1.3.2b	**Indicator name modified** 'generic' indicator
7. UN Joint Team contributed to an effective national M&E system for the elimination of MTCT programme for the collection, analysis dissemination and use of data.	Output	A2.1.4	**Indicator name modified** *With extra question in addition to contextual information: Did the UN Joint Team contribute to the development of the M&E system for the elimination of MTCT in the last 12 months? (Y/N)*

[4] This should be read in conjunction with the 2014-2015 Results, Accountability and Budget Matrix of the UBRAF (http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb32/agendaitems/UBRAF_PCB_2014-2015_Matrix_16May2013GMA%20FINAL.pdf)

Indicator	Level	UBRAF Code	Summary of modification
8. UN Joint Team contributed to strengthen a costed integrated national sexual and reproductive health action plan.	Output	A2.2.3b	**Indicator name modified** 'generic' indicator
9. UN Joint Team contributed to universal access to HIV prevention, treatment and care for injecting drug users and/or people living in prisons or other closed settings.	Output	A3.1.1	**Indicator substantially modified** Changed definition and JPMS questions (folding in A3.1.2): What are the areas that the Joint Team has supported achievement of universal access to HIV prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings?: Tick all those that are relevant below, with two columns of tick boxes (one PID, one people living in prisons or other closed settings) • Needle and syringe programmes (NSP); • Drug dependence treatment; • Opioid substitution therapy; • Other drug dependence treatment; • HIV testing and counselling; • Antiretroviral therapy (ART); • Prevention and treatment of sexually transmitted infections (STIs); • Condom programmes for IDUs and their sexual partners; • Targeted information, education and communication (IEC) for IDUs and their sexual partners; • Diagnosis and treatment of and vaccination for viral hepatitis; • Prevention, diagnosis and treatment of tuberculosis. *(list mirrors 'Framework for setting indicators and indicative targets' in the WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users)*
10. UN Joint Team contributed to the simplification and expansion of access to treatment for children and adults, including key populations, including through the decentralization and integration of HIV and other health services as appropriate.	Output	B1.1.1	**Indicator name modified** 'generic' indicator
11. UNAIDS guidance on health service delivery was used with UN Joint Team support to develop and/or review country policies, strategies and budgets or implement key actions without a formal, written national policy.	Output	B1.2.2	**Indicator substantially modified** Clarified as follows: *a. Specify "Consolidated guidance on the use of antiretroviral drugs for treating and preventing HIV infection" (also known as 2013 WHO Treatment Guidelines) in the indicator definition;* *b. Make this a 'separate' indicator in JPMS (currently, data for this indicator is currently collected from other sources [Output indicator D1.4.1]).*

Indicator	Level	UBRAF Code	Summary of modification
12. UN Joint Team advocated for and/or supported administration of national disaggregated data on treatment (by age, gender and key population).	Output	B1.3.2	**Indicator name modified** Clarified Joint Team role to advocate and/or administer the Universal Access instrument
13. UN Joint Team contributed to TB screening and Isoniazid Preventive Therapy are part of the national health system, plan and budget.	Output	B2.2.1	**Indicator name modified** Changed definition (& JPMS questions): The UN Joint Team supported TB screening and Isoniazid Preventive Therapy being part of the national health system and plan by: • Conducting a Joint Programme review; • Undertaking scientific advocacy; and • Convening a national meeting to focus on and implement the 3 Is.
14. UN Joint Team contributed to strengthen national capacity among key stakeholders for the implementation of TB or dual HIV/TB workplace policies and programmes.	Output	B2.3.1a	**Indicator name modified** 'generic' indicator
15. UN Joint Team contributed to strengthen national capacity to implement and scale up HIV-sensitive social protection and HIV and child sensitive social protection.	Output	B3.1.1	**Indicator name modified** 'generic' indicator *Include question (covering B3.1.2), "Did the assistance reach OVCs?" in the JPMS.*
16. UN Joint Team contributed to the development of written national health financing and/or social protection strategies in place which explicitly address(es) HIV.	Output	B3.2.1	**Indicator name modified** Changed definition (& JPMS questions): *UN Joint Team requested to tick one or more of the areas in which it worked:* The UN Joint Team supported the development of a written national health financial and/or social protection strategy which explicitly address(es) HIV: • Undertaking a situation analysis of social protection and HIV; • Holding a consultation on national social protection floor. *As context, retain questions on whether a national strategy exists for social protection and/or health financing, and whether these were developed in the last 12 months.*
17. UN Joint Team contributed to universal access to HIV prevention, treatment and care for emergency affected populations.	Output	B3.3.1	**Indicator substantially modified** Replaced previous indicator. Updated definition and JPMS questions: Tick all those that are relevant below • HIV testing and counselling; • Antiretroviral therapy (ART); • Prevention and treatment of sexually transmitted infections (STIs); • PMTCT programmes; • Condom programmes; • Targeted information, education and communication (IEC); • Prevention, diagnosis and treatment of tuberculosis; • Supporting at least one Key population in the emergency affected area. *(list mirrors 'IASC Guidance for Addressing HIV in Humanitarian Settings)*

Indicator	Level	UBRAF Code	Summary of modification
18. UN Joint Team contributed to building national capacity among policy-makers, law-makers, key populations and communities affected to advocate for reforms in country laws and practices.	Output	C1.1.1	**Indicator name modified** 'generic' indicator
19. UN Joint Team contributed to advocacy and reporting on removal of legal barriers to HIV prevention, treatment, care and support.	Output	C1.1.2a	**Indicator name modified** Changed definition (& JPMS questions): *UN Joint Team requested to tick one or more of the areas in which it worked* The UN Joint Team supported: • National dialogues on HIV and the Law; • Legal environment assessments; • Advisory support to law development and law reform processes; • Human rights violations monitoring systems.
20. UN Joint Team contributed to Stigma index implementation.	Output	C1.2.1	**Minor modification** *Original indicator title modified, and definition updated with an additional question to measure Joint Team contribution to the implementation of the Stigma Index through the national PLHIV network*
21. UN Joint Teams contributed to national advocacy for the removal of discriminatory HIV-related travel restrictions.	Output	C2.1.1	**Indicator name modified** Changed definition (& JPMS questions): *UN Joint Team requested to tick one or more of the areas in which it worked:* The UN Joint Team contributed to national advocacy for the removal of discriminatory HIV-related travel restrictions by: • Convening national partners, governments and civil society for the lifting of travel restrictions; • Providing technical comments / brokering on laws, regulations and policies with a view to lifting travel restrictions.
22. UN Joint Team contributed to strengthening national capacity among civil society organizations and networks in promoting gender equality, including to engage men and boys, within an HIV context.	Output	C3.1.3	**Indicator name modified** 'generic' indicator

Indicator	Level	UBRAF Code	Summary of modification
23. UN Joint Team contributed to the review or development of legislation and/or policies addressing gender-based violence against women and gender equality.	Output	C4.2.1	**Indicator name modified** Changed definition (& JPMS questions): *UN Joint Team requested to tick one or more of the areas in which it worked:* The UN Joint Team contributed to the review or development of legislation and/or policies addressing violence against women and gender equality by: • Empowering women to participate in decision-making processes (including Global Fund proposals and revision of legislation); • Providing new evidence and analysis on the situation of violence against women through gender assessment processes; • Advocacy to ensure a protective environment, for example by developing gender identity laws integrating gender and violence against women in national HIV plans; • Integrating HIV into national gender plans.
24. With UN Joint Team support, UNAIDS policy guidance documents provided and used to develop and/or review country policies and strategies or implement key actions.	Output	D1.4.1	**Minimal change** Simplified title, with change to indicator to specify support for adoption and use
25. UN Joint Team contributed to strengthen national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response.	Output	D2.1.1	**Indicator name modified** 'generic' indicator *(synthesises information from other sources)*
26. UN Joint Team contributed to strengthen civil society engagement in the national response.	Output	D2.2.2a	**Indicator substantially modified** Replaced previous civil society indicator *using 'generic indicator' format (to be complemented by separate Civil Society report)*
27. National Strategic Plans benefited from a UN quality assurance/peer review.	Output	D2.2.2b	**Minimal change** Indicator title now mentions UN *Can keep JPMS question as is, which already has disaggregation for ASAP and other UN (plus bilateral and other)*
28. Standardised and recognised strategic information tools for NSP reviews are used with UN Joint Team support.	Output	D2.3.2	**Indicator name modified** Includes change to indicator title to specify Joint Team support
29. Assessment of Joint UN Teams and Joint Programmes of Support on AIDS (JPS).	Output	D3.1	**Indicator name modified** Combined indicator, previous questions from D3.1, D3.1.2, D3.2a and D3.2b rationalized
30. Financial expenditure of UN Joint Teams on AIDS by strategic goal/ function, country and geographical area.	Output	D3.1.1a	**No change** *(synthesises information from other sources)*
31. Core budget implementation rate of Cosponsors and Secretariat, including by goal and outcome.	Output	D3.1.1b	**No change**

Indicators for deletion or to be subsumed into others

Indicator	Level	UBRAF Code	Reason for deletion
32. Relevant new technologies have been piloted and/or integrated into HIV prevention programmes, policies and strategies.	Outcome	A1.3	Difficult to attribute to the actions of the Joint UN Team on AIDS
33. PMTCT strategy/plans explicitly address low level and concentrated epidemic settings and access to services are implemented.	Output	A2.1.3	Difficult to attribute to the actions of the Joint UN Team on AIDS
34. Evidence informs public health approaches to HIV prevention, treatment & care services including drug dependence treatment for people who use drugs, and for people living in prisons and other closed settings.	Output	A3.1.2	Subsumed by A3.1.1
35. National health system and plan contains key components to address the HIV epidemic.	Output	B1.2.1	Difficult to attribute to the actions of the Joint UN Team on AIDS
36. 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.	Outcome	C1.1	Difficult to attribute to the actions of the Joint UN Team on AIDS
37. Proposals for legal, regulatory or policy reform are tabled in parliament (or relevant national forum) to remove discriminatory HIV-related travel restrictions.	Outcome	C2.1	Difficult to attribute to the actions of the Joint UN Team on AIDS
38. Service delivery points providing appropriate medical, psychological and legal support for women and men who have been raped & experienced incest.	Outcome	C4.2	Difficult to attribute to the actions of the Joint UN Team on AIDS
39. A NASA or equivalent spending assessment has been completed in the last two years.	Outcome	D1.2b	Subsumed by D2.3.2
40. UBRAF annual multi-stakeholder review of the Joint Programme of Support conducted.	Outcome	D3.1	Subsumed into D3.2a (becoming D3.1)
41. UNAIDS Division of Labour is formally reviewed, adapted and endorsed.	Output	D3.1.2	Subsumed into D3.1

Indicator	Level	UBRAF Code	Reason for deletion
42. Joint UN Team on AIDS is functional.	Output	D3.2a	Subsumed into D3.2a (becoming D3.1)

ANNEX 2. UBRAF CORE INDICATOR REFERENCE FOR 2014-2015 REPORTING

This Annex lists the definitions for core UBRAF indicators that need to be completed by Joint Teams at country level in the JPMS. It will accompany the *Joint programme monitoring system (JPMS) guidance for 2014 reporting*, and guide completion of indicators so that data between countries will be as coherent and comparable as possible.

Indicator definitions reference

This explains what the categories in each definition mean.

Indicator	Name or definition of the indicator
UBRAF reference	UBRAF indicator reference number
Indicator reference/ Indicator focal point	Person/organization responsible for the indicator definition, including its proposal and/or development along with estimates of global targets.
Rationale	Explanation of the usefulness of the indicator
Calculation	Method of calculating the indicator
Numerator	An indicator of count type that is used to denote a subset of a population or set. It is used to calculate an indicator of percentage type.
Denominator	An indicator of count type that is used to denote a whole population or set, which in the JPMS is typically the number of countries. It is used to calculate an indicator of percentage type.
Method of Measurement	How the data will be collected
Disaggregation	Separation of the data into targeted subsets, such as sex, age, target population, etc.
Source	Original reporting mechanism from which the indicator is coming originating.
Baseline	Status of an indicator against which progress can be assessed or comparisons made. In most cases, this will be from the latest reporting year. Where possible, in order to try to measure UNAIDS contribution more effectively the geographic extent of baseline information has been specified across up to three levels. The first two levels are HICs and countries where UNAIDS works; the third, when referring to NCPI and GARPR indicators, is a larger range of

	countries. Efforts are ongoing to refine and expand information for all indicators.
Target	The objective a program/intervention is working towards, expressed as a measurable value; the desired value for an indicator at a particular point in time.
Further information	Additional resources or information on the indicator can be found in links shared in this space.

Note on baselines and targets

In some cases indicators have had additional questions added, typically distinguished through being named as 'Part II', to make them more attributable to the work of the UN Joint Team. In these cases, as revised indicators, it will only be possible to set baselines and targets after the first round of data is available in 2014. The related baselines and 2012/2013 data are retained under 'Part I' questions to allow continued review and comparison.

The approach to measure 'Generic indicators' additionally measures the approximate level of effort (in terms of how much effort was allocated) provided by the UN Joint Teams for each of the types of assistance. This will lead to creation of additional data available in 2014 which will establish new baselines and (if appropriate) targets. Up until 2013, data collected against these indicators used the method that a positive value for a country was obtained if at least four components were recorded. This historical data is captured in the definitions but with baselines, data and targets greyed out [see below for more on the 'Generic indicator' approach].

The 'generic indicator' approach in the UBRAF

A 'generic' approach has been developed for thirteen of the output indicators[5] in the UBRAF to more consistently and effectively measure UNAIDS' contribution to different programmatic areas. The approach aims to measure the main technical and capacity development roles of UNAIDS in different country settings, using seven components listed below.

In the previous UNAIDS framework, the Unified Budget and Workplans (UBW), some indicators aimed to measure UNAIDS' contribution with the formula 'UNAIDS provided support to [undertake a specific programmatic action or achieve a country-level result]'[6]. One of the main problems with this was that it did not give a clear picture of either the type of inputs or of the quality of the results achieved. The generic indicator approach aims to address this, and provide clearer and more consistent measures of results for the purposes of programme reporting and planning.

[5] A1.1.1a, A1.1.1b, A1.2.1, A1.3.1, A1.3.2b, A2.2.3b, B1.1.1, B2.3.1a, B3.1.1, C1.1.1, C3.1.3 and D2.2.2a; and D2.1.1 which synthesizes data from the other twelve generic indicators.
[6] e.g. "UNAIDS supported efforts to reduce stigma and discrimination and address HIV-related vulnerability in more than 40 countries."

The approach was piloted in 2012-2013 and refined in 2014. The latest revision aims to capture the approximate level of efforts provided by the UN Joint Teams for each of the types of assistance. The approach will never be perfect as measuring UNAIDS' contribution requires a consideration of both the process and the results – two different but complementary areas. However, qualitative reporting against each of the Outputs provides complementary information for UBRAF reporting.

Definitions of components

The seven components measured in the generic indicators are:

- *Advocacy,* while not strictly technical support, advocacy is an important area of UNAIDS work that facilitates the components below;
- *Normative guidance* consists of support in setting context-specific standards and includes the development or adaptation of guidelines and/or technical toolkits related to programmatic areas of the response;
- *Technical assistance* includes the provision of direct technical support through specialists or experts who facilitate and/or guide the development of quality and appropriate policy and/or curricula, training content and their implementation;
- *Training* covers activities that aim to increase the ability of people to perform functions, solve problems and set and achieve objectives through a one to many programme;
- *Resource mobilization* is the result of country-level actions that contribute to securing financial, human or material resources for in-country development, online training or supporting staff from national partner to attend training out of the country. It is measured as two different components, *financial* or *non-financial*;
- *Funding* is when members of the Joint Team provide financial support to other organizations, typically civil society;

There is also the option of specifying an '*other'* component of technical support.

Collating the data

The UBRAF indicator D2.1.1, *Strengthened national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response* collates the indicator data from the twelve other generic indicators to provide a composite indicator. It aims to give an idea of the overall degree to which the Joint Programme provided a contribution against the different components.

Data use

Data from the generic indicator metric can be used to determine which types of assistance are provided to what extent, regionally and/or globally. By disaggregating the data during collection, various assessments can be made about the provision of support. For example, technical assistance is provided to X% of responding countries as compared to providing non-financial resource mobilization to Y% of countries; or training has the highest average level of effort (in terms of effort allocated) across the X number of countries providing data. The data can also be used to track how many countries are receiving some type of assistance from the Joint Team. In addition, the data can be useful at the country level to help assess if the right type of assistance is being provided at an appropriate level.

Not all countries may need and/or request support for the work in all components. However, it is likely that most high-impact countries will receive support in one or more areas.

Methodological questions and looking ahead

The approach is inherently subjective, but represents the Joint Programme's best efforts to capture credible and high quality data. Furthermore, indicators are not the only data source for reporting, and require triangulation with other sources such as narrative and financial reporting to give a fuller picture of the work of the Joint Programme. Regular monitoring and reporting also needs to be complemented by more in-depth assessments and evaluations.

All indicators, particularly the generic indicator approach, remain a work in progress and it is expected that further revisions will take place for the post 2015 UNAIDS framework.

UBRAF Indicator Definitions

A1: Sexual transmission of HIV reduced by half

Indicator	**UN Joint Team contributed to strengthen national capacity among key stakeholders for the design and implementation of quality, comprehensive age-appropriate sexuality education in policy and curricula**
UBRAF reference	**UBRAF A1.1.1a**
Indicator reference/ Indicator focal point	Adapted from UNFPA Results Framework (Output 16). UNFPA
Rationale	Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Globally, comprehensive and correct knowledge about HIV among both young men and young women has increased slightly in the last decade—but at only 34% of males and 28% of females, the number of young people with this comprehensive knowledge is far from the target set by the UNAIDS family of 80% by 2015 in 17 priority countries. There is an urgent need to address the gap in knowledge about HIV among young people aged 15-24. Evidence has shown that comprehensive sexuality education that is age-appropriate, gender-sensitive and life skills-based, can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders, including civil society, to answer the question about different types of assistance provided by the UNJT around sexuality education. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen national capacity among key

	stakeholders for the design and implementation of quality, comprehensive age-appropriate sexuality education in policy and curricula in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	2011 UCC survey: 73/96 countries (76%) of which 28 HICs (74% out of 38)
Target	2013: 84% (HICs: 87%); 2015: 90% (HICs: 100%) Revised targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	http://www.unfpa.org/webdav/site/global/groups/youth/public/International_Guidance_Sexuality_Education_Vol_I.pdf http://www.unfpa.org/webdav/site/global/groups/youth/public/International_Guidance_Sexuality_Education_Vol_II.pdf http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/2010-12-16_JC1830_young_people.en.pdf

Indicator	**UN Joint Team contributed to strengthen national capacity for the provision of essential SRH services to young people**
UBRAF reference	**UBRAF A1.1.1b**
Indicator reference/	Adapted from UNFPA Results Framework (indicator 15.1) UNFPA

Indicator focal point	
Rationale	In 2009, young people accounted for 41% of all new HIV infections in 15-49 year olds. More than half of all sexually transmitted infections, other than HIV, (more than 180 million out of a global annual total of 340 million) occur among young people aged 15 to 24.Yet most young people still have no access to sexual and reproductive health programmes that provide the information, skills, services, commodities, and social support they need to prevent HIV. In fact, many laws and policies go as far as to exclude young people from accessing sexual health and HIV-related services, such as HIV testing and counseling and the provision of condoms. Providing comprehensive sexual and reproductive information, skills, services and commodities in a safe and supportive environment tailored to the specific country and epidemic context is key if we want to reach the goal of 30% reduction in new HIV infections in young people (15–24) by 2015.
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	The UN Joint Team should collaborate with national stakeholders, including civil society, to answer the question about different types of assistance provided by the UNJT around the provision of technical assistance for essential SRH services to young people. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen national capacity for the provision of essential SRH services to young people in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:

Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	2011 UCC survey: 80/95 countries (84%) of which 29 HICs (76% out of 38)
Target	2013: 90% (HICs: 88%); 2015: 95% (HICs: 100%) Revised targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/2010-12-16_JC1830_young_people.en.pdf

Indicator	**UN Joint Team contributed to strengthen municipal level comprehensive HIV prevention, treatment and care programmes for and with men who have sex with men, sex workers &/or transgender people.**
UBRAF reference	**UBRAF A1.2.1**
Indicator reference/ Indicator focal point	UNDP/UNFPA
Rationale	Men who have sex with men, sex workers and transgender people are often difficult to reach with HIV prevention, treatment and care programmes. Weak community systems, exclusion from policy making and service design, combined with discrimination, violence and other structural barriers all contribute to challenges in achieving optimum coverage and equitable access. However, in order to prevent further HIV transmission among these key populations as well as into the general population, it is important that services inclusive of access to justice programmes are established and scaled up. Around the world, urban centres are frequently the settings of high HIV prevalence and high levels of HIV exposure. Cities are also frequently the locations of organized community groups, good HIV-related services, and the municipal authorities in cities often have autonomy in setting policies and administering local health services, social and legal services, and policing. Municipal* HIV programming can therefore complement national efforts and contribute important evidence and momentum for national change. For these reasons, UNAIDS will focus its efforts on attaining change for the large populations of men who have sex with men, sex workers and transgender people in cities, looking particularly within each region of the world at locations where combination HIV interventions are most needed and where effort can have the greatest potential impact. **A municipality is political unit, such as a city or town incorporated for local self-government (i.e. borough, town, burg, district).*
Method of Measurement	The UN Joint Team should collaborate with national stakeholders, including civil society, to answer the question about different types of assistance provided by the UNJT around the provision of technical assistance to strengthen municipal level programmes for prevention, treatment and care. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen municipal level comprehensive HIV prevention, treatment and care programmes for and with men who have sex with men, sex workers and/or transgender people in the last 12 months? (Level of effort – in terms of how much effort was allocated –

	should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort: During the provision of technical support, in the last 12 months the UN Joint Team engaged at least one key population-led organization (see groups below) in the formulation, implementation, and monitoring and evaluation of municipal level programmes (not individual NGO programmes) addressing comprehensive HIV prevention, treatment and care [check boxes for those that apply]: • Men who have sex with men • Sex workers • Transgender people
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	• By type of support, level of effort, aggregate amount and key population
Source	Joint Programme Monitoring System (JPMS)
Baseline	2011 UCC survey: 74/89 countries (73%) of which 28 HICs (74% out of 38)
Target	By 2015: Increased by at least one municipal programmes from baseline in all 30+ countries *Different targets to be considered for CEI and GEI countries.* Revised targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.

Indicator	**UN Joint Team contributed to strengthen national policy implementation and/or scale-up of new and emerging HIV prevention technologies**
UBRAF reference	**UBRAF A1.3.1**
Indicator reference/ Indicator focal point	Adapted from 2012-2013 UBRAF indicator WHO
Rationale	New HIV prevention technologies (those which are proven and effective, listed below) can play a critical role in reversing the current trends in HIV transmission rates. Developing and implementing new technologies as part of national strategies of combination prevention, require partnerships between a range of organizations across different sectors, including scientists, private sector, communities and governments. New prevention technologies include: • microbicides • antiretroviral treatment as prevention (TasP) • pre-exposure prophylaxis (PrEP) • voluntary medical male circumcision (VMMC) Apart from 'ART as prevention' and VMMC, all other new technologies are still in research/trial stage. UNAIDS and WHO have committed themselves to scale-up VMMC in line with the 'Joint Strategic Framework to accelerate the scale-up of VMMC for HIV prevention in ESA-region' (December 2011). The following countries are included: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Male circumcision reduces the risk of female-to-male sexual transmission of HIV by around 60%. WHO and UNAIDS recommend voluntary medical male circumcision in countries with high HIV prevalence and low levels of male circumcision in Eastern and Southern Africa.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders, including civil society, to answer the question about different types of assistance provided by the UNJT around the provision of technical assistance to strengthen national policy implementation and/or scale-up of new and emerging HIV prevention technologies. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen national policy implementation and/or scale-up of new and emerging HIV prevention technologies in the last 12 months? (Level of effort – in terms of how much effort was allocated –

	should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort: For which HIV prevention technologies? [check boxes]: • microbicides • antiretroviral treatment as prevention (TasP) • pre-exposure prophylaxis (PrEP) • voluntary medical male circumcision (VMMC) • others [specify in text box]
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	2011 UCC survey: 46/93 countries (= 49%) of which 26 HICs (68% out of 38)
Target	2013: 65%; 2015: 80%
Further information	Target for VMMC: By 2016 countries with generalized HIV epidemics and low prevalence of VMMC have: - VMMC prevalence of at least 80% among 15–49 year old males; and - Established a sustainable national programme that provides VMMC services to all infants up to 2 months old and at least 80% of male adolescents. Joint Strategic Action Framework to Accelerate the Scale-up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa 2012-2016 (2011);

Indicator	**UN Joint Team contributed to the development or revision of a National/Sectoral HIV and AIDS workplace policy(ies) to implement workplace programmes**
UBRAF reference	**UBRAF A1.3.2a**
Indicator reference/ Indicator focal point	ILO
Rationale	The world of work plays a crucial role in addressing HIV and AIDS. It offers a valuable entry point to reach women and men workers in the setting where they spend much of their lives: the workplace. The development/revision and implementation of workplace policies and programmes on HIV and AIDS facilitate access to prevention, treatment, care and support services for workers and their families and dependants, thereby also reaching out to the larger community.
Numerator	UNJT in countries reporting the development/revision of a National HIV and AIDS workplace policy/legislation that include at least four of the six elements.
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Data should be collected by the Joint Team in collaboration with national stakeholders (including Ministries of Health and civil society). Question: (Part I) Has the country developed/revised a National HIV and AIDS workplace policy/legislation which includes the following components? • Mechanism/ approach for development/revision of policies has been identified through a stakeholder consultative process; • Policy drafted/revised through participatory process with key stakeholders based on ILO Recommendation 200 or other UNAIDS policy guidelines; • Policy adopted by appropriate body; • Capacity building of world of work stakeholders to implement the National/Sectoral policy; • Action plan to implement the National/Sectoral policy at the workplace/Sectoral level developed; • Policy is being implemented through public and/or private

	workplace programmes as evidenced by reports from the Ministry of Labour, Employers' organizations, Workers' organizations, Business Coalitions and/or ILO. (Part II) • Did the UN Joint Team contribute to the development/revision of this HIV and AIDS workplace policy/legislation in the last 12 months? (Y/N)
Disaggregation	Not applicable
Source	Joint Programme Monitoring System (JPMS)
Baseline	ILO 2011 reporting: 49 countries (63% HICs)
Target	Part I: 2013: 60 countries (70% HICs); 2015: 70 countries (80% HICs) Part II: To be established using 2014 data

Indicator	**UN Joint Team contributed to strengthen national capacity in logistics management of HIV-related commodities**
UBRAF reference	**UBRAF A1.3.2b**
Indicator reference/ Indicator focal point	Adapted from UNFPA Results Framework (Indicator 8.2**)** UNFPA/WHO
Rationale	Designing an effective and sustainable supply chain system for HIV related commodities such as antiretroviral drugs (ARVs), HIV rapid tests, rapid point-of-care CD4 tests, and male and female condoms, is a pre-requisite for successful HIV programming, but can be complex. A correctly run distribution system should also keep the commodities in good condition, rationalize commodities storage points, use transport as efficiently as possible, reduce theft and fraud and provide information for forecasting needs. This requires a good management of the system by capable national staff along with a simple but well-designed information system in place.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders, including civil society, to answer the question about different types of assistance provided by the UNJT around HIV-related commodities. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen national capacity in logistics management of HIV-related commodities in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No

	Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	60/95 countries (63%) of which 21 HICs (55% out of 38)
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	http://www.who.int/hiv/amds/lmis/en/index.html

A2: Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half

Indicator	**UN Joint Team contributed to an effective national M&E system for the elimination of MTCT programme for the collection, analysis dissemination and use of data**
UBRAF Reference	**UBRAF A2.1.4**
Indicator reference/ Indicator focal point	UNICEF/WHO UNICEF
Rationale	Establishing one effective M&E systems at national level is vital for measuring progress of the Global Plan. In the country implementation actions listed on pp.25-27 of the Plan, a number of elements are outlined.
Numerator	UNJT reporting that a national M&E system for the MTCT programme has been established, using criteria below drawn from the Global Plan.
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator

Method of Measurement	Part I Data should be collected by the Joint Team in collaboration with national stakeholders (including civil society). A country will satisfy the conditions for this indicator if it is ascertained by the UNJT that all the following criteria of the national M&E system for the MTCT are met: (a) Indicators, baselines and targets have been set in line with the Global plan; (b) A mechanism for reporting, analyzing, reviewing routine M&E systems, validating and improving data quality is in place; (c) A timeline and process for measuring PMTCT programme impact is in place; (d) Annual programme reviews are being conducted. Part II • Did the UN Joint Team contribute to the development of the M&E system for the elimination of MTCT in the last 12 months? (Y/N)
Disaggregation	By component
Source	Joint Programme Monitoring System (JPMS)
Baseline	(Part I) 2012: All countries: 27%, (n=28); N=104 HICs: 34%, (n=13); N=38
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-elimination-HIv-Children_en.pdf

Indicator	**UN Joint Team contributed to strengthen a costed integrated national sexual and reproductive health action plan**
UBRAF reference	**UBRAF A2.2.3b**
Indicator reference/ Indicator focal point	CRF UNFPA: Adapted from COAR indicator 1.2 UNFPA
Rationale	Preventing unintended pregnancies among women living with HIV (prong 2 of eMTCT) is essential for improving the lives of women and children, and eliminating mother-to-child transmission of HIV. The benefits of family planning are far-reaching, ranging from fewer maternal and newborn deaths and healthier mothers and children to increased family savings and productivity, better prospects for education and employment, and ultimately improvement in the status of women.
Method of	The UN Joint Team should collaborate with national stakeholders,

Measurement	including civil society, to answer the question about strengthening a costed integrated national sexual and reproductive health action plan. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen a costed integrated national sexual and reproductive health action plan in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (i) Advocacy: Yes / No Approximate level of effort: (j) Normative guidance: Yes / No Approximate level of effort: (k) Technical assistance: Yes / No Approximate level of effort: (l) Training: Yes / No Approximate level of effort: (m) Resource mobilisation (financial): Yes / No Approximate level of effort: (n) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (o) Funding: Yes / No Approximate level of effort: (p) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint UN Team survey Joint Programme Monitoring System (JPMS)
Baseline	Baselines will be set based on new data obtained at the end of 2014.
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	*Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015* (In support of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive) http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf Definition of SRH integration: maternity care, prevention, testing and treatment of STI including HIVand family planning services are delivered in one place by the same health provider or unit and/or facility has functioning referral system. UNFPA's COAR indicator 1.2 is a simple count of the number of countries that have a costed integrated national sexual and

	reproductive health action plan in the last 5 years. Data for this will be collected from national plans, and with reference to be made to the WHO Country Planning Cycle Database http://www.who.int/nationalpolicies/resources/resources_database/en/index.html

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

Indicator	**UN Joint Team contributed to universal access to HIV prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings**
UBRAF Reference	**UBRAF A3.1.1**
Indicator reference/ Indicator focal point	UNODC
Rationale	UNAIDS supports national responses to HIV which support the achievement of universal access to prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings. Special attention is required to meet the needs of those people who use drugs including those who are most at risk of HIV transmission and particularly vulnerable to stigmatization and discrimination thereby facing significant barriers to accessing key HIV services (including as it relates to gender). It is necessary to systematically review and adapt, as necessary, existing national policies regarding narcotic drugs, criminal justice, and prison management addressing the needs and vulnerability of these populations.
Numerator	UNJT in countries reporting relevant areas
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator

Method of Measurement	What are the areas that the Joint Team has supported achievement of universal access to HIV prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings?:
	
	Tick all those that are relevant below, with two columns of tick boxes (one PID, one people living in prisons or other closed settings)
	• Needle and syringe programmes (NSP);
	• Drug dependence treatment:
	  ○ Opioid substitution therapy;
	  ○ Other drug dependence treatment.
	• HIV testing and counselling;
	• Antiretroviral therapy (ART);
	• Prevention and treatment of sexually transmitted infections (STIs);
	• Condom programmes for IDUs and their sexual partners;
	• Targeted information, education and communication (IEC) for IDUs and their sexual partners;
	• Diagnosis and treatment of and vaccination for viral hepatitis;
	• Prevention, diagnosis and treatment of tuberculosis.

	(list mirrors 'Framework for setting indicators and indicative targets' in the WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users)
Disaggregation	By the categories listed above, and by PID / people living in prisons and other closed settings.
Source	Joint Programme Monitoring System (JPMS)
Baseline	To be established using 2014 data
Target	To be established using 2014 data

B1: Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment

Indicator	**UN Joint Team contributed to implementation of Treatment 2.0 and/or 2015**
UBRAF reference	**UBRAF B1.1.1**
Indicator reference/ Indicator focal point	WHO
Rationale	Treatment 2.0 was launched mid-2010 to support the global ambition to achieve and sustain universal access to antiretroviral therapy (ART) for treatment and prevention by stimulating innovation and improving the efficiency in five priority work areas: drugs, diagnostics, costs, service delivery and community mobilization. The principles and priorities of Treatment 2.0 address the need for innovation and efficiency gains in HIV programmes, in greater effectiveness, intervention coverage and impact in terms of both HIV-specific and broader health outcomes. Treatment 2015 was launched in 2012 to provide a results-driven framework to expedite and greatly expand coverage, with the global target of 15 million people on antiretroviral therapy by 2015. Reference is made to the WHO 2013 guidelines on *The Use of Antiretroviral Drugs for Treating and Preventing HIV Infection* which recommend a CD4 threshold of 500 for initiation of HIV treatment.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders, including civil society, to answer the question about different types of assistance provided by the UNJT around Treatment. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen national capacity among key stakeholders for the for the implementation of Treatment 2.0 and/or 2015 in the last 12 months?

	(Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	2011 UCC reporting: 45/77 countries (44%) of which 18 HICs (47%)
Target	By 2013: 28 HICs; By 2015: 38 HICs Revised targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.

Indicator	**UNAIDS guidance on health service delivery was used with UN Joint Team support to develop and/or review country policies, strategies and budgets or implement key actions without a formal, written national policy.**
UBRAF reference	**UBRAF B1.2.2**
Indicator reference/ Indicator focal point	WHO CRF: new indicator & Secretariat
Rationale	HIV care and treatment is implemented in several settings, as a vertical, physician-centered and hospital-based service. Timely access to HIV treatment, retention in care, and treatment adherence are challenges programmes are increasingly facing, and adapting the service delivery to optimize treatment is an important part of HIV treatment programmes. To help address

	these challenges, in 2013 WHO developed *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection* (http://www.who.int/hiv/pub/guidelines/arv2013/download/en/index.html), particularly Part 9 (Guidance on operations and service delivery). The document is also known as *the WHO 2013 Treatment Guidelines* more generically.
Numerator	Question: Was WHO guidance on health service delivery used, with UN Joint Team support, to advocate for a review of country policies, strategies and budgets or to implement key actions without a formal, written national policy, in the past 12 months? [Y/N/na]
Denominator	Number of countries responding to survey
Calculation	Count/percentage of UN Joint Teams responding yes to the question.
Disaggregation	Not applicable
Source	Joint Programme Monitoring System (JPMS)
Baseline	To be established in 2015 using 2014 data
Target	Target to be set using 2014 baseline

Indicator	**UN Joint Team advocated for and/or supported administration of national disaggregated data on treatment** (by age, gender and key population)
UBRAF reference	**UBRAF B1.3.2**
Indicator reference/ Indicator focal point	WHO CRF: new indicator WHO
Rationale	Data disaggregated by key characteristics such as by age, gender and key population provide information on equity in access to HIV treatment and care, and highlight any disparities that the programme should try to address.
Numerator	Disaggregated country data on the number of people on ART is available and has been provided for the last Global AIDS Progress/Universal Access reports by 1) sex ; 2) age; and 3) key populations.
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Data should be collected by the Joint Team in collaboration with national stakeholders (including civil society). A country will satisfy the conditions for this indicator if it is ascertained by the UNJT that **"the UN Joint Team advocated for and/or supported administration of national disaggregated data on the number of people on ART was provided for the last**

	Global AIDS Progress / Universal Access reports ": 1. By sex (Yes/No) 2. By age (Yes/No) 3. By key population (Yes / No)
Disaggregation	By 1) sex ; 2) age; and 3) key populations
Source	Review of Global and UA Report / Joint Programme Monitoring System
Baseline	2010: 79% countries (119/149) reported sex-disaggregated data
Target	By 2015: All countries disaggregated for age and sex. All countries with generalized and concentrated epidemics for key populations.

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

Indicator	**UN Joint Team contributed to TB screening and Isoniazid Preventive Therapy are part of the national health system, plan and budget**
UBRAF reference	**UBRAF B2.2.1**
Indicator reference/ Indicator focal point	WHO CRF: WHO
Rationale	National HIV/AIDS policy should reflect international policy guidance on regular TB screening for all people living with HIV using simplified algorithm using and based on the outcome of the screening the provision of isoniazid preventive therapy or further investigation for TB. The indicator will measure national commitment to scale up TB screening and based on the outcome of the screening the provision of Isoniazid Preventive Therapy or TB diagnosis and treatment. The development of this policy is the first step in realising the reduction of TB deaths among people living with HIV.
Numerator	UNJT reporting that TB screening and a policy on Isoniazid Preventive Therapy are part of the national health system and plan in high impact countries?
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	<u>Part I:</u> A country will satisfy the conditions for the first part of this indicator if it is ascertained by the UNJT that the country has a policy on Isoniazid Preventive Therapy and TB screening A content analysis of the government's HIV/AIDS and TB policies, plans and/or guidelines should be conducted. The measurement of this

	indicator is no/'yes (established this year)'/'already in place, unchanged'; the national policy is either complete or incomplete. Supporting documentation should include the policy/plan/guideline itself and should state where and by whom it was issued. Part II: The UN Joint Team supported TB screening and Isoniazid Preventive Therapy being part of the national health system and plan in the last 12 months by [check boxes]: - Conducting a Joint Programme review; - Undertaking scientific advocacy; - Convening a national meeting to focus on and implement the 3 Is.
Disaggregation	Not applicable
Source	Joint Programme Monitoring System (JPMS)
Baseline	(Part I) 2011 UCC Survey: 61/95 countries (64%) of which 22 HICs (58% out of 38)
Target	(Part I) 75% of HICs by 2013 and 100% of HICs by 2015 Part II targets will be set based on 2014 data
Further information	http://whqlibdoc.who.int/publications/2012/9789241503006_eng.pdf http://www.who.int/hiv/pub/tb/hiv_tb_monitoring_guide.pdf

Indicator	**UN Joint Team contributed to strengthen national capacity among key stakeholders for the implementation of TB or dual HIV/TB workplace policies and programmes**
UBRAF reference	**UBRAF B2.3.1a**
Indicator reference/ Indicator focal point	ILO
Rationale	TB remains a leading cause of death for people living with HIV in many countries. In countries with dual TB/HIV epidemics, TB/HIV workplace policies and programmes provide an opportunity for workers living with HIV to be screened (voluntarily) for TB in a confidential manner. If they have TB infection, they should be given prophylactic treatment to prevent the development of TB disease. If they have TB disease, they should be given drugs to cure the disease. Similarly, TB/HIV workplace programmes provide an opportunity for workers with TB to be tested for HIV and provided with ARV treatment if necessary. The integration of TB into HIV workplace policies and programmes is thus a relevant, efficient, effective and recommended approach to address the dual epidemics in many countries.

Method of Measurement	The UN Joint Team should collaborate with national stakeholders (including Ministries of Labour, Employers' and Workers' organizations, as well as civil society) to answer the question about different types of assistance provided by the UNJT around the implementation of TB or dual HIV/TB workplace policies and programmes. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen to strengthen national capacity among key stakeholders for the implementation of TB or dual HIV/TB workplace policies and programmes in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	To be established in 2014
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.

B3: Access to essential care and support for PLHIV and households affected by HIV

Indicator	**UN Joint Team contributed to strengthen national capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection**

UBRAF reference	**UBRAF B3.1.1** and **UBRAF B3.1.2**
Indicator reference/ Indicator focal point	New indicator Social Protection group (Rachel Yates, UNICEF and Nejma Cheikh, World Bank)
Rationale	The scale up of social protection and child-sensitive social protection programmes, including social transfers, social health protection and comprehensive care and support has been shown to be effective as an HIV response. Such programmes are essential to protect poorer HIV affected households from the impact of the epidemic and address structural drivers of the epidemic to reduce HIV susceptibility to infection and increase treatment access. In developing HIV sensitive and HIV child-sensitive programmes it will be important to establish whether policies and programmes are inclusive of those most in need of support.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders (including civil society) to answer the question about different types of assistance provided by the UNJT around the development of HIV-sensitive or HIV and child-sensitive social protection policies and programmes. What types of assistance – and at what level of effort – has the Joint Team provided to strengthen national capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort: Did the assistance reach OVCs? [Y/N/na]

Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount Whether assistance reached OVCs
Source	Joint Programme Monitoring System (JPMS)
Baseline	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)
Target	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 Revised targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.

Indicator	**UN Joint Team contributed to the development of written national health financing and/or social protection strategies in place which explicitly address(es) HIV**
UBRAF Reference	**UBRAF B3.2.1**
Indicator reference/ Indicator focal point	WHO
Rationale	National strategies for health financing and social protection are needed in countries to ensure that appropriate steps are being taken to develop health financing and social protection systems. These strategies should be aligned with best practice to ensure they effectively address the country's health financing and social protection needs. Without a written strategy document, countries cannot ensure their strategies are aligned with best practice, nor can they systematically implement their strategies. Therefore the existence and dissemination of a written strategy document is a critical prerequisite to effective implementation. Health financing and social protection are interrelated issues which sometimes involve separate strategies for health financing, while sometimes incorporate a health component into a social protection strategy. The indicator will measure the number of countries that have one or both of these strategies.
Numerator	Number of countries with a health financing or social protection strategy; • where at least one of these strategies has been in place since 2011 or updated in the last 12 months; and • with positive responses to all the questions below (strategy written and disseminated; aligned to best practice; to which UNJT has contributed; and addresses HIV/AIDS).
Denominator	Number of countries responding to survey
Calculation	See numerator and questions below.
Method of Measurement	Questions for UNJT: Part I Does a national strategy exist for: (a) social protection?; [Y/N/NA] (b) health financing? [Y/N/NA] If yes (in two columns, one for social protection strategy, one for health financing strategy): • Indicate the year when this was developed [field to indicate year] • Has the strategy been developed or updated in the last 12 months? [Y/N/NA]

	• Is the strategy written and disseminated? [Y/N/NA] • Is the strategy explicitly aligned to existing best practice? [Y/N/NA] • Has the UNJT contributed material or technical support to the development or updating of the strategy? [Y/N/NA] • Does the strategy explicitly address HIV/AIDS? [Y/N/NA] <u>Part II</u> The UN Joint Team supported the development of a written national health financial and/or social protection strategy which explicitly address(es) HIV within the last 12 months (tick those that are applicable): - Undertaking a situation analysis of social protection and HIV; - Holding a consultation on national social protection floor.
Disaggregation	By national health financing and social protection strategies
Source	Joint Programme Monitoring System (JPMS)
Baseline	**Part I: 2012** **NSP for Health Financing** All countries: 18% (n=19); N=104 -- HICs: 21% (n=8); N=38 **NSP for Social Protection** All countries: 33% (n=34); N=104 -- HICs: 34% (n=13); N=38 Part II: To be established using 2014 data
Target	Part I: If appropriate, targets will be set during the UBRAF 2012-2015 mid-term review early in 2014. Part II: To be established using 2014 data

Indicator	**UN Joint Team contributed to universal access to HIV prevention, treatment and care for emergency affected populations**
UBRAF Reference	**UBRAF B3.3.1**
Indicator reference/ Indicator focal point	UNHCR
Rationale	Every year, millions of people around the world are affected by humanitarian crises, both natural (earthquakes, floods, droughts etc.) and human-made (e.g. external and internal conflicts). A significant proportion of the people affected by these crises are PLHIV. HIV has considerably exacerbated the effects of humanitarian crises in many countries. The growing number of humanitarian crises, which are often linked to displacement, food insecurity and poverty, increase vulnerability to HIV and negatively affect the lives of PLHIV.

	The UN General Assembly adopted, in December 2005, a resolution to scale up HIV prevention, treatment, care and support, with the aim of coming as close as possible to the goal of universal access to treatment for all those who need it by 2010. There is a general consensus that universal access targets cannot be reached without addressing HIV prevention, treatment, care, support and mitigation in situations of humanitarian crises. It is universally agreed that any response to HIV in humanitarian crises must take human rights and gender into account.
Numerator	UNJT in countries reporting relevant areas
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	What are the areas that the Joint Team has supported achievement of universal access to HIV prevention, treatment and care for emergency affected populations in the last 12 months? Tick all those that are relevant below • HIV testing and counselling; • Antiretroviral therapy (ART); • Prevention and treatment of sexually transmitted infections (STIs); • PMTCT programmes; • Condom programmes; • Targeted information, education and communication (IEC); • Prevention, diagnosis and treatment of tuberculosis; • Supporting at least one Key population in the emergency affected area. *(list mirrors 'IASC Guidance for Addressing HIV in Humanitarian Settings*, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/jc1767_iasc_doc_en.pdf*)*
Disaggregation	By areas listed above
Source	Joint Programme Monitoring System
Baseline	To be established in 2014
Target	To be established based on 2014 data

C1: Punitive laws and practices around HIV transmission reduced by half

Indicator	**UN Joint Team contributed to building national capacity among policy-makers, law-makers, key populations and communities affected to advocate for reforms in country laws and practices**
UBRAF reference	**UBRAF C1.1.1**

Indicator reference/ Indicator focal point	UNDP
Rationale	Enabling legal frameworks – consisting of law, law enforcement and access to justice – can help to promote access to HIV-related information and services. Yet adoption and implementation of such supportive frameworks has so far been limited by a lack of political will and limited understanding of the critical relationships between human rights, gender equality, the law and effective responses to HIV. In addition to political will, the capacity of state actors, civil society and UNAIDS staff to improve or advocate for the improvement of laws and policies needs to be strengthened. Civil society must invest and participate to a much greater extent than it currently does in these efforts, including by ensuring that its members know and are able to mobilize around their rights and relevant laws.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders (including civil society) to answer the question about different types of assistance provided by the UNJT around building national capacity to advocate for reforms in the country laws and practices. What types of assistance – and at what level of effort – has the Joint Team provided to contribute to building national capacity among policy-makers, law-makers, key populations and communities affected to advocate for reforms in country laws and practices in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support

Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	**2012** All countries: 57% (n=59); N=104 HICs: 71% (n=27); N=38
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	Global AIDS Response progress reporting: monitoring the 2011 political declaration on HIV/AIDS: guidelines on construction of core indicators: 2012 reporting. http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf

Indicator	**UN Joint Team contributed to advocacy and reporting on removal of legal barriers to HIV prevention, treatment, care and support**
UBRAF reference	**UBRAF C1.1.2a**
Indicator reference/ Indicator focal point	Secretariat/UNDP
Rationale	The existence of advocacy by national coalitions for the removal of legal barriers hindering access to HIV prevention, treatment and support for key populations indicates that a degree of momentum and freedom exists in a country supporting the adoption of positive legislation. The legal barriers include any policies, laws or regulations which may deter people from or make it difficult for them to access prevention, treatment, care and support services. Examples cited in country progress reports in the past have included: “laws that criminalize same sex relationships”, “laws that criminalize possession of condoms or drug paraphernalia”; “loitering laws”; “laws that preclude importation of generic medicines”; “policies that preclude distribution or possession of condoms in prisons”; “policies that preclude non-citizens from accessing ART”; “criminalization of HIV transmission and exposure”, “inheritance laws/rights for women”, “laws that prohibit provision of sexual and reproductive health information and services to young people”, etc.
Numerator	UNJTs reporting that national civil society organisations and/or networks of people living with HIV or key populations actively

	advocated for the removal of legal barriers for HIV prevention, treatment, care and support for at least one (may be revised when baseline information available) key population group, with UNAIDS support, in the last 12 months.
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Questions: Part I Have national coalitions actively advocated for the removal of legal barriers hindering access to HIV prevention, treatment and support for the following key populations in the last 12 months, with UNAIDS support, for … [use key population list below] Part II *UN Joint Team requested to tick one or more of the areas in which it worked:* The UN Joint Team supported: - National dialogues on HIV and the Law; - Legal environment assessments; - Advisory support to law development and law reform processes.
Disaggregation	(By key population): people living with HIV, young people, migrant/mobile populations, men who have sex with men, people with disabilities, people who inject drugs, prison inmates, transgendered people, women and girls, sex workers and orphans and vulnerable children [Yes, No, Not Applicable]
Source	Joint Programme Monitoring System (JPMS)
Baseline	Part I (2012) UNAIDS : 58% (n=64); N=110 - - HIC: 74% (n=28); N=38 Part II: To be established using 2014 data
Target	Part I: Targets will be set during the UBRAF 2012-2015 mid-term review early in 2014. Part II: To be established using 2014 data

Indicator	**UN Joint Team contributed to Stigma Index implementation**
UBRAF reference	**UBRAF C1.2.1**
Indicator reference/ Indicator focal point	UNAIDS Secretariat
Rationale	Stigma is recognized as a main barrier to access testing, and treatment, care and support for PLHIV. The PLHIV Stigma Index tool highlights the main areas of stigma and provides information to develop anti stigma campaigns.

Numerator	UNJT reports that at least one PLHIV Stigma Index report was published in the past five years.
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Data will be collected by the Joint Team in collaboration with national stakeholders (including civil society). A country will satisfy the conditions for this indicator if it is ascertained by the UNJT that UNAIDS supported the following: Part I: Questions in Joint Team survey: If the country has published a PLHIV Stigma Index report, please indicate the year(s). Part II: Did the UN Joint Team contribute to the implementation of the PLHIV Stigma Index through the national PLHIV network in the last 12 months? (Y/N)
Disaggregation	Not applicable
Source	Joint Programme Monitoring System (JPMS) Stigma index website
Baseline	Part I: 2012: **No. of countries that published Stigma Index Report** All countries : 15; HICs : 7 **Stigma Index website** No of countries that rolled out Stigma Index: 37 countries Part II: To be established using 2014 data
Target	Part I: 2013: 44 countries; 2015: 64 countries) Part II: To be established using 2014 data
Further information	http://www.stigmaindex.org/

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

Indicator	**UN Joint Teams contributed to national advocacy for the removal of discriminatory HIV-related travel restrictions**
UBRAF reference	**UBRAF C2.1.1**
Indicator reference/ Indicator focal	UNDP

point	
Rationale	As of July 2011 some 48 countries, territories, and areas imposed some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status. Both the UNAIDS Strategy 2011-2015 and the 2011 Political Declaration call for the elimination of these HIV-related travel restrictions.
Numerator	Number of UNJTs reporting that national coalitions have actively advocated for the removal of discriminatory HIV-related travel restrictions in the country in the last 12 months (with UNAIDS' support).
Denominator	Number of countries responding to the survey
Calculation	Numerator / Denominator
Method of Measurement	[This indicator need only be completed if C2.1 confirms that travel restrictions exist in the country] Data should be collected by the Joint Team, and where in existence a UN human rights working group, in collaboration with national stakeholders (including civil society). The conditions for this indicator will be satisfied if it is ascertained by the UNJT that national coalitions have actively advocated for the removal of discriminatory HIV-related travel restrictions in the country in the last 12 months (with UNAIDS' support). <u>Part I:</u> Question: Have national coalitions actively advocated for the removal of discriminatory HIV-related travel restrictions in the country in the last 12 months? <u>Part II:</u> The UN Joint Team contributed to national advocacy for the removal of discriminatory HIV-related travel restrictions by (tick those which are relevant): - Convening national partners, governments and civil society for the lifting of travel restrictions; - Providing technical comments / brokering on laws, regulations and policies with a view to lifting travel restrictions.
Disaggregation	Not applicable
Source	Joint Programme Monitoring System
Baseline	Part I: In 2011, 21/ 96 countries (22%) of which 5 HICs (13% out of 38) responded 'Yes' Part II: To be established using 2014 data
Target	Part I: 2013: 30 countries, territories and areas. 2015: 40 countries, territories and areas.

	Part II: To be established using 2014 data
Further information	A national coalition is a group of stakeholders that forms to further a specific cause, in this case the removal of discriminatory HIV-related travel restrictions. A national coalition can be composed of a number of stakeholders including civil society, academia, the UN and government agencies.

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

Indicator	**UN Joint Team contributed to strengthening national capacity among civil society organizations and networks in promoting gender equality including to engage men and boys**
UBRAF Reference	**UBRAF C3.1.3**
Indicator reference/ Indicator focal point	Adapted from UNFPA Results Framework (indicator 14.1) UNFPA
Rationale	The Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV acknowledges that traditional and stereotypical views of women and men and girls and boys, and the relations between them, that cast females as subordinate and males as super-ordinate hinder an effective AIDS response. The engagement of men and boys, including civil society organizations of men and boys, in particular those working for gender equality, is therefore critical in the implementation of this Agenda for Accelerated Country Action. Men's responsibility for children and the care of their families is key to HIV prevention work, as is their involvement in mitigating the effects of the epidemic. Changes in the attitudes and behaviours of men and boys, and in unequal power between women and men, are essential to prevent HIV in women and girls.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders (including civil society) to answer the question about different types of assistance provided by the UNJT around promoting gender equality. What types of assistance – and at what level of effort – has the Joint Team provided to contribute to strengthening national capacity among civil society organizations and networks in promoting gender equality including to engage men and boys in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No

	Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	2012 All countries: 55% (n=57); N=104 HICs: 63% (n=24) ; N=38
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.
Further information	http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/20110610_Gender%20sensitivity%20of%20AIDS%20responses(colour%20version).pdf http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf *Engaging Men and Boys in Gender Equality and Health.* A global toolkit for action, http://www.unfpa.org/public/home/publications/pid/6815 *Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015 (*In support of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive)

C4: Zero tolerance for gender-based violence

Indicator	**UN Joint Team contributed to the review or development of legislation and/or policies addressing gender-based violence against women and gender equality**
UBRAF reference	**UBRAF C4.2.1**

Indicator reference/ Indicator focal point	Secretariat
Rationale	The UNAIDS Strategy: Getting to zero has 3 broad strategic directions, one of which focuses on advancing human rights and gender equality for the HIV response. 2 out of the 4 goals under this strategic direction state: HIV-specific needs of women and girls are addressed in at least half of all national HIV responses; and Zero tolerance for gender-based violence. These 2 goals are thus consistent with the UBRAF and hence there is the need for Indicators to track the progress made in these two areas.
Numerator	Number of UNJTs that reported: 1. Legislation and/or policies addressing violence against women and gender equality been reviewed or developed in the last 24 months. (None / Yes / No / Legislation already in place)
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Data should be collected by the Joint Team in collaboration with national stakeholders (including civil society). <u>Part I:</u> Have legislation and/or policies addressing violence against women and gender equality scorecard been reviewed or developed in the last 24 months? (None / Yes/ No/ Legislation already in place) <u>Part II:</u> The UN Joint Team contributed to the review or development of legislation and/or policies addressing violence against women and gender equality by: - Empowering women to participate in decision-making processes (including Global Fund proposals and revision of legislation); - Providing new evidence and analysis on the situation of violence against women through gender assessment processes; - Advocacy to ensure a protective environment, for example towards developing gender identity laws or integrating gender and violence against women in national HIV plans; - Integrating HIV into national gender plans.
Disaggregation	Not applicable
Source	Joint Programme Monitoring System (JPMS)
Baseline	Part I: 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 Part II: To be established using 2014 data
Target	Part I: Legislation in place in countries: 2013 (45%); 2015 (55%) Part II: To be established using 2014 data

D1: Leadership and Advocacy

Indicator	**With UN Joint Team support, UNAIDS policy guidance documents provided and used to develop and/or review country policies and strategies or implement key actions**
UBRAF reference	**UBRAF D1.4.1**
Indicator reference/ Indicator focal point	2010-2011 UBW existing indicator UNAIDS Secretariat
Rationale	The Joint Programme (Cosponsors and Secretariat) provides a range of documentation providing normative guidance designed to assist countries develop and review policies, strategies and other approaches to undertake actions in response to HIV and AIDS. To confirm the 'use' of UNAIDS policy guidance documents, members of the Joint Team should ideally have evidence (e.g. confirmation that UNAIDS policy documents were used in a particular context, which should ideally be written) but this may also have been obtained verbally or through working with government officials.
Numerator	UN Joint Teams report on the "advocacy" documents used by the Joint UN Team on AIDS in the past 12 months, to advocate for a review of country policies or strategies or to implement key actions without a formal, written national policy.
Denominator	Not applicable
Calculation	Count of policy documents used by the UNJT to support advocacy efforts for different groups.
Method of Measurement	List the five most important UNAIDS policy guidance documents used by the country in the last 12 months (5 rows), with UN Joint Team support, by primary audience (columns: parliament, government officials, civil society, legal experts, programme managers/staff, other).
Disaggregation	By document and audience
Source	Joint Programme Monitoring System (JPMS)
Baseline	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 5. HIV and refugees – 43 6. HIV, food security and nutrition – 43 7. HIV and international labour migration - 36
Target	Not applicable
Further information	The indicator is designed more to measure patterns of use of UNAIDS policy documents, rather than meet a particular target.

D2: Coordination, coherence and partnerships

Indicator	**Strengthened national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response**
UBRAF reference	**UBRAF D2.1.1**
Indicator reference/ Indicator focal point	UNAIDS Secretariat
Rationale	In order to capture UNAIDS country-specific support to AIDS responses, the UBRAF uses indicators with a six-category 'generic' measurement of technical support. In 2014, the indicator was expanded to measure the approximate level of effort provided by the UN Joint Teams for each of the types of assistance. This indicator will present a summary of results on such UBRAF indicators – chosen to represent a significant proportion of UNAIDS work in the field of technical support. Changes in the distribution of these indicators over time will indicate the extent to which the Joint Programme is delivering technical support against these priority areas.
Numerator	Analysis of the distribution and level of effort provided against each type of technical support.
Denominator	Number of countries responding to the survey
Calculation	–Numerator /denominator
Method of Measurement	The UN Joint Team should have collaborated with national stakeholders (including civil society) to answer the question about different types of assistance provided by the UNJT. (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort:

	(c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (i) Other: (please specify) Approximate level of effort:
Disaggregation	By type of support, by region
Source	Joint Programme Monitoring System (JPMS)
Baseline	[based on 2012-2013 measurement – at least four components were recorded in countries] 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%)
Target	[based on 2012-2013 data and definition: need to revise for 2014-2015] 2013: 10% increase over baseline 2015: 20% increase over baseline
Further information	The indicator also allows measurement of the degree of emphasis that the Joint Programme gives to each type of technical support. Note that 'Advocacy' only appears in four out of ten questions in the 2011 UCC survey.

Indicator	**UN Joint Team contributed to strengthen civil society engagement in the national response**
UBRAF reference	**UBRAF D2.2.2a**
Indicator reference/ Indicator focal point	UNAIDS Secretariat New indicator in 2014
Rationale	*UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations* (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2236_guidance_partnership_civilsociety_en.pdf) calls that meaningful engagement with civil society be incorporated into all areas of the Joint Programme's work. Furthermore, a review of the capacity-building needs of UNAIDS Country Offices found that support for effective partnership

	working with civil society was identified repeatedly as a key theme. In the format of a 'generic indicator', the indicator aims to ascertain the type and degree of support provided to civil society organizations.
Method of Measurement	The UN Joint Team should collaborate with national stakeholders (including civil society) to answer the question about different types of assistance provided by the UNJT to strengthen civil society engagement in the national response. What types of assistance – and at what level of effort – has the Joint Team provided to contribute to strengthen civil society engagement in the national response in the last 12 months? (Level of effort – in terms of how much effort was allocated – should be expressed as a percent and should total 100% for all areas) (a) Advocacy: Yes / No Approximate level of effort: (b) Normative guidance: Yes / No Approximate level of effort: (c) Technical assistance: Yes / No Approximate level of effort: (d) Training: Yes / No Approximate level of effort: (e) Resource mobilisation (financial): Yes / No Approximate level of effort: (f) Resource mobilisation (non-financial): Yes / No Approximate level of effort: (g) Funding: Yes / No Approximate level of effort: (h) Other: (please specify) Approximate level of effort:
Numerator	Countries reporting types, and degree of, technical support
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Disaggregation	By type of support, level of effort and aggregate amount
Source	Joint Programme Monitoring System (JPMS)
Baseline	Part II: To be established using 2014 data
Target	Part II: To be established using 2014 data

Indicator	**National Strategic Plans benefited from a UN quality assurance/peer review**
UBRAF reference	**UBRAF D2.2.2b**
Indicator	CRF World Bank

reference/ Indicator focal point	The World Bank
Rationale	Countries have been involved in planning for the response to HIV from the onset of the epidemic. There has recently been renewed attention to the need for countries to develop sound national strategies and plans that aim towards bringing about the greatest health benefits. Such plans should be based on evidence, focus on priority issues and be implementable. Sound national strategies and plans also facilitate better cohesion of national and international efforts in addition to informing sound investment decisions. Peer reviews are a simple mechanism through which countries can ensure their strategies and operational plans provide the best operational direction to guide implementation and achieve better HIV outcomes.
Numerator	Number of countries responding 'yes' to the questions.
Denominator	Number of countries with a National Strategic Plan that is available to UNAIDS
Calculation	Numerator / Denominator

Method of Measurement	Questions:
	• Was your country involved in developing a NSP in the last 12 months? [Y/N]
	• Did the NSP benefit from an external quality assurance / peer review in the last 12 months? *[Y/N for subcategories below]*
	  ○ AIDS Strategy and Action Plans (ASAP)
	  ○ Other UN
	  ○ Bilateral
	  ○ Other

Disaggregation	Not applicable
Source	Joint Programme Monitoring System (JPMS)
Baseline	2012 NSP benefited from external peer review: **ASAP:** All countries 16% (n=17); N=104 HIC: 21%(n=8); N=38 **Bilateral:** All countries:16% (n=17); N=104 HIC:24% (n=9); N=38 **Other:** All countries: 19% (n=20); N=104 HIC: 11% (n=4); N=38 **Other UN:** All countries: 33% (n=34); N=104 HICs: 34% (n=13); N=38
Target	Targets will be set during the UBRAF 2012-2015 mid-term review

	in 2014, or based on new data obtained at the end of 2014.

Indicator	**Standardised and recognised strategic information tools for NSP reviews are used**
UBRAF reference	**UBRAF D2.3.2**
Indicator reference/ Indicator focal point	UNAIDS Secretariat
Rationale	UNAIDS has developed several tools (such as MoT, NASA and AIDSinfo) in support of having strategic information to inform national responses to HIV. This indicator assesses the progress of countries towards developing national plans using the strategic information tools
Numerator	Number of countries that reported using the results of strategic information tools for NSP reviews: • Modes of Transmission (Yes / No) • National AIDS Spending Assessment (Yes / No) • AIDSinfo (Yes / No) • *Stigma Index* (Yes / No) – *note that this is obtained from C1.2.1* • Gender Audit (Yes / No) • Spectrum (Yes / No)
Denominator	Number of countries responding to the survey
Calculation	Summation of reporting countries who respond “yes” to two or more of the questions
Method of Measurement	The indicator is constructed from responses found in the UNJT Reports. “use” = when reading the NSP materials, the UCO should have seen a clear reference to the information tools in question. Respondents are asked: Does your the country use the results of strategic information tools for NSP reviews? • Modes of Transmission (Yes / No) • National AIDS Spending Assessment (Yes / No) • AIDSinfo (Yes / No) • *Stigma Index* (Yes / No) – *note that this is obtained from C1.2.1* • Gender Audit (Yes / No) • Spectrum (Yes / No)
Disaggregation	By strategic information tools
Source	Joint Programme Monitoring System (JPMS)
Baseline	2011 survey (94 countries responding): Breakdown: Modes of transmission – 62 (65%) National AIDS Spending Assessment – 72 (76%)

	AIDSinfo – 60 (64%) Stigma index – 40 (43%) Gender audit – 35 (37%) 76/94 (80%) countries reported using two or more tools of which 31 HICs (82%)
Target	2015: 100%

D3: Mutual Accountability

Indicator	**[Details of] UN Joint Teams and Joint UN Programmes of Support on AIDS (JPS)**
UBRAF reference	**UBRAF D3.1a** (measured in D3.1.1 in JPMS)
Indicator reference/ Indicator focal point	UNAIDS Secretariat
Rationale	The JPS is the framework within which the UN agencies implement their HIV activities. The Programme of Support is considered functional if: (a) There is a Joint Team with members listed, meeting at least 2 times per year; (b) an annual work plan exists; AND (c) an annual review was conducted in the last 12 months with participation of national authorities. In addition to renewed focus of the Unified Budget Results and Accountability Framework on country action, implementation and reporting, Part I of the UBRAF notes: “All indicators will be reviewed as part of the annual reviews of progress in order to make sure that the indicators are robust, appropriate and remain relevant. The full engagement of external stakeholders, in particular national governments and civil society as well as UN Country Teams and UN Joint Teams on AIDS in the annual review process, is key.” and “The annual review will also identify resources budgeted and spent by the Joint Programme for each goal / function, a summary of joint achievements, and country or regional case studies.” Reviews will take place at country, regional and global level as part of the regular end-of-year review and workplanning process.
Numerator	Number of countries responding ‘yes’ to the questions below
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Respondents are asked (numerator):

	Joint Team 1. Does the country have a Joint UN Team on AIDS? [Y/N] - List the members (organizations) of the Joint Team. - How many meetings has the Joint Team had in the last 12 months? Joint Programme of Support 2. Does the Joint UN Programme of Support on AIDS include: - An annual work plan [Y/N] 3. Has the Joint UN Programme of Support on AIDS been … - Aligned to the National Strategic Plan [Y/N] - Derived from the UNDAF? [Y/N] - Adopted by the UN Theme Group and/or UNCT? [Y/N] Division of Labour 4. Has the Joint UN Team on AIDS and/or UNCT formally … - Renewed the revised Division of Labour* in the last 24 months? [Y/N] - Adopted and/or endorsed the revised Division of Labour? [Y/N] Annual review 5. Has the Joint UN Team on AIDS carried out an annual and multistakeholder review of the Joint Programme of Support in the last 12 months? [Y/N] - Did this include the participation of national authorities? [Y/N] - Did this include other stakeholders? [Y/N] *: Consolidated Guidance Note: 2010: UNAIDS Division of Labour http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2063_DivisionOfLabour_en.pdf
Disaggregation	by UNAIDS regions
Source	Joint Programme Monitoring System (JPMS)
Baseline	Joint Team 2009: 71 2011 UCC report: 85 countries (89% out of 96) of which 28 HICs (74% of 38) Joint Programme of Support 2009: 61 2011: 75 (24 HICs) Division of Labour 2011: 64 countries (67% of 96) of which 31 HICs (82% of 38) reported that they reviewed, adopted and endorsed the DoL Annual Review 2011 UCC survey: 46/95 countries (48%) of which 24 HICs (63% out of 38)

	conducted an annual and multi-stakeholder review (with at least two non-UN stakeholders) of the Joint Programme of Support
Target	Targets will be set during the UBRAF 2012-2015 mid-term review in 2014, or based on new data obtained at the end of 2014.

Indicator	**Financial expenditure of UN Joint Teams on AIDS by strategic goal/ function, country and geographical area.**
UBRAF reference	**UBRAF D3.1.1a**
Indicator reference/ Indicator focal point	New indicator UNAIDS Secretariat
Rationale	The key standards[7] of a Joint Programme of Support note that they should have a comprehensive budget, an annual workplan or operational plan and budget, and that they should be "reviewed and reporting upon at least once a year, both in terms of achievements of results and expenditure". To demonstrate full integration with the UBRAF and due transparency and accountability, Joint Teams should therefore report at the level of disaggregation in UBRAF documents (i.e. by organization and by UBRAF Output).
Numerator	Number of countries completing the JPMS where expenditure reporting was completed: for at least two Outputs and by at least two organizations. for at least 80% of Outputs and by at least 80% of Joint Team members.
Denominator	Number of countries responding to survey
Calculation	Numerator / Denominator
Method of Measurement	Direct counting of countries that completed expenditure reporting in JPMS fulfilling the two abovementioned criteria
Disaggregation	By organization and by UBRAF Output.
Source	Joint Programme Monitoring System (JPMS) (expenditure in output forms)
Baseline	2012 a. All countries but Sudan and Swaziland had at least two UBRAF outputs with financial information for at least two organizations (n=36; N=38) 95% b. Countries with financial reporting for at least 75% of JPMS outputs identified as applicable and by at least 75% of Joint

[7] *Intensified UBRAF support to 31 high impact countries: operational procedures: information note for UCCs, UN Joint Teams on AIDS and UNCTs (UNAIDS Geneva, December 2011)*

	Team members: achieved by 16 (42%) HICs: Angola, Brazil, Cambodia, Cameroon, China, Congo Brazzaville, Djibouti, India, Iran, Jamaica, Myanmar, Russian Federation, South Africa, Thailand, Tanzania, Zambia.
Target	2013: (a) 100%; (b) 24 (63%) 2014: (b) 32 (84%) 2015 (b) 38 (100%)
Further information	For global expenditure, see D3.1.1b. It is expected that due to difficulties in methodology it will not be possible to reconcile global and country financial reporting.

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