UNAIDS

UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-EIGHTH MEETING

Date: 28-30 June 2016

Venue: Executive Board Room, WHO, Geneva

Agenda item 4.3

2016-2021 Unified Budget, Results and Accountability Framework

Additional documents for this item: Report of the PCB working group to review and further develop the Results and Accountability Framework of the 2016-2021UBRAF (Document: UNAIDS/PCB(38)/16.11).

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

i. *recall* decisions 6.1 and 6.2 of the 37th PCB meeting approving the 2016-2021 UBRAF, US$ 485 million as the core budget for 2016-2017, and the budget and allocations of the Cosponsors and the Secretariat;

ii. *take note of* the report and conclusions of the PCB working group established in accordance with decision 7.2 of the 36th PCB "to review and further develop the Results and Accountability Framework and to present the revised Results and Accountability Framework to the 38th meeting of the Programme Coordinating Board";

iii. *approve* the final, prioritized and more detailed 2016-2021 UBRAF based on the recommendation of the PCB working group.

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

ON THE FAST-TRACK TO END AIDS

2016-2021 UBRAF

1. INTRODUCTION

1. The global commitment to ending the AIDS epidemic, as affirmed in the 2030 Agenda for Sustainable Development, represents an unparalleled opportunity to end one of most devastating health challenges. It is also a key opportunity to build on the momentum of the AIDS response to accelerate results across the sustainable development agenda. The next few years present a narrow window of opportunity to radically change the trajectory of the epidemic.

2. The UNAIDS 2016-2021 Strategy, "On the Fast-Track to end AIDS", outlines the essential features required to end the AIDS epidemic as a public health threat by 2030. The UNAIDS Strategy aims to advance progress towards reaching UNAIDS' vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The focus remains on the strategic directions of prevention; treatment, care and support; and human rights and gender equality.

3. Since its establishment, UNAIDS - the UN Joint Programme on HIV/AIDS – has helped galvanize political commitment, mobilize resources, and support countries effectively use resources to halt and reverse the spread of AIDS. As a result, extraordinary progress has been made in the global response to AIDS over the past 15 years. To ensure the AIDS epidemic does not rebound and can be ended as a public health threat, UNAIDS must continue to lead and coordinate the AIDS response, address social, economic and political drivers of the AIDS epidemic, leverage the AIDS response to tackle broader global health challenges, and ensure no one is left behind.

4. As affirmed in the United Nations Economic and Social Council (ECOSOC) resolution E/RES/2015/2, UNAIDS offers the United Nations system a useful example of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities. Reinforcing and expanding the unique multi-sector, multi-stakeholder, rights-based approach of the Joint Programme will be critical to ensure that the AIDS epidemic can be ended as a public health threat by 2030.

5. At its 37th session, the Programme Coordinating Board approved the 2016-2021 Unified Budget, Results and Accountability Framework, recalled decision point 7.2 of the 36th meeting of the Programme Coordinating Board and noted that it "*looks forward to the presentation of a revised Results and Accountability Framework for approval at the 38th meeting of the Programme Coordinating Board"* (decisions 6.1). The final, prioritized and more detailed 2016-2021 Unified Budget, Results and Accountability Framework is submitted pursuant to the decisions of the 36th and 37th PCB[1].

[1] Programme Coordinating Board, 36th session, Decision 7.2: *"Requests the UNAIDS Secretariat to establish a working group, with representation from Cosponsors and independent experts, to review and further develop the Results and Accountability Framework so that it is suited to guide the work of the Joint Programme in line with the priorities established by the updated Strategy, and enables strategic reporting to member states and the Programme Coordinating Board that can be used to make a critical assessment of the Joint Programme's achievements and challenges faced in implementing the Strategy, and to present the revised Results and Accountability Framework to the 38th meeting of the Programme Coordinating Board"*.

1.1 What is the UBRAF?

6. The Unified Budget, Results and Accountability Framework (UBRAF) is UNAIDS instrument to operationalize the UNAIDS Strategy and achieve the vision of ending AIDS. The UBRAF is structured based on the SDGs and the result areas in the Strategy, and uses the terminology of the Strategy. The 2016-2021 UBRAF, adopted by UNAIDS Programme Coordinating Board in October 2015, is the first multi-agency results and accountability framework to be adopted under the 2030 Agenda for Sustainable Development.

7. The UBRAF outlines the role of the Joint Programme in the AIDS response in the context of other stakeholders and efforts. It guides UNAIDS' operational planning at global, regional and country levels by identifying the expected results of the Joint Programme, providing the framework against which budgetary allocations are made as well as the basis for performance monitoring, reporting and accountability of the Joint Programme.

8. The UBRAF is designed to maximize the coherence, effectiveness and impact of the HIV-related resources of the United Nations – delivering as one. Through the UNAIDS' Division of Labour between and among the Cosponsors and the Secretariat, the UBRAF focuses Cosponsor and Secretariat support, taking into account the comparative advantages and mandates of each organization, in-country presence, and existing national capacities and resources, as well as added value of joint initiatives and effective collaboration.

9. Through its multi-sectoral approach, the Joint Programme advances country-level progress towards ending AIDS while contributing to broader development outcomes. To promote a transformative response with a core budget that represents approximately one per cent of total global AIDS investments, the Joint Programme focuses on actions that are:
   - Strategic - the Joint Programme supports the Fast-Track approach set out in the UNAIDS Strategy by focusing on a limited number of measurable results that will accelerate progress towards zero new infections, zero AIDS related deaths and zero discrimination;
   - Catalytic - the Joint Programme identifies and addresses critical capacity gaps and structural challenges; leverages funding from different sources; and advances greater shared responsibility and global solidarity, and;
   - People-centred - the Joint Programme promotes a people-centred response built on participation of civil society, women, young people, people living with HIV and key populations – leaving no one behind.

10. Through the Strategy and the UBRAF, UNAIDS has a proven track record of mobilizing political will and resources, and demonstrating results in the AIDS response. The 2016-2021 Strategy and UBRAF are based on experience in implementing the 2011-2015 Strategy and UBRAF, broad consultations with stakeholders, as well as careful analysis of the state of the global response; new epidemiological data, dynamics and opportunities for the AIDS response; and shifts in the global health, development and humanitarian contexts.

11. The UBRAF is based on the principles outlined in the UNAIDS 2016–2021 Strategy that are required to fast-track progress, namely:

    - Consideration of regional epidemics and front loading of investments
    - Priority-setting and focus on location and population
    - Shared responsibility and global solidarity
    - Innovation and speeding up science for people
    - Cross-sectoral partnerships: leveraging the contributions of diverse stakeholders
    - People-centred accountability for inclusive, effective and legitimate responses

12. The UBRAF identifies the expected results and activities of the Joint Programme over a six-year period, which provides a planning and monitoring framework that is synchronized with the planning cycles of the Cosponsors, as well as other United Nations funds, programmes and agencies, as required by the Quadrennial Comprehensive Policy Review (QCPR). Budgets are prepared and presented on a biennial basis.

What is new in the 2016-2021 UBRAF?

The UBRAF is a unique instrument – the only one of its kind in the United Nations system – bringing together efforts of 12 organisations into one framework. It reflects calls under the SDGs for issue-based coalitions, joint programming, joint teams and attribution to collective results.

Compared to the 2012-2015 UBRAF, the 2016-2021 UBRAF has:

- a clearer and simpler structure;
- a stronger link between resources and results;
- explicit criteria for the allocation of resources;
- fewer outputs (20 compared to 64 previously);
- improved reflection of regional differences and priorities;
- more clarity on the roles and functions of the Cosponsors and Secretariat; and
- a theory of change linking UBRAF outputs to higher-level results and the SDGs, explaining how the Joint Programme contributes to outcomes and impact.

The number of indicators has been reduced with a shift from process indicators to monitoring changes at country level to which the Joint Programme contributes more directly. Additional independent assessment/reporting tools are included to provide a more complete picture of what has been achieved and to triangulate results. Renewed attention is given to evaluation.

1.2 How does the UBRAF serve as a management tool?

13. The UBRAF is a global results and accountability framework which encompasses the work of UNAIDS Secretariat and 11 Cosponsors in more than 100 countries. More detailed information about actions and expected results of the Cosponsors and the Secretariat at different levels are contained in biennial and annual work plans that are developed based on the UBRAF.

14. As a joint and cosponsored programme, UNAIDS is a complex programme. The UBRAF is built on the understanding that several complementary tools and methods are required for collecting data and information to provide an adequate picture of its results and contributions.

15. The UBRAF serves as a tool for planning, monitoring and evaluation of core as well as non-core resources of the Joint Programme. Reporting on the UBRAF focuses on the core budget approved by the Board, but also captures the role of non-core resources to reflect more fully the role the UN system plays in the global AIDS response.

2. STRUCTURE OF THE UBRAF

2.1 Overall framework

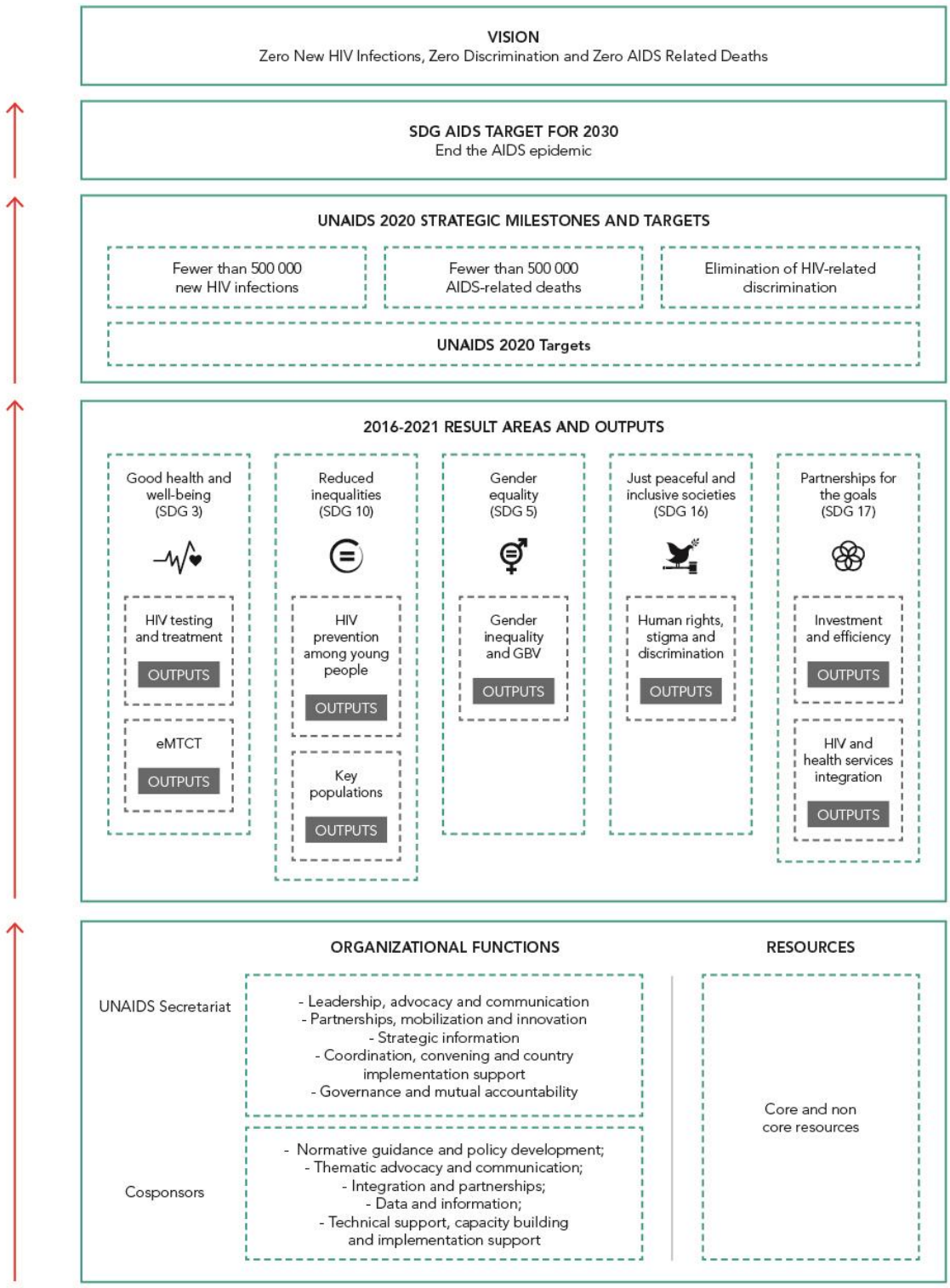

Figure 1
Overall Framework

16. The 2016-2021 UBRAF is structured based on the eight result areas in the UNAIDS 2016-2021 Strategy and the five SDGs that are most relevant to the AIDS response. This approach aims to maximize linkages and synergies with the broader development agenda and to take into account new dynamics and opportunities for the response, and adapt to shifts in the development context.

17. The results framework of the UBRAF consists of 20 country-level outputs, which capture the contribution of the Joint Programme to specific result areas in the UNAIDS 2016-2021 Strategy, and core organizational functions of the UNAIDS Secretariat and Cosponsors. By achieving the 20 outputs in the UBRAF, UNAIDS maximizes progress towards global targets and results in the 2016-2021 Strategy.

18. Through the organizational functions and roles of the Secretariat and Cosponsors, the Joint Programme contributes to country outputs, which in turn contribute to the achievement of the results in the Strategy and higher-level targets and goals. How the achievement of outputs contributes to results in the Strategy is explained in a theory-of-change section within each of the result areas.

19. Figure 2 provides a schematic illustration – using a concrete example – of the link between the UBRAF and the Strategy, linking the activities implemented by Cosponsors and the Secretariat to expected UBRAF outputs and to the achievement of the results and targets of the Strategy and UNAIDS vision of zero new HIV infections, zero discrimination, and zero AIDS-related deaths. Broad activities/actions for the Joint Programme are presented in Annex I. Additional details are included in biennial and annual work plans.

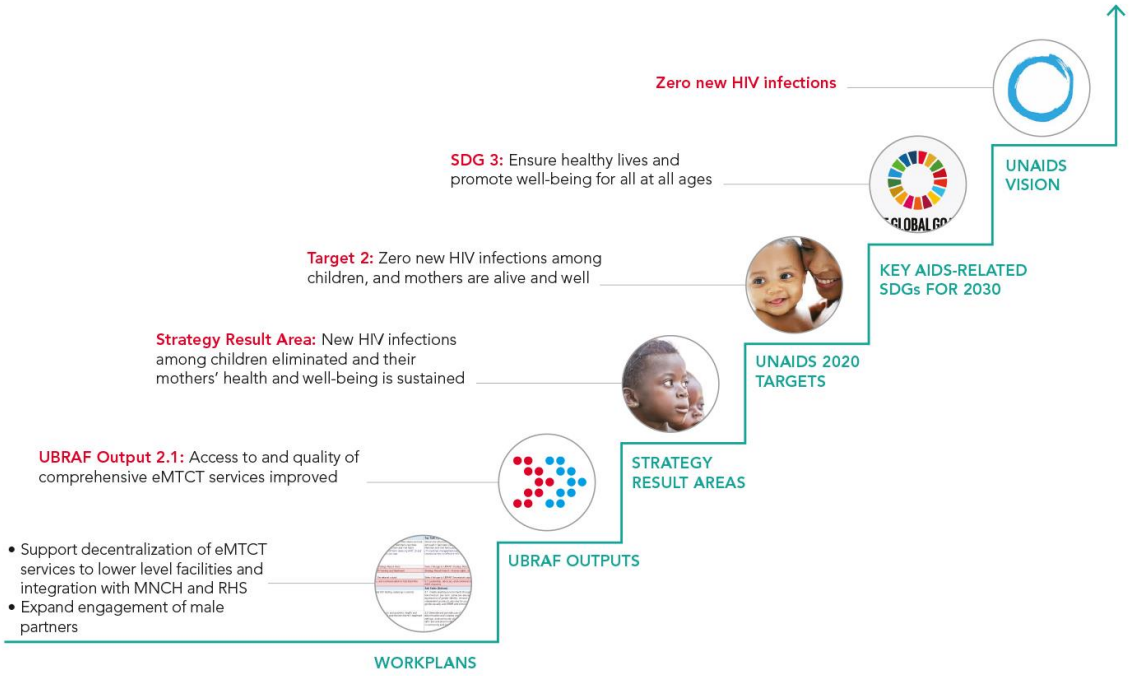

Figure 2
Results framework for 2016-2021 – Example of UBRAF results chain (eMTCT)

2.2 The UBRAF outputs

20. The 20 outputs relate to the Joint Programme's work at country level. In general, outputs apply to all countries where the Joint Programme is present, although specific actions, implementation modalities and level of effort to achieve the outputs may differ according to country contexts. UNAIDS actions at global and regional level aim to support results/changes at country level, where new HIV infections take place, people die from AIDS-related conditions and/or there is HIV-related discrimination. Outputs cover what the Joint Programme aims to achieve at country level and the benchmarks against which it should be measured. The UBRAF outputs apply to all regions and countries with a particular focus on Fast-Track countries.

21. Outputs refer to broader country results to which the UNAIDS Secretariat and Cosponsors contribute in support to Governments and jointly with other partners and stakeholders. For each output, a theory of change regarding how activities and actions lead or contribute to immediate and/or long-term changes is included. Verifying linkages between inputs, actions, outputs and results in the Strategy requires a range of monitoring and evaluation tools, including external evaluations. The nature of UNAIDS as a joint and cosponsored programme makes inferring causation especially challenging, as there may be several organisations and more than one initiative designed to support a particular output and as actions are carried out over extended periods of time in complex social environments.

22. The next section presents what the Joint Programme wants to achieve in countries (outputs); a brief description of what the Joint Programme will do under each output, and a theory of change of how and why the outputs contribute to Strategy results (outcomes). The next section also outlines indicators to measure results of Joint Programme-specific contributions (achievement of country outputs), baselines and quantitative milestones and targets. Targets are based on the availability of the maximum amount of estimated UBRAF resources/needs (core funds and non-core or other AIDS funds). A separate indicator guidance document defines how indicators will be measured.

SDG 3

Strategy Result Areas and UBRAF Outputs		**Primary contributing Organizations*** Through its organizational functions UNAIDS Secretariat contributes to all outputs
Result Area 1 - Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment		
Output 1.1	Innovative and targeted HIV testing and counselling programmes introduced	UNICEF, WFP, UNODC, ILO, WHO, World Bank
1.2	Country capacity, policies and systems for access to HIV treatment cascade enhanced	UNHCR, UNICEF, WFP, UNDP, UNODC, UN Women, WHO, World Bank
1.3	Systems that enable children and adolescents to meet 90-90-90 targets strengthened	UNICEF, WFP, UNESCO, WHO, World Bank
1.4	High-burden cities fast-track HIV services	UNICEF, UNDP, UNFPA, UNODC, World Bank
1.5	Mechanisms developed to provide HIV-related services in humanitarian emergencies	UNHCR, UNICEF, WFP, UNFPA, UNODC
1.6	Mechanisms to ensure access to medicines and commodities strengthened	UNICEF, WFP, UNDP, UNFPA, WHO, World Bank

Result Area 2 - New HIV infections among children eliminated and their mother's health and well-being is sustained		
2.1	Access to and quality of comprehensive eMTCT services improved	UNICEF, WFP, UNFPA, WHO

SDG 10

Result Area 3 - Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV		
3.1	Targeted combination prevention programmes defined and implemented	UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank
3.2	Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened	UNICEF, WFP, UNFPA, UNODC, UN Women, UNESCO, WHO, World Bank

Result Area 4 - Tailored HIV combination prevention services are accessible to key populations including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants		
4.1	Evidence-based HIV services for key populations implemented	UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank
4.2	Comprehensive package of harm reduction services established for people who inject drugs	UNODC, WHO, World Bank

SDG 5

Result Area 5 – Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV		
5.1	Strategic actions for gender equality and women and girls included and resourced in AIDS responses	UNICEF, UNDP, UNFPA, UNODC , UN Women, ILO, WHO, World Bank
5.3	Actions to address and prevent all forms of gender-based violence implemented	UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO

SDG 16

Result Area 6 - Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed		
6.1	HIV-related legal and policy reforms catalysed and supported	UNHCR, UNDP, UNFPA, UNODC, ILO
6.2	National capacity to promote legal literacy, access to justice and enforcement of rights expanded	UNDP, UNFPA, UNODC, UN Women, UNESCO
6.3	Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care	UNDP, UNFPA, WHO

SDG 17

Result Area 7 - AIDS response is fully funded and efficiently implemented based on reliable strategic information		
7.1	AIDS response sustainability, efficiency, effectiveness and transitions strengthened	UNDP, World Bank
7.2	Technological, service delivery and e-health innovations fostered	UNICEF, WFP, UNFPA, WHO, World Bank

Result Area 8 - People-centred HIV and health services are integrated in the context of stronger systems for health		
8.1	Decentralization and integration of HIV related services strengthened	UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, World Bank
8.2	HIV sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children strengthened	UNICEF, WFP, UNDP, ILO, World Bank

***** Cosponsors indicated here are not the *only* ones contributing to a particular output. Because of the cross-cutting nature of the UBRAF, and because of the need to streamline budgeting and reporting by output, in most cases Cosponsors contribute to a wider range of outputs than indicated above.

Good health and well-being (SDG 3)

Strategy Result Area 1 – Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Strategy Target 1: 90 90 90

Output 1.1 Innovative and targeted HIV testing and counselling programmes introduced

Indicator:
Percentage of countries with selected HIV Testing Services (HTS) in place
Baseline:
All countries: 57% (39/68 country respondents)
Fast-Track countries: 67%
Milestones (2017 and 2019): 70% and 80%
Target (2021): 90%

The Joint Programme (JP) will support national and community level efforts to increase demand for HIV testing and implement an optimally strategic mix of facility- and community-based approaches to achieve the 90-90-90 target. The JP will intensify the VCT@WORK Initiative in Fast-Track countries, help countries strengthen quality assurance, and provide advocacy, tools, guidance, and technical support to expand access to new technologies, including self-testing.

Output 1.2 Country capacity, policies and systems for access to HIV treatment cascade enhanced

Indicator:
Percentage of countries adopting WHO HIV treatment guidelines
Baseline:
All countries: 16% (11/67)
Fast-Track countries: 6%
Milestones (2017 and 2019): 50% and 60%
Target (2021): 80%

The JP will support countries' plans to scale up antiretroviral treatment coverage, ensuring that HIV treatment strategies reflect global guidelines to achieve the 90-90-90 target. The JP will assist countries in implementing and scaling up evidence-informed and rights-based strategies to ensure linkage to care, retention in care and treatment adherence. The JP will build capacity of health providers to deliver HIV treatment, with particular attention to community health workers; encourage further decentralization of treatment services; promote strategic service integration; and support community system strengthening. Efforts will include support to services that promote treatment outcomes, such as food and nutrition as well as during humanitarian emergencies and support to address structural and gender-related barriers to treatment access and adherence.

Output 1.3 Systems that enable children and adolescents to meet 90-90-90 targets strengthened

Indicator:
Percentage of countries adopting quality health care services for children and adolescents
Baseline:
All countries: 30% (20/66)
Fast-Track countries: 24%
Milestones (2017 and 2019): 60% and 80%
Target (2021): 90%

The JP will support the design and implementation of strategies that promote HIV integration in routine maternal, neonatal and child health (MNCH) services (including POC EID, routine PITC across health care settings, and ensuring test results are received and children linked to treatment and care). The JP will provide normative guidance on implementing universal treatment guidelines for children, continue to advocate for improved paediatric antiretroviral treatment formulations and for their early registration and use, and identify and support uptake of programmatic innovations to improve treatment outcomes for children and adolescents. In addition, the JP will support countries to devise HIV testing strategies outside health facilities to identify older children and adolescents, as well as promoting strengthened uptake and adherence through formal and non-formal school programmes that reduce stigma and promote treatment literacy and health-seeking behaviours.

Output 1.4 High-burden cities fast-track HIV services

Indicator:
Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high burden cities
Baseline:
All countries: 35% (23/65)
Fast-Track countries: 39%
Milestones (2017 and 2019): 60% and 80%
Target (2021): 90%

The JP will assist selected high-burden cities and urban areas to improve and expand service delivery and access for people living with and most affected by HIV, including key populations, adolescents and young people. Particular attention will be to high-burden cities in Fast-Track countries. Efforts will build on on-going work, such as the WHO healthy cities, the UNDP/UNFPA Urban Health and Justice initiative and the UN Women Global Safe City initiative. Particular efforts will focus on assisting cities to develop and implement inclusive, evidence- and rights-based responses and on addressing the social and economic determinants of HIV risk and vulnerability. The JP will promote continued and strengthened political leadership through high-level advocacy and communication, support city consultations to facilitate partnerships and city action, broker linkages between community, city and national programmes, build learning and sharing platforms (especially South-South) and mobilize catalytic funding.

Output 1.5 Mechanisms developed to provide HIV-related services in humanitarian emergencies

Indicator:
Percentage of countries where HIV is integrated in national emergency preparedness and response plans
Baseline:
All countries: 58% (35/60)
Fast-Track countries: 69%
Milestones (2017 and 2019): 80% and 85%
Target (2021): 90%

Indicator:
Percentage of countries offering HIV -related services for populations affected by humanitarian emergencies
Baseline:
All countries: 57%(34/60)
Fast-Track countries: 63%
Milestones (2017 and 2019): 80% and 85%
Target (2021): 90%

The JP will support fragile communities and communities at risk of emergency situations to ensure continued prevention, care and treatment in emergencies, and to strengthen resilience. The JP will advocate, build capacity of stakeholders and support integration of HIV in national emergency preparedness and response plans. The JP will advocate for inclusion of needs of emergency-affected communities in existing HIV programmes through risk-informed programming approaches. The JP will guide mapping of fragile communities and support efforts to address sexual and gender-based violence in the context of humanitarian emergencies and ensure adequate response and redress for survivors, with focus on women and girls. The JP will ensure adequate focus on the needs of people living with HIV, key populations, and other vulnerable groups facing emergency situations.

Output 1.6 Mechanisms to ensure access to medicines and commodities strengthened

Indicator:
Percentage of countries using a functional logistics management information systems for forecasting and monitoring reproductive health and HIV related commodities
Baseline:
All countries: 77%(97/125)
Fast-Track countries:88%
Milestones (2017 and 2019): 88% and 90%
Target (2021): 93%

The JP will secure access to medicines and commodities by assisting countries in strengthening systems for procurement, supply chain and commodity management and in ensuring non-discriminatory access to HIV prevention and treatment commodities; and it will encourage research and development of more tolerable, efficacious and affordable health products and maximize flexibilities under the TRIPS accord. The JP will also advocate for concrete steps towards local production of antiretroviral medicines.

Theory of Change

Antiretroviral therapy has transformed the AIDS response, sharply reducing HIV-related illness and death and accelerating the decline in new HIV infections. The Joint Programme is now leading global efforts to achieve the 90-90-90 target, an essential step to end AIDS as a public health threat by 2030. **Achieving global AIDS targets will demand further scale-up of HIV treatment,** as only 40% of people living with HIV worldwide were receiving antiretroviral therapy in 2014. Improvements are also urgently needed across the HIV treatment cascade, as only 32% of people living with HIV in sub-Saharan Africa were virally suppressed in 2014 due to gaps in knowledge of HIV status, gender inequalities, gender-based violence, weak linkage to care, retention in care and treatment adherence. Although substantial gains have been made in **promoting HIV testing**, only 54% of all people living with HIV knew their HIV status in 2014, underscoring the need for a strategic mix of approaches, with a particular focus on scaling up community-based approaches, such as home-based testing, multi-disease campaigns, mobile testing and outreach, workplace programmes and self-testing. Focused efforts will be needed **to close the treatment gap for children**; although HIV treatment coverage among children more than doubled from 2010 to 2014, coverage among children remains notably lower than among adults (32% vs. 41% in 2014) and only modest gains have been made in **expanding paediatric treatment access in sub-Saharan Africa**. With many children with perinatally acquired HIV infection reaching adolescence (often still undiagnosed), innovative service delivery models are needed **to enhance HIV case finding**, ensure prompt treatment initiation, **improve management of transition to adolescent care**, and **increase retention in treatment and care**. Targeted efforts are also needed to **scale up and adapt treatment as well as testing and prevention services to local contexts**, including in cities (where HIV prevalence is typically higher than in rural areas) and in humanitarian emergencies. Meeting global HIV treatment and prevention goals will also demand **reliable, uninterrupted supply of good-quality, affordable medicines and other HIV commodities**. **All these efforts are unfolding in the context of supporting the realisation of universal health coverage.**

Strategy Result Area 2 – New HIV infections among children eliminated and their mother's health and well-being is sustained

Strategy target 2: Zero new infections among children, and mothers are alive and well

Output 2.1 Access and quality of comprehensive eMTCT services improved (UNICEF, WFP, UNFPA, WHO)

Indicator:
Percentage of countries implementing latest eMTCT guidance

Baseline:
All countries: 44% (28/64)
Fast-Track countries: 56%

Milestones (2017 and 2019): 90% and 95%

Target (2021): 100%

The JP will, through advocacy and technical support, ensure countries commit to ambitious goals and generate and use relevant strategic information to drive progress towards the virtual elimination of mother-to-child transmission. The JP, with support from the 32-member Interagency Task Team (IATT) on prevention and treatment of HIV infection in pregnant women, mothers and their children, will provide global and country guidance and extensive technical support for implementation of services, identify challenges and solutions, including where relevant in prisons and closed settings, and convene key partners to advance actions and promote adoption of innovations. The JP will also support countries to address HIV transmission during breastfeeding, which remains a persistent problem in many settings.

Theory of Change

Although the number of children acquiring HIV in 2014 was less than half the number in 2000, rates of mother-to-child transmission well above 10% persist in many countries, underscoring the need to continue and intensify progress towards the goal of eliminating new HIV infections among children. **Immediate treatment should be accessible** to all pregnant women living with HIV, and should be offered, with supportive services, for life for the health of the woman, infant, and future children (option B+). Each member of the Joint Programme has a unique role to play in supporting **delivery of the range of eMTCT services for all four 'prongs'**: 1) Prevent HIV in women of reproductive age, 2) prevent unintended pregnancy in women with HIV, 3) prevent HIV transmission from mother to child, and 4) provide ongoing care and support to mothers, their children, and families. A pre-requisite for achieving the output contributing to the Strategy result is the adaptation the latest eMTCT guidance and a costed implementation plan.

Reduced inequalities (SDG 10)

Strategy Result Area 3 - Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

- Strategy Target 3: 90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV
- Strategy Target 4: 90% of women and men, especially young people and those in high prevalence settings, have access to HIV combination prevention and sexual and reproductive health
- Strategy Target 5: 27 million additional men in high-prevalence settings are voluntarily medically circumcised, as part of integrated SRH services for men

Output 3.1 Targeted combination prevention programmes defined and implemented

Indicator:
Percentage of countries with targeted combination prevention programmes in place
Baseline:
All countries: 19% (12/63)
Fast-Track countries: 38%
Milestones (2017 and 2019): 50% and 60%
Target (2021): 70%

The JP will expand focused combination prevention through policy and technical support to countries. The JP will work with countries to support programmes that provide young women and men and adolescent girls and boys with the knowledge, empowerment, social and legal protection and safer sex negotiation skills to effectively use prevention technologies/methods and to adopt safer sexual and health-seeking behaviour. The JP will continue to collect, analyse and promote evidence on the synergies between health, education and social protection and on the social and economic determinants of HIV risk and vulnerability.

Output 3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened

Indicator:
Percentage of Fast-Track countries that are monitoring the education sector response to HIV and AIDS
Baseline: 38% (6/16)
Milestones (2017 and 2019): 50% and 60%
Target (2021): 70%

Indicator:
Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place
Baseline: 75% (12/16)
Milestones (2017 and 2019): 85% and 90%
Target (2021): 90%

The JP will address HIV-related health and educational needs of young men and women, and adolescent girls and boys through collaborative programming with governments, civil society and other stakeholders. Through work with diverse actors, the JP will support young people's access to quality education, including comprehensive sexuality education as part of basic combination HIV prevention packages, as well as education that promotes key competencies development, and increased educational, employment and livelihood options. Particular attention will be paid to promoting gender equality in access to and completion of good quality secondary education, including through programmes that mitigate the financial cost of secondary schooling and enhance retention, such as programmes that support pregnant girls and young mothers. Emphasis will be placed on continuing to strengthen the capacity of The PACT and other networks of young people living with HIV to ensure that young people are at the centre of the response.

Theory of Change

The historic gains in expanding access to HIV services are not equitably shared, and closing these access gaps will be essential if the world is to end the AIDS epidemic as a public health threat and realize the vision of zero new infections, zero discrimination and zero AIDS-related deaths. **Prevention efforts will need to intensify**, as the number of new HIV infections (2.0 million in 2014) remains unacceptably high, demanding that combination prevention efforts are strategically focused on the settings, locations and populations where prevention impact will be greatest. Even as AIDS-related deaths have fallen sharply worldwide, AIDS-related deaths among adolescents rose by 50% from 2005 to 2013, underscoring the world's failure to address the HIV-related needs of young people. Adolescent girls (aged 15-19) in East and Southern Africa account for nearly two thirds of new HIV infections among adolescents, with young members of key populations accounting for the vast majority of new infections among young people in other regions. **Autonomy and empowerment are key factors in condom use, particularly for women and young women, as they are associated with higher HIV-related knowledge and capacity to negotiate safer sex**. **Education can reduce vulnerability to HIV** by exposing boys and girls to information, building their self-esteem and skills, improving economic prospects and influencing the balance of power within relationships. An expanded range of HIV prevention tools are becoming available now. The JP will assist government to provide the optimal mix of combination prevention and empower those who need them to freely access and use them

Strategy Result Area 4 - Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants

Strategy Target 6: 90% of key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants have access to HIV combination prevention services

Output 4.1 Evidence-based HIV services for key populations implemented

Indicator:
Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies
Baseline:
For MSM, sex workers
All countries: 58% (34/59)
Fast-Track countries: 50%
For prisons and closed settings
All countries: 7% (4/59)
Fast-Track countries: 6%
Milestones (2017 and 2019):
For MSM, sex workers: **70% and 80%**
For prisons and closed settings: **20% and 35%**
Target (2021):
For MSM, sex workers: **90%**
For prisons and closed settings: **50%**

The JP will continue to strongly advocate for an inclusive AIDS response and for countries to engage and respond to the needs of key populations. The JP will support countries to generate data and analysis, remove legal and policy barriers, and scale up targeted, effective and rights-based HIV and SRH services for sex workers, MSM and transgender people and female partners of male key populations as well as people living with HIV. Actions will cover non-injecting drug users who are at risk of HIV in countries where this is relevant for HIV prevention and treatment. In addition, the JP will work to ensure the evidence-based services extend to people in prisons and other closed settings. The JP will maximize the effective use of existing resources as well as mobilize new resources for key population programmes. The JP will strengthen subnational data collection, and its rights-based use, to improve population size estimates, resource allocation by population and location, and service delivery access and linkages; build capacity of, and partnership with, key populations networks; continue to develop, review and disseminate tools and guidelines for effective combination prevention packages, treatment, care and support; and ensure that adolescent and young key populations have access to services that are tailored to their specific needs.

Output 4.2 Comprehensive packages of harm reduction services established for people who inject drugs

Indicator:
Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs
Baseline:
All countries: 23%(14/61)
Fast-Track countries: 29%
Milestones (2017 and 2019):30% and 50%
Target (2021): 60%

The JP will expand evidence-based approaches to reducing HIV infections and promote access to HIV services among people who use drugs through programmatic guidance and direct support. In particular the Joint Programme will advocate for and support countries to provide effective access for people who inject drugs to sterile injection equipment, opioid substitution therapy, antiretroviral therapy and other evidence-based harm reduction services for HIV, and will support efforts to address the legal and policy barriers to effective HIV prevention among people who inject drugs.

Theory of Change

Particular efforts are needed to strengthen **HIV prevention, care and treatment for key populations**, who (along with their immediate partners) are estimated by WHO to account for between 40% and 50% of all new HIV infections among adults worldwide. Although nearly one in seven (13%) of the 12.7 million people worldwide who inject drugs are living with HIV, many lack access to proven harm reduction services. The vulnerability of key populations to HIV arises primarily from their systematic exclusion from decision-making processes and life-saving services. Empowering, and providing space for, key populations to be leaders of decision making regarding the health and human rights will be a critical function of the JP.

Gender equality (SDG 5)

Strategy Result Area 5 - Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Strategy Target 7: 90% of women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV

Output 5.1 Strategic actions for gender equality and women and girls included and resourced in AIDS responses

Indicator:
Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms
Baseline:
All countries: 43% (26/61)
Fast-Track countries: 53%
Milestones (2017 and 2019): 50% and 60%
Target (2021): 70%

The JP will support countries to empower women and girls to transform gender norms and address structural barriers that impede women's and girls' rights and opportunities to live a life free of violence; access education, employment, justice, economic resources; and make informed decisions on their own sexual and reproductive health, including child bearing, free of coercion and discrimination and with access to reproductive health commodities. The JP will provide advocacy, technical advice, legal and policy review and reform and capacity development to promote gender equality and the empowerment of women and girls, including the most vulnerable and marginalized. The JP will support countries to address the gender dimensions of HIV epidemics and provide guidance and assistance to governments and civil society to address multi-dimensional gender and human rights issues in their national HIV and gender plans.

Output 5.2 Actions to address and prevent all forms of gender-based violence implemented

Indicator:
Percentage of countries with laws and/ or policies and services to prevent and address gender-based violence
Baseline:
All countries: 37% (22/59)
Fast-Track countries: 40%
Milestones (2017 and 2019): 50% and 60%
Target (2021): 70%

The JP will assist governments and civil society to address all forms of violence and harmful practices perpetrated on the basis of gender. The primary focus will be on sexual and gender-based violence against women and girls, including in contexts of humanitarian emergencies. The JP will support coordinated, integrated action across sectors to build broader coalitions addressing barriers to preventing and addressing violence in the context of HIV, and developing actionable recommendations on how to achieve progress, with particular attention to justice, law enforcement, health, education, labour and social welfare.

Theory of Change

While new HIV infections have declined among women over the last 15 years, women and girls remain highly vulnerable to HIV. Globally, women account for 51% of all adults living with HIV. Women represent 59% of all people living with HIV in sub-Saharan Africa. In sub-Saharan Africa, women acquire HIV five to seven years earlier than men, underscoring the disproportionate HIV risks faced by adolescent girls and young women in the region. Persistent gender inequalities and gender-based violence contribute to women's HIV risk and vulnerability, with 45% of adolescent girls in some settings reporting that their first sexual experience was forced. Evidence suggests that strategies to foster equitable gender norms, strengthen legal and policy frameworks, and support women's education, access to decision-making, employment opportunities, food and economic security have a meaningful impact on HIV and sexual and reproductive health outcomes and reduce gender inequality. **Promoting gender equality and women's empowerment** requires strategic interventions at all levels of programming, budgeting and policy-making, which in turn demands **adequate budgets** for such activities as well as the **prioritization of empowerment of women and girls** in developing, planning, implementing and evaluating national HIV strategic plans and policy frameworks. Women and girls, particularly those living with HIV and from key populations, must be empowered to engage meaningfully and spaces must be secured for them to participate in the HIV response at all levels. Although violence against women, girls or others is an intrinsic human rights violation and undermines health and social outcomes, national responses have been slow to address this, underscoring the need for **intensified action to address gender-based, sexual and other forms of violence**.

Peace, justice and strong institutions (SDG 16)

Strategy Result Area 6 - Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Strategy Target 8: 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, educational and workplace settings

Output 6.1 HIV-related legal and policy reforms catalysed and supported

Indicator:
Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services

Baseline:
With the exception of four countries (over a sample of 62 countries) all had some law or policy that present barriers to delivery of HIV prevention, testing and treatment services

Milestones (2017 and 2019): progress in 20% of countries from baseline and from 2017

Target (2021): progress in 20% of countries from 2019

The JP will promote an enabling legal and policy environment, including removal of discriminatory laws, policies and practices (including legal and policy barriers to access to HIV services and employment), and will monitor progress in this regard. The JP will support movements and national and local coalitions to end discriminatory laws, policies and practices, including those focused on key populations as well as overly broad criminalization of HIV non-disclosure, exposure and transmission, including for women in the context of the mother-to-child transmission. The JP will provide timely and quality assistance to countries to strengthen capacity for: (1) monitoring and assessing legal and policy environments, including sharing good practice on enabling legal and policy environments for effective AIDS responses; (2) engaging in national/sub-national multi-stakeholder dialogues; (3) building coalitions across multiple sectors, constituencies and regions to remove discriminatory or punitive laws and policies, and/or (4) building commitment to enforce protective laws and policies.

Output 6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded

Indicator:
Percentage of countries with mechanisms in place providing access to legal support for people living with HIV

Baseline:
All countries: 44% (28/64)
Fast-Track countries: 44%

Milestones (2017 and 2019): 60% and 65%

Target (2021): 70%

The JP will assist countries in strengthening national and sub-national institutions, systems and legal environments to promote legal literacy, access to justice and enforcement of rights. Efforts will specifically focus on ensuring protections for people living with HIV, key populations, women, girls and other vulnerable groups. The JP will work to guide the judicial power, law enforcement agencies, police and prison authorities towards policies and practices that enable HIV prevention and treatment services, and also support civil society organizations and communities to increase legal and rights literacy and redress for human rights violations. The JP will also support countries to address violence aimed at key populations, including in contexts of homophobic and transphobic violence, violence against children and people affected by humanitarian emergencies.

Output 6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care

Indicator:
Percentage of countries with measures in place to reduce stigma and discrimination in health settings

Baseline:
All countries: 21% (13/63)
Fast-Track countries: 31%

Milestones (2017 and 2019): 40% and 50%

Target (2021): 60%

The JP will provide timely and high quality technical support to health-care professionals, civil society actors, networks of men and women living with HIV and other key populations to reduce and ultimately end HIV-related stigma and discrimination in health care. It will strengthen commitment, standards and capacities for stigma- and discrimination-free health care services. The JP will support the strengthening of legal and policy frameworks to protect against women's human rights violations in health care settings. The JP will also support countries to build practical and sustainable knowledge and skills to deliver accessible and non-discriminatory health services for all.

Theory of Change

Stigma, discrimination and other human rights violations continue to impede progress in the AIDS response, increasing risk and vulnerability, exacerbating the epidemic's impact and deterring many people from seeking or obtaining essential services. Most countries criminalize various aspects of drug possession and sex work (with some mandating compulsory detention), 75 countries criminalize sexual relations between members of the same sex, and more than 60 countries criminalize HIV transmission, exposure or non-disclosure. Thirty-five countries restrict entry, stay or residence of people living (down from 59 in 2008). Stigma and discrimination may be especially injurious when it occurs in health care settings, highlighting the need for **concerted efforts to enhance the capacity of health care systems and workers to provide good-quality, non-judgmental services** to all people affected by the epidemic. Efforts to **reform laws and align legal and policy frameworks with human rights principles** should be complemented by initiatives to **build legal literacy among populations affected by HIV**, **ensure access to justice, and rigorously enforce anti-discrimination and human rights provisions.**

Partnerships for the goals (SDG 17)

Strategy Result Area 7 - AIDS response is fully funded and efficiently implemented based on reliable strategic information

Strategy Target 9: Overall financial investments for the AIDS response in LMI countries reach at least US$30 billion, with continued increase from the current levels of domestic public sources

Output 7.1 AIDS response sustainability, efficiency, effectiveness and transitions strengthened

Indicator:
Percentage of countries with a HIV sustainability plan developed
Baseline:
All countries: 20%
Fast-Track countries: --
Milestones (2017 and 2019): 50% and 60%
Target (2021): 70%

Indicator:
Percentage of countries with up-to-date HIV Investment cases (or similar assessing allocative efficiency) that is being used
Baseline:
All countries: 48% (30/62)
Fast-Track countries: 67%
Milestones (2017 and 2019): 60% and 70%
Target (2021): 80%

The JP will promote increased investment in the AIDS response, innovative financing and other measures to build sustainability for national strategic plans and HIV services. The JP will assist countries to diversify their HIV financing, by increasing domestic funds, increasing engagement of communities and the private sector and designing new funding models. The JP will also provide guidance and advice during transitional planning to sustain countries' ability to maintain key programmes, delivery capacity and health benefits, and to adapt approaches to take account of changes in financing, service delivery modalities and governance/institutional arrangements. The JP's work in this area will be integrated with broader efforts to develop, finance and implement national sustainable development plans, with specific efforts taken to ensure that such plans incorporate all aspects of the AIDS response. The JP will also work to provide countries with the tools and analytical support necessary to optimize strategic resource allocation, in line with epidemic priorities. The JP will help countries improve the efficiency and effectiveness of national HIV programmes, including through implementation efficiency and program effectiveness studies.

Output 7.2 Technological, service delivery and e-health innovations fostered

Indicator:
Percentage of countries with scale-up of new and emerging technologies or service delivery models
Baseline:
All countries: 26% (16/62)
Fast-Track countries: 38%
Milestones (2017 and 2019): 40% and 50%
Target (2021): 60%

The JP will promote innovation in HIV service delivery, including e-health, mobile health and telehealth. By fostering partnerships among communities, government agencies, health providers and the private sector, the JP will encourage countries to develop and use innovative prevention technologies (including new PrEP, VMMC practices), promote community awareness of and support for innovations, support research to optimize antiretroviral regimens (including for children) and examine broader HIV testing methods. The JP will expand its work and advocacy for the continued innovation and refinement of HIV-related medicines and technologies, aiming to ensure their availability, quality and affordability. These efforts will include mobilizing scientific and ethical consensus on progress towards a vaccine and AIDS cure and to explore new incentive systems for needed research and development in which costs are delinked from product price.

Theory of Change

To fast-track and sustain national AIDS responses requires funding that is sufficient and stable. Taking into account broader trends in development assistance and the transition of many countries from low- to middle-income status, analyses indicate that **increasing domestic financing of HIV activities** (including innovative funding models, such as co-financing from different sectors) will be essential to long-term sustainability of national responses. During the transition to new funding and institutional arrangements to support a sustainable response, urgent efforts are needed to ensure a **seamless transition and avoid disruption of essential services**, including steps to increase national and sub-national capacity. At the same time as new sources of funding are mobilized, from both national and international sources, efforts should be redoubled to ensure that **every iota of funding is used as strategically and efficiently as possible**. HIV strategies need to be guided by investment cases that prioritize high-impact locations, populations and programmes. Service delivery strategies must effectively reach and engage key populations, women and other vulnerable populations to HIV services, while reducing costs and avoiding duplication, underscoring the importance of optimizing the use of strategic information to inform planning and resource allocation. **Innovative measures, such as e-health and m-health**, should be effectively leveraged to improve the reach and impact of HIV efforts.

Strategy Result Area 8 - People-centred HIV and health services are integrated in the context of stronger systems for health

Strategy Target 10: 75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection

Output 8.1 Decentralization and integration of HIV-related services strengthened

Indicator:
Percentage of countries delivering HIV services in an integrated manner
Baseline:
All countries: 54% (32/59)
Fast-Track countries: 57%
Milestones (2017 and 2019): 65% and 70%
Target (2021): 80%

The JP will promote collaboration across national health programmes for delivery of integrated services, promote enabling environments and systems strengthening and champion policies that support such linkages. In particular, the Joint Programme will promote integration of HIV prevention, treatment and care with services for sexual and reproductive health, maternal and child health, STIs, GBV, other communicable (e.g., TB, hepatitis) and non-communicable diseases, particularly cervical cancer, mental health, education, food and nutrition support, and community systems. This will include strengthening comprehensive systems for health through the integration of community service delivery with formal health systems. Additionally, the JP will advance national plans to decentralise and bundle services for TB, hepatitis, mental health, and other health issues, as well as procurement of medicines and commodities.

Output 8.2 HIV-sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children, strengthened

Indicator:
Percentage of countries with social protection strategies and systems in place that address HIV/AIDS
Baseline:
All countries: 40% (23/58)
Fast-Track countries: 40%
Milestones (2017 and 2019): 50% and 60%
Target (2021): 70%

The JP will support national social protection programmes and social protection floors, ensuring they are HIV-sensitive, reach the poorest HIV-affected households and communities, and address the needs of vulnerable children. The JP will work to build the evidence base on addressing the social and structural drivers of the HIV epidemic; ensure that social protection programmes reach those living with HIV, affected by HIV, and at risk of acquiring HIV; and assist countries to scale up social protection programmes, including cash transfers. The JP's work on social protection will encompass strategic information, high-level advocacy, technical support and mobilization of affected communities.

Theory of Change

Efforts to close access gaps among populations currently being left behind should prioritize **integration of HIV care with related services**, which enhances the impact of the HIV response by eliminating inefficient parallel structures, improves client satisfaction with services, reduces commodity costs and capitalizes on alternative service delivery models. **HIV-sensitive national social protection programmes**, including social insurances, transfers and subsidies are a powerful tool to address the structural determinants of health, such as poverty and food insecurity, while enhancing the access to and utilization of HIV services.

2.3 UNAIDS Secretariat roles and functions

23. The UNAIDS Secretariat drives the global AIDS agenda, mobilizes political commitment and resources for the response to AIDS. It advocates for global health and social justice, putting civil society at the centre of the AIDS response, amplifying the voices of people and communities most affected by HIV to stand up for their rights and needs when they are not heard. UNAIDS strengthens the evidence base, support and advocacy for effective interventions, sustainable financing and scaled up community responses.

24. UNAIDS provides a space and platform for dialogue and decision making, convening and building bridges between stakeholders, reconciling differences to determine and implement the most effective strategies to end AIDS, ensuring accountability and efficiency. It joins the brightest minds to drive and use innovation, uniting the expertise of governments, private sector, academia and civil society in addition to UNAIDS eleven Cosponsors and Secretariat.

25. The UNAIDS governance structure comprises Member States, UNAIDS Cosponsors and representatives of non-governmental organizations. This makes UNAIDS uniquely positioned to assemble a diverse set of stakeholders for transformative and inclusive dialogues aimed at local, regional and global action.

26. The UNAIDS Secretariat will strengthen its political advocacy and strategic policy advice, its normative and technical leadership, and its partnerships to support countries to make optimal use of domestic and international resources to fast-track the response to AIDS. UNAIDS is the custodian of strategic information and analysis on the state of the HIV epidemic and response at all levels. The Secretariat will sustain mobilization to ensure that AIDS policies, strategies and programming are evidence- and rights based so that no one is left behind.

27. The core roles and functions of UNAIDS Secretariat and related performance indicators are presented below. UNAIDS Secretariat roles and functions encompass UNAIDS recognized strengths: leadership, partnerships, global advocacy, convening power, data, community mobilization, support for country implementation, and inclusive governance and mutual accountability. The Secretariat works across all result areas in collaboration with convening Cosponsors, according to UNAIDS Division of Labour. Secretariat functions – at global, regional and country level – extend across the 20 UBRAF outputs and support overall Joint Programme achievements.

S.1 Leadership, advocacy and communication

The UNAIDS Secretariat will continue its leadership role to establish an inclusive, results-driven global agenda for the strategic directions outlined in the UNAIDS Strategy for 2016-2021. The Secretariat raises awareness, mobilizes political engagement, and advocates and builds commitment for fast-tracking the AIDS response to end the epidemic by 2030. Through leadership and advocacy the Secretariat works to keep HIV high on the global agenda and builds the vision, momentum and foundations for robust, sustainable political commitment to predictable and fully financed AIDS responses with higher returns on HIV investments.

Indicators	Baselines 2015	Milestones 2017 and 2019/Targets 2021
Global level: Commitment to ending AIDS is reflected in the outcome documents of high level political meetings for the year	2016: - UNGASS on Drugs - High Level Meeting on AIDS	**2017: Adoption of commitments** **2019: Implementation of commitments** **2021: Achievement of commitments**
Global, regional and country level: Percentage of stakeholders rating the work of the UNAIDS Secretariat at least "Good (4 /5)"	76% (IPSOS Survey 2014)	**2017: 80%** **2019: 80%** **2021: more than 80%**
Country level: Percentage of countries with HIV strategies that reflect Fast-Track	All countries: 54% (33/61) Fast-Track countries: 59%	**2017: 80%** **2019: 90%** **2021: 100%**

S.2 Partnerships, mobilization and innovation

The UNAIDS Secretariat continues to strengthen dialogue between governments, affected communities, and other stakeholders for effective global policies. UNAIDS will promote the voices of vulnerable populations against punitive laws and human rights violations. The evolving context and development agenda demands a renewed Joint Programme approach to partnerships. In 2016-2021, the Secretariat will prioritize partnerships with key global development partners, including the Global Fund, PEPFAR and other bilateral donors; civil society movements; regional political bodies and cooperation arrangements; the private sector; city leaders; human rights mechanisms; parliamentarians and the judiciary, as well as universities. Partnerships are also aimed at promoting and pioneering technological innovations to advance the efforts of the global AIDS response.

Indicators	Baselines 2015	Milestones 2017 and 2019/Targets 2021
Global, regional and country level: Percentage of stakeholders believing that the UNAIDS Secretariat enhances partnerships (rating at least "Good")	69% (IPSOS Survey 2014)	**2017: 80%** **2019: 80%** **2021: 80%**
Global level: The UNAIDS Secretariat mobilizes financial resources to support civil society action	US$ 7.2 million for civil society networks and organisations (2015)	Maintain and increase amounts mobilised in previous years

S.3 Strategic information

As the global repository of data on HIV and AIDS, UNAIDS houses the most extensive and disaggregated data collection available on the HIV epidemic and the response to AIDS. The Secretariat synthesizes key data on the epidemic and the response to track and evaluate progress towards ending the AIDS epidemic by 2030. It facilitates the generation of strategic information for an effective, evidence-informed, rights-based and gender-sensitive AIDS response. This includes:

- Providing guidance and strengthening countries' capacity to collect and use national and sub-national data on the epidemic and response.
- Guiding countries on data collection on financing flows and expenditures, and costing as a basis for efficiency, return on investment and sustainable financing analyses.
- Bringing together different sources of data, methodologies and stakeholders to arrive at the best possible understanding of the state of the AIDS epidemic, progress, gaps and challenges.
- Translating analysis into policy recommendations, cost-effective strategies and allocation of resources to places and populations where they will make the most impact.

Indicators	Baselines 2015	Milestones 2017 and 2019/ Targets 2021
Country level: Percentage of countries with a complete set of GARPR data	All countries: 177/196= 90% Fast-Track countries: All	**2017: 90%** **2019: 95%** **2021: > 95%**

S.4 Coordination, convening and country implementation support

The ECOSOC Resolution (E/RES/2013/11) cites the Joint Programme as an example of good practice for the UN as a whole to enhance strategic coherence, coordination and results-based focus and country-level impact in the post-2015 period. In 2016-2021, UNAIDS Secretariat will support a 'One United Nations', working closely with Cosponsors, maximizing comparative advantages at country level in relation to other development partners, and supporting national efforts to fast-track the AIDS response towards ending the AIDS epidemic as a public health threat by 2030. The Secretariat will broker, strengthen and leverage synergy and accountability between technical support mechanisms and providers of essential HIV services.

Indicators	Baselines 2015	Milestones 2017 and 2019/Targets 2021
Country level: % of countries that have a functioning Joint Team	All countries: 63% (39/62) Fast-Track countries: 81%	**2017: 90%** **2019: 90%** **2021: 90%**
Percentage of Fast-Track countries that have undertaken a Joint Team and Joint Programme assessment with a high score (TBD)	--	**2017: 20%** **2019: 40%** **2021: 60%**

S.5 Governance and mutual accountability

The Secretariat is responsible for ensuring mutual accountability of the Joint Programme to optimally deliver on the Joint Programme's shared mission, vision and Strategy. This demands strategic coherence, a results-based focus, alignment of resources with corporate priorities, and ensuring that the Joint Programme speaks with one voice. In collaboration with partners, the Joint Programme will work to generate political momentum and capital to position AIDS and the Joint Programme in the wider post-2015 development agenda and leverage the unique experience of the Joint Programme to strengthen effective United Nations governance, in particular by strengthening the means of implementation and revitalizing the global partnership for sustainable development to end the AIDS epidemic as a public health threat by 2030, as provided in the SDGs.

Indicators	Baselines 2015	Milestones 2017 and 2019/Targets 2021
Achievement of effectiveness criteria and efficiency targets	90%	**100%**
Gender balance at P5 and above levels and among UNAIDS Country Directors achieved and maintained	P5 and above: 44% in 2015 (2% increase from 2014 level) UCD: 41% in 2015 (10% increase from 2014 level)	**2017: 45%** **2019: 48%** **2021: 50%**
Implementation of risk mitigation plan	N/A	**2017: 80%** **2019: 90%** **2021: 100%**
Implementation of evaluation plan	N/A	**2017: 80%** **2019: 80%** **2021: 80%**

2.4 Roles and functions of UNAIDS Cosponsors

28. Under the leadership and coordination of the UNAIDS Secretariat, the 11 Cosponsors are responsible for implementation and the effective achievement of the UBRAF outputs. The Joint Programme maximizes the comparative advantages and the effectiveness of the 11 Cosponsors working jointly on HIV and AIDS. Within their specific mandates, Cosponsors produce normative guidance, develop policy, advocate, engage partners, mobilise resources, provide technical and implementation support and generate data for advancing their specific HIV mandates and thereby contribute to the achievement of the UBRAF outputs.

29. The core functions of UNAIDS Cosponsors – their modalities of global and regional actions and support to countries – apply to Cosponsors' specific areas of expertise, comparative advantage and mandate in relation to the Division of Labour (Annex II). The Cosponsors' functions cover the following:
    - ***Normative guidance and policy development.*** Upstream work involves rights- and evidence-based support for and provision of recommendations in relation to the AIDS response. Cosponsor support to policy development is intended to frame issues, inform decisions and guide HIV-realted policy action. Normative guidance refers to evidence informed technical standars or models to inform service implementation.
    - ***Thematic advocacy and communication.*** In the context of Cosponsors' areas of expertise and mandates, advocacy activities aim to influence HIV-related decisions within political, economic, and social systems and institutions. Cosponsors' approach to communication is embedded in their mandate and it enables people to participate in shaping decisions that affect their lives.
    - ***Integration and partnerships.*** Partnerships are critical to deliver UBRAF results. Within their mandates, Cosponsors work with a broad range of partners at global, regional and country levels and promote integrated approaches. As per their areas of expertise, Cosponsors engage and motivate a wide range of partners at national and local levels to raise HIV awareness and demand for equitable and effective services.
    - ***Data and information***. Activities related to the generation, analysis, use and sharing of HIV-related knowledge aim to improve policy, strategies and programmes through various means in specific thematic or programmatic areas. Cosponsors support creating and using evidence that relate to their thematic or programmatic focus.
    - ***Technical support, capacity building and implementation support.*** Capacity development is the process by which skills, systems, resources and knowledge are strengthened, created, adapted and maintained over time to achieve development results. Service delivery is the involvement in the direct provision of goods and services to beneficiaries. This category covers both direct delivery of services and support of such delivery.

2.5 Working with other stakeholders and engagement of civil society

30. The Joint Programme's commitment to ending the AIDS epidemic by 2030 demands collective efforts and embracing of the opportunities inherent in the 2030 Agenda. Accelerating shared progress that builds on solid achievements, tackles inequalities and ensures no one is left behind requires joint action by countries, people living with and affected by HIV, civil society, development partners, the United Nations system, the private sector, and other key partners. Multi-sectoral, multi-stakeholder partnerships are critical to accountability at all levels.

31. UNAIDS will continue to create space for dialogue and models of collaboration that acknowledge and work within an increasingly complex environment. It will continue to convene and extend the scope of its partnerships and support countries make optimal use of domestic and international resources, including from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

32. Strong civil society engagement is critical to the HIV response and requires regulatory, social and cultural space as well as financial resources. A particular strength of civil society lies in its diversity, often representing and providing services to different marginalised communities. Supporting and strengthening the engagement of civil society, including organizations representing people living with HIV and key populations, in the AIDS response has been at the core of UNAIDS work since its establishment. Main elements of this support are presented in the Figure 3.

33. UNAIDS modelling has estimated the need to quadruple the resources for community-level work and community system strengthening to end the HIV epidemic as a public health threat (Source: 2014 World AIDS Day report (Fast-Track)). UNAIDS has committed to lead by example and to support efforts to increase the impact of civil society in service delivery, advocacy, and peer support and education. UNAIDS advocates for scaling up investments in the advocacy and leadership role of people living with and affected by HIV, young people, women and of civil society, reaching 3% of all global AIDS resources, to legitimately represent the interests of the people most affected, drive ambition, financing and equity in the AIDS response.

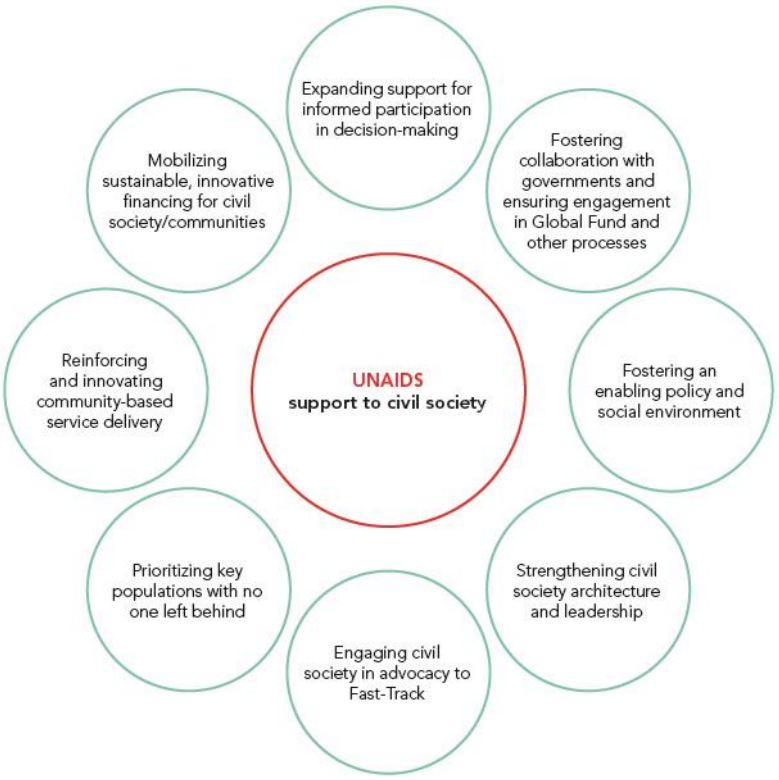

Figure 3
Main elements of UNAIDS support to civil society

2.6 Regional priorities and Fast-Track countries

34. The different epidemic patterns across regions of the world provide the rationale and opportunity for regional approaches to fast-track the AIDS response. Regional leadership and engagement plays an increasingly critical role in development as an effective link between the global and national levels and as a source of political leadership, knowledge-sharing, technical and financial support, and peer-led accountability. To generate regional political commitment and accountability, Fast-Track targets for 2020 have been identified based on and tailored to the epidemic settings of each region.

35. At regional level, the Joint Programme helps adapt the global vision and translate it into practice that suits regional contexts and enables an effective AIDS response in each country. UNAIDS Regional Support Teams (RSTs) and Cosponsor regional staff are at the centre of this work. Their work includes convening and coordinating the work of regional Joint Teams, acting as hubs to provide technical support, and engaging regional entities to address common issues, and share learning and best practices.

36. The UNAIDS 2016-2021 Strategy provides regional profiles of the epidemic, including people left behind, and identifies game changers for accelerating progress, countries and cities where particular gains are needed, as well as opportunities for regional collaborative approaches. This provides the basis for UNAIDS work at the regional level. While UBRAF outputs apply to all regions, local evidence and contexts ultimately shape the work of the JP within each country.

37. To achieve the ambitious target of fast-tracking the AIDS response in low- and middle-income countries and ending the epidemic by 2030, a number of countries have been identified for intensified action by the Joint Programme. **Fast-Track countries** include:
    i) countries with the largest number of HIV infections and people dying of AIDS-related causes;
    ii) countries that have high levels of infections among vulnerable populations; and
    iii) countries of key geopolitical relevance, such as those affected by humanitarian emergencies.

Asia and the Pacific

Gaps and challenges (from UNAIDS Strategy)

- 37 of 38 countries in the region criminalize some aspect of sex work. Criminalization and discrimination experienced by people living with HIV and key populations undermines implementation of and access to services and increases risk of violence, human rights violations and vulnerability to HIV.
- One third of key populations know their HIV status. Rates of HIV testing among sex workers is below 50% in nine countries; proportion of men who have sex with men accessing HIV testing during the past 12 months ranged from 2% to 87%, with only four of 25 countries reporting more than 50%.
- HIV prevention and testing coverage remains alarmingly low among people who inject drugs; only 3 of 18 countries report testing coverage exceeding 50%. Four countries in the region distributed an average of more than 200 needles and syringes per person who injects drugs per year.
- Prevention spending on key populations heavily depends on international funding. Only 24% of prevention investment (in 25 countries with available data) from domestic sources is directed towards key populations–less than 5% is allocated to programming for men who have sex with men, among whom new HIV infections are increasing most rapidly.
- Of the US$ 2.2 billion available from all sources for the AIDS response in 2013, 57% was from domestic resources. Domestic funding needs to be rapidly increased, especially for programmes for key population, to sustain the response.

Areas of focus for the Joint Programme

HIV Testing and Treatment. Providing technical support for introducing **innovative HIV testing** service delivery approaches, including the use of rapid diagnostic tests, and supporting expansion of community-based testing, with special focus on key populations. Promoting geographic prioritization (including **cities** and hotspots); a decentralised approach, partnership with key populations; and increased investments. Strengthening capacity and systems (health and community) to access and monitor the HIV treatment cascade. Supporting countries to protect and utilise TRIPS flexibilities to ensure **sustained access to affordable medicines and commodities**, including second and third line ART regimens, TB and HCV drugs, as well as viral load testing. Documenting and expanding innovative and effective programmes.

HIV Prevention among key populations. Supporting implementation of evidence based HIV combination prevention, including innovative service delivery models for key populations and young people among them. Providing strategic information, technical support and advocacy to facilitate transition from compulsory centres to community-based treatment and services for people who use drugs. Advocating for increasing the proportion of domestic investments for HIV services, and identifying mechanisms to ensure that CSOs working with key populations have access to domestic funding. Engaging with regional bodies (ASEAN, SAARC, and UNESCAP) to provide access to services for mobile and migrant populations. Promoting innovative HIV prevention initiatives.

Gender inequalities and GBV. Advocating for strong political messages against **violence against women and girls** and providing evidence based technical support for planning and implementing interventions to reduce GBV against key populations.

Human rights, stigma and discrimination. Providing strategic information and advocacy for the protection of human rights, including the elimination of criminalisation of key populations and other legal and policy barriers to access HIV services. Supporting the implementation of programmes and systems to monitor and respond to community experiences of **discrimination** and violence, including in **healthcare settings**. Strengthening and leveraging partnerships and capacity amongst parliamentarians, law enforcement, legal sector, and communities for the creation of enabling environments and access to justice. Working with partners on campaigns and other awareness raising initiatives towards zero discrimination of people living with HIV and key populations.

Investment and efficiency. Promoting an investment approach that supports countries to make programming and financing decisions based on evidence. Providing technical support to countries to develop and execute transitional financing plans to sustain their HIV response as an integral part of the essential package of services being offered through the national Universal Health Coverage and health insurance schemes.

HIV and health services integration. Promoting **integration of the AIDS responses**, including with SRH services. Empowering and facilitating partnerships between civil society and governments and promoting an increased role for the private sector and communities in service delivery. Promoting policy frameworks and legislation that actively integrate key populations, people living with HIV, orphans and children made vulnerable by HIV, into **social protection.**

Figure 4
Joint Programme presence in Asia and the Pacific

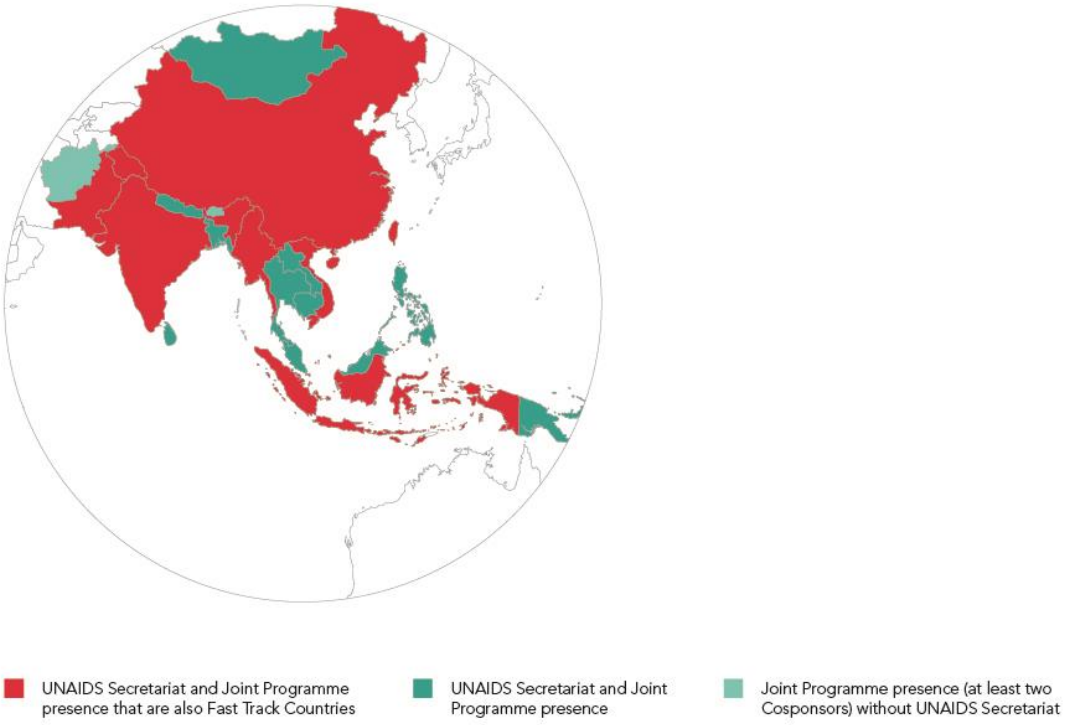

Table 1
Estimates of core and other AIDS funds for countries in Asia and the Pacific 2016-2017 (US$)

Organization	Core funds	% Fast-Track countries	Other AIDS Funds	% Fast-Track countries
UNHCR	375,000	72%	2,743,000	35%
UNICEF	2,885,000	24%	68,600,000	59%
WFP	825,000	62%	2,587,000	4%
UNDP GF grants	-	-	8,500,000	0%
UNDP	2,000,000	30%	12,500,000	70%
UNFPA	2,352,000	14%	8,115,000	63%
UNODC	3,007,000	53%	533,000	31%
UN Women	1,544,000	25%	5,969,000	50%
ILO	1,150,000	86%	1,900,000	80%
UNESCO	1,455,000	64%	8,318,000	68%
WHO	6,407,000	41%	18,025,000	31%
World Bank	2,600,000	61%	650,000,000	72%
Secretariat	31,364,000	66%	4,500,000	85%
Grand total	**55,964,000**	**56%**	**792,290,000**	**69%**

Latin America and the Caribbean

Gaps and challenges (from UNAIDS Strategy)

Latin America

- Stigma and discrimination: 10% to 44% of people living with HIV in 12 countries report having experienced discrimination.
- Violence: 26–53% of ever-married women aged 15–49 years old report experiencing physical or sexual violence from a partner in the past 12 months. Intolerance of sexual diversity is a challenge—in 2013–2014 there were more than 770 incidents of violence (resulting in 594 deaths) related to the victim's sexual orientation, gender identity or gender expression.
- Funding and efficiency: although key populations account for most of the people acquiring HIV, only 2% of prevention investment is directed towards key populations. More than two thirds of these programmes rely on external funding.

The Caribbean

- People are still being left behind. HIV prevalence is high among key populations such as sex workers (8% in Haiti) and men who have sex with men (33% in Jamaica). Other groups are also being excluded, such as young people.
- Challenges regarding stigma and discrimination, violations of human rights and gender-based violence continue to hinder access to services. In particular, punitive laws and policies, including those related to sex work, same-sex sexual relations, drug use and age of consent to access health services, undermine service access.
- HIV prevention and treatment investments depend heavily on external funding.
- Vertical transmission rates remain high in Haiti and the Dominican Republic.

Areas of focus for the Joint Programme

HIV Testing and Treatment. Supporting countries to address demand and supply **for HIV testing**, including public education, review of protocols, community-led services, and self-testing especially in higher prevalence countries and for key populations. Supporting countries to roll out HIV and Wellness Counselling and testing in workplaces (Caribbean). Advocating for the expansion of **treatment** and care, task shifting, early diagnosis, including (Latin America) scale-up of ART for people with TB-HIV, improvement of adherence and (Caribbean) strengthening laboratory capacity and health systems. Promoting regional initiatives for **price reduction** and using TRIPS, pooled procurement, use of the PAHO Strategic Fund, and efficiency of ARV purchasing. Providing support to improve **supply chain management systems** and avoid stock-outs.

eMTCT. Facilitating the validation of countries that have reached dual elimination targets, developing eMTCT acceleration plans for countries in need. (Caribbean)

HIV Prevention among key populations. Promoting expansion and use of community expertise, strengthening continuum of care, data generation and scaling up PrEP in selected countries. Retaining services for sex workers and MSM. Capacity building for youth leaders to advocate for interventions for young people and implementation of All-In! (Caribbean). Strengthening strategic information and evidence-based allocation of domestic funding. Supporting expansion of early testing and linkage to care for key populations and vulnerable groups such as adolescents, migrants, and prisoners. Promoting PrEP. Supporting countries to strengthen social protection for key populations (Latin America).

Gender inequalities and GBV. Promoting gender-responsive approaches and programmatic measures to address GBV. In the Caribbean, supporting the empowerment of women and girls as advocates for interventions, including legal reforms to reduce GBV, teenage pregnancies and early marriage.

Human rights, stigma and discrimination. Supporting countries to track and address discrimination. Advocating for normative instruments that promote and protect the rights of vulnerable groups and intensifying advocacy to change perceptions regarding key populations (Caribbean). Promoting protective legal frameworks - including on gender identity. Strengthening monitoring mechanisms to measure progress on discrimination and document legal precedents related to HIV. Strengthening national capacity of parliamentarians, law enforcement structures, and communities to promote access to justice.

Investment and efficiency. Supporting countries to develop sustainability plans, with increased and diversified/innovative domestic investments, while optimizing resource allocation and reducing costs. Strengthening regional coordination mechanisms on the future architecture of the HIV response (Caribbean). Advocating for governments to assume increasing financial responsibility, especially for key populations and exploring alternative financing such as private sector partnerships and private development banks. Supporting countries to improve resource allocation, including for key populations, and effectiveness and efficiency of the HIV responses. Promoting cost-efficient investments based on populations and location, as well as strengthening links between HIV and other priorities such as social and economic inclusion (Latin America).

Figure 5
Joint Programme presence in Latin America and the Caribbean

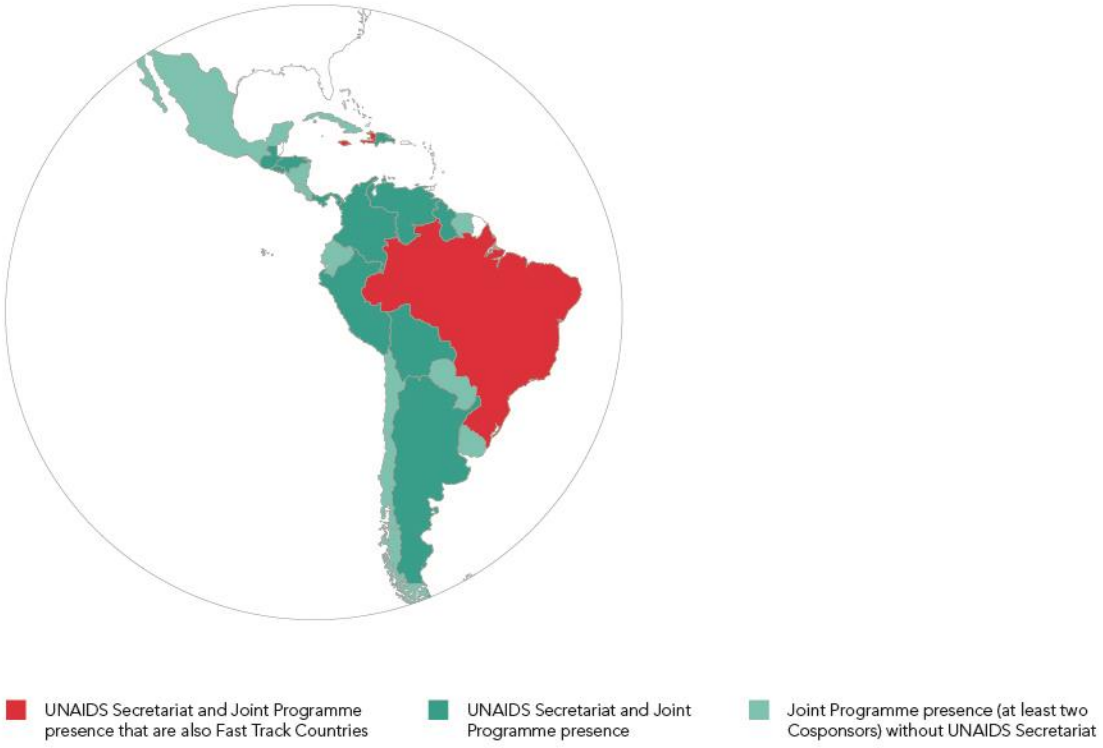

Table 2
Estimates of core and other AIDS funds for countries in Latin America and the Caribbean in 2016-2017 (US$)

Organization	Core funds	% Fast-Track countries	Other AIDS Funds	% Fast-Track countries
UNHCR	111,000	58%	1,117,000	70%
UNICEF	1,988,000	25%	19,600,000	17%
WFP	815,000	0%	218,000	0%
UNDP GF grants	-	-	15,000,000	10%
UNDP	1,500,000	35%	1,500,000	20%
UNFPA	2,160,000	20%	20,324,000	27%
UNODC	614,000	67%	0	0%
UN Women	1,320,000	30%	5,402,000	36%
ILO	550,000	79%	750,000	50%
UNESCO	1,099,000	51%	1,524,000	84%
WHO	1,732,000	17%	4,873,000	8%
World Bank	1,030,000	58%	250,000,000	54%
Secretariat	21,052,000	23%	1,000,000	80%
Grand total	**33,971,000**	**27%**	**321,308,000**	**47%**

East and Southern Africa

Gaps and challenges (from UNAIDS Strategy)

- High rates of new infections among adolescent girls and young women: 3700 women 15–24 years old acquire HIV per week in 14 countries.
- Significant new HIV infections among key populations: Men who have sex with men, sex workers, people who inject drugs and transgender people contributed to 30% of all new HIV infections in Kenya, 25% in South Africa, 20% in Mozambique and 12% in Swaziland—yet remain underserved, under involved and underrepresented in the response.
- Rising high-risk behaviour: Increase in the number of sexual partners among men between 2008 and 2014 combined with low condom use, especially among young people in some countries and significant gaps in condom availability.
- Rapid but inadequate progress on VMMC: 9.1 million men and boys circumcised by 2015, short of target of 21 million by 2016.
- HIV testing remains low despite rapid scale-up: Only 10% of young men and 15% of young women 15–24 years old were aware of their HIV status in 2013.
- Treatment coverage is low, with large variation between countries: Significant resources are locked in for long-term treatment, complicating efforts to front-load and limiting availability for prevention, social and structural interventions.
- Since 2009, there has been a 48% decline in new HIV infections among children in the 21 Global Plan priority countries in Africa. Still, in 2014 there were 190 000 new HIV infections among children in sub Saharan Africa.
- Gender inequalities, compounded by human rights violations including gender-based violence, impede access and adherence to services, while the role of communities and civil society is in transition.
- Poor access to HIV services in humanitarian emergencies: Of the 1.6 million people living with HIV affected by humanitarian emergencies in 2013, 1.3 million (81%) were in sub-Saharan Africa. Many were displaced and lacked access to essential HIV services, in part because of shortages that could have been avoided.

Areas of focus for the Joint Programme

HIV Testing and Treatment. Promoting the creation of a social movement on HIV testing and supporting countries to use innovative approaches. Supporting countries to identify gaps in the cascade of services, including on procurement and supply chain and systems to ensure retention in care. Providing focused support for scale up of treatment for children and adolescents. Supporting countries with systems to provide HIV related services in Humanitarian emergencies.

eMTCT. Advocating for fast-tracking eMTCT services in high burden low performing countries, and providing support for integrated service delivery and community facility linkages.

HIV Prevention among young people. Scaling up combination prevention, including for sero-discordant couples and young people, in and out of school, and including access to comprehensive sexuality education. Increasing condom availability for young women and their sexual partners. Strengthening engagement of communities and traditional leaders in scaling up prevention. Advocating for laws, policies and programmes that support adolescent SRH, cash transfer and other economic empowerment tools for young girls; and VMMC for young boys. Creating space for young people to contribute in the AIDS response, building on other initiatives such as All In! and “Dreams” (PEPFAR).

HIV Prevention among key populations. Advocating for greater engagement of key populations and their access to HIV services. Building capacity of civil society and networks of key populations to implement programmes, establish partnerships with governments, and address stigma and discrimination. Working with opinion leaders on the importance of respect for all groups of society.

Gender inequality and GBV. Increasing male engagement for their own health and to enable viable solutions for women and girls. Supporting countries to address GBV, including by generating and using data on GBV.

Human rights, stigma and discrimination. Promoting a supportive policy and legal environment, including removal of punitive laws and policies. Supporting countries to address HIV related stigma and discrimination.

Investment and efficiency. Engaging political leaders, regional economic communities, and developing a new coalition to implement the SADC and EAC Sustainability Framework to finance and sustain the response, including pooled procurement. Supporting countries to develop sustainability plans and generate efficiency analyses to allocate resources more strategically. Promoting technologies and innovation in service delivery to reach key populations and strengthening community based delivery.

HIV and Health services integration. Creating partnerships for overall health systems strengthening and integration of HIV with HIV/TB, SRH, and maternal, neonatal and child health services, and supporting efforts on innovative service delivery models, such as task-shifting and community engagement. Advocating for and supporting HIV-sensitive social protection, including for orphans and vulnerable children.

Figure 6
Joint Programme presence in East and Southern Africa

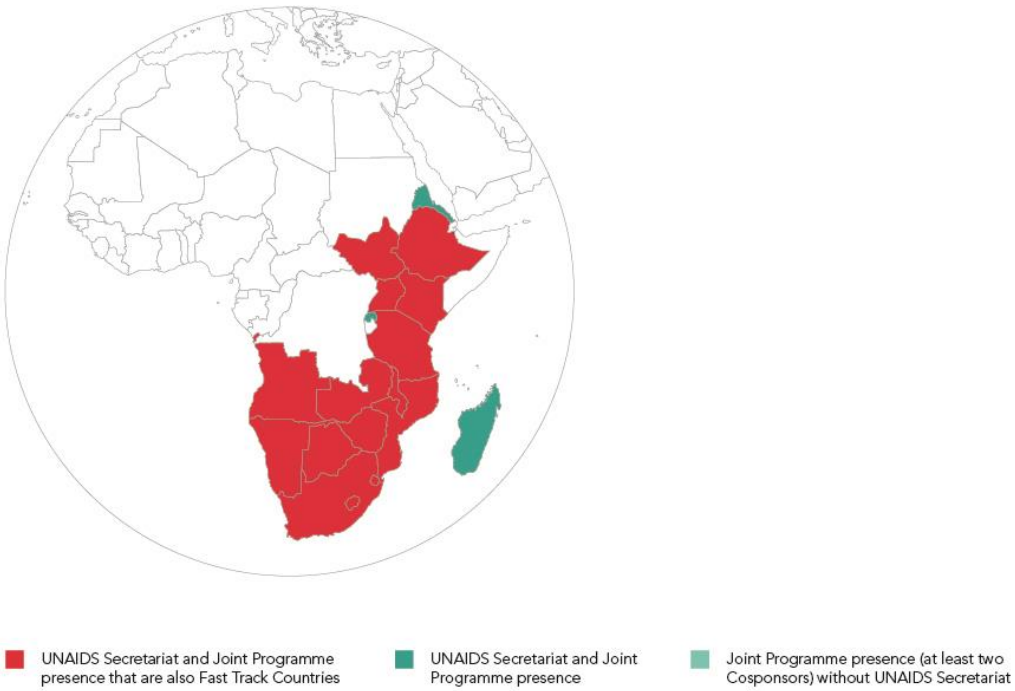

Table 3
Estimates of core and other AIDS funds for countries in East and Southern Africa 2016-2017 (US$)

Organization	Core funds	% Fast-Track countries	Other AIDS Funds	% Fast-Track countries
UNHCR	4,143,000	96%	24,773,000	95%
UNICEF	5,748,000	37%	49,000,000	42%
WFP	3,055,000	87%	27,772,000	86%
UNDP GF grants	-	-	300,000,000	100%
UNDP	4,500,000	80%	4,000,000	90%
UNFPA	5,178,000	64%	47,743,000	90%
UNODC	1,947,000	59%	9,400,000	98%
UN Women	1,514,000	34%	5,254,000	75%
ILO	3,500,000	80%	4,425,000	90%
UNESCO	3,844,000	76%	8,613,000	88%
WHO	5,725,000	60%	16,106,000	53%
World Bank	6,800,000	100%	570,000,000	93%
Secretariat	44,776,000	91%	9,000,000	90%
Grand total	**90,730,000**	**82%**	**1,076,086,000**	**92%**

Eastern Europe and Central Asia

Gaps and challenges (from UNAIDS Strategy)

- The number of people acquiring HIV is increasing, complicated by continued growth of new cases among people who inject drugs, and parallel increase in sexual HIV transmission.
- A wave of discriminatory legislation related to sexual diversity, sex work, drug use and mandatory HIV testing risks enhancing barriers to HIV services for key populations.
- Coverage of prevention programmes and frequency of HIV testing is low among key populations (in Ukraine, an estimated 47% of people living with HIV know their status). The share of key populations among those tested for HIV is low. The share of late presenters is high.
- HIV services, as well as those for co-morbidities, including TB and hepatitis, are failing to reach key populations, mainly due to stigma and discrimination.
- High-level political commitments to fast-track the AIDS response by 2020 remain uncertain, especially against the backdrop of limited government budgets and diminishing donor funding.
- Prices for antiretroviral medicines and unit costs of other HIV services remain prohibitively high, slowing scale-up.
- Space is shrinking for civil society organizations that already face extensive limitations in how they may influence policymaking related to HIV services.
- Frozen conflicts throughout the region and active conflict in areas of Ukraine with the highest HIV prevalence threaten gains of the HIV response.

Areas of focus for the Joint Programme

HIV Testing and Treatment. Promoting the regional 'Know your HIV Status' campaign and supporting the revision of national testing policies to introduce different models to reach and test those most at risk of HIV outside of medical settings. Supporting countries to adopt "test-and-treat" policy, offer fixed dose regimens as the first-line therapy, simplify laboratory testing and monitoring to make access to antiretroviral therapy simpler, faster and less expensive. Promoting the use of TRIPS flexibilities, international procurement and/or increased local production of ARV drugs to reduce costs.

HIV Prevention among key populations. Expanding the HIV prevention package by rolling out PrEP for key populations. Reinforcing evidence-based advocacy in support of OST as integral element of the comprehensive package of HIV prevention for PWID. Counteracting attempts to reintroduce criminalisation of drug use.

Human rights, stigma and discrimination. Advocating for repeal of restrictive laws that create and punish vulnerability to HIV and for eliminating legal barriers to services. Pursuing a favourable legal framework for strengthening the role of civil society organizations in the field of HIV prevention, treatment adherence and protection of human rights, e.g., adopting legislation that enables the government to purchase HIV prevention and care services provided by non-government organisations.

Investment and efficiency. Supporting key government counterparts to estimate resources needed to fast-track national AIDS responses, providing guidance and tools to help increase domestic funding in particular by carrying out fiscal space analysis, considering options for innovative financing, supporting smooth transition from GFATM to domestic funding. Integrating HIV prevention among key populations into national health financing arrangements. Supporting countries to adopt and use methodology and tools for allocative and technical efficiency analyses to guide on a continuous basis investments into national AIDS response.

Figure 7
Joint Programme presence in Eastern Europe and Central Asia

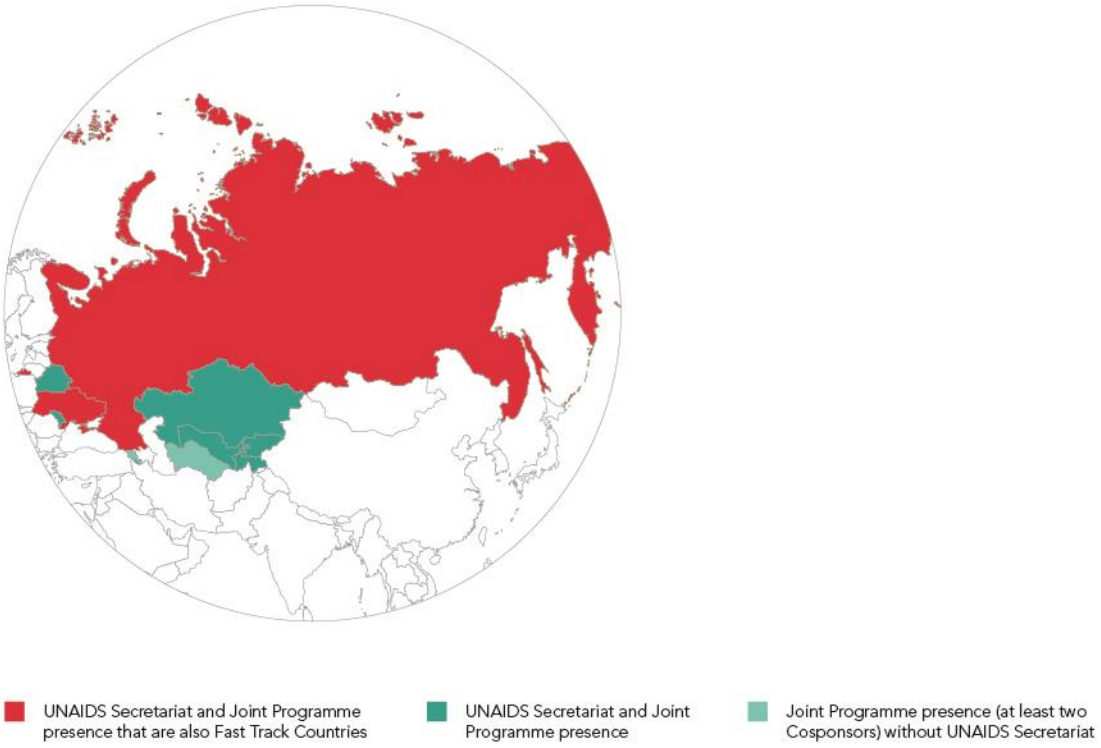

Table 4
Estimates of core and other AIDS funds for countries in Eastern Europe and Central Asia 2016-2017 (US$)

Organization	Core funds	% Fast-Track countries	Other AIDS Funds	% Fast-Track countries
UNHCR	19,000	100%	1,203,000	32%
UNICEF	1,338,000	65%	14,700,000	13%
WFP	103,000	0%	2,297,000	0%
UNDP GF grants	-	-	30,000,000	0%
UNDP	2,000,000	20%	1,000,000	20%
UNFPA	2,514,000	10%	5,806,000	13%
UNODC	1,275,000	6%	1,200,000	75%
UN Women	870,000	43%	1,635,000	60%
ILO	255,000	100%	380,000	94%
UNESCO	1,116,000	50%	324,000	62%
WHO	1,914,000	21%	5,383,000	12%
World Bank	1,400,000	52%	140,000,000	7%
Secretariat	11,269,000	20%	6,000,000	10%
Grand total	**24,073,000**	**26%**	**209,928,000**	**8%**

Middle East and North Africa

Gaps and challenges (from UNAIDS Strategy)

- Rising numbers of people are acquiring HIV, mostly among key populations.
- Low testing and treatment coverage persists, including for pregnant women. Only 13% [10–16%] have access to services to prevent mother-to-child transmission.
- Low prevention coverage and deeply rooted stigma, punitive and discriminatory laws against key populations and people living with HIV persist, including travel restrictions in many countries and mandatory HIV testing for residence or refugee permits.
- Political turmoil and conflict have led to significant mobility, refugee movements and migration, disrupting social and health services and increasing vulnerability to sexual violence, food and housing insecurity, human trafficking and other human rights violations—all with potential implications for the epidemic and response.
- High dependence on external funding in low-income countries (Djibouti, Somalia, the Sudan and Yemen) and low priority of HIV within domestic budgets presents a threat to fast-tracking the response.

Areas of focus for the Joint Programme

HIV Testing and Treatment. Supporting countries to increase demand of diagnosis and treatment, especially for PWID and supporting countries to develop new, targeted HIV testing and counselling approaches. Ensuring that HIV and related services are integrated into the **humanitarian response**, and that the needs of refugees are integrated into host countries' HIV policies and programmes.

eMTCT. Promoting policy change and reforms for eMTCT integration into the public health system and existing maternal and child health programmes, and advocating for further investment in eMTCT, providing technical support for efficient and targeted resource allocation.

HIV Prevention among key populations. Mobilizing high-level support and building partnerships with the League of Arab States, Arab philanthropic organizations and private sector corporations. Strengthening availability of strategic information to identify hotspots and gaps in the response. Supporting countries to transform HIV testing and treatment through community and private health care service delivery, more rigorous referral and linkage to services, patient monitoring and treatment literacy programmes, simplifying treatment regimens and integrating services. Further strengthening civil society partners, including religious leaders, community and grassroots organizations. Supporting identification of needs and scale up of services for people who inject drugs.

Human rights, stigma and discrimination. Maintaining leadership and sustaining advocacy for rights-based approaches, including updating laws and policies that hinder effective responses to HIV. Promoting country ratification and implementation of the Arab Convention on HIV Prevention and Protection of the Rights of people living with HIV. Further addressing stigma and discrimination, including through engaging civil society, human rights organizations, religious leaders and the media. Supporting countries to identify and implement modalities to address stigma and discrimination in **health care settings**.

Investment and efficiency. Conducting high-level advocacy to increase domestic funding for national responses and developing national investment cases, and promoting regional solidarity through involvement of intergovernmental bodies such as League of Arab States.

HIV and Health services integration. Promoting innovative delivery methods to improve ARV delivery, including use of information technology to better tailor services as well as decentralisation, integration and community engagement.

Figure 8
Joint Programme presence in Middle East and North Africa

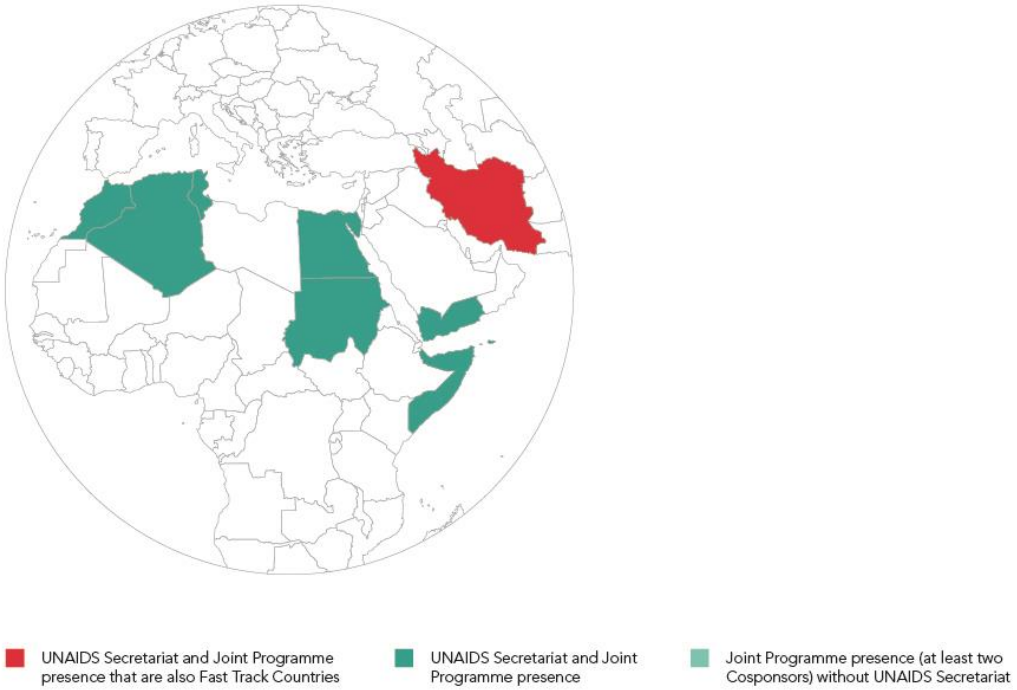

Table 5
Estimates of core and other AIDS funds for countries in the Middle East and North Africa 2016-2017 (US$)

Organization	Core funds	% Fast-Track countries	Other AIDS Funds	% Fast-Track countries
UNHCR	2,394,000	0%	9,509,000	1%
UNICEF	912,000	3%	9,800,000	8%
WFP	1,022,000	0%	1,384,000	0%
UNDP GF grants	-	-	35,000,000	16%
UNDP	1,000,000	10%	1,000,000	25%
UNFPA	1,246,000	0%	7,113,000	0%
UNODC	625,000	55%	467,000	0%
UN Women	494,000	52%	1,770,000	51%
ILO	116,000	0%	140,000	0%
UNESCO	100,000	0%	192,000	0%
WHO	1,798,000	14%	5,059,000	4%
World Bank	50,000	0%	50,000,000	4%
Secretariat	9,275,000	10%	3,000,000	10%
Grand total	**19,032,000**	**10%**	**124,434,000**	**8%**

West and Central Africa

Gaps and challenges (from UNAIDS Strategy)

- Insufficient behavioural impact of prevention interventions for adolescents and young people. High rate of early marriage, low condom use and multiple sexual partners with early sexual debut. HIV testing uptake ranges from 6% to 22%.
- Large coverage gap for testing, services to prevent mother to-child transmission and antiretroviral therapy for adults and children. Health and community systems, including procurement and supply management, remain weak.
- Over-reliance on international funding (Global Fund and PEPFAR) at 70% because of variable political commitment. Poor governance, low allocative efficiency and limited absorption of funds undermine the sustainability of the response.
- Persistent stigma and discrimination, gender inequalities and violence against women.
- Poor sex- and age-disaggregated epidemiological and programmatic national and subnational data, especially on key populations, young people and adolescents. Only seven countries have a size estimate for men who have sex with men and 10 countries have an estimate for sex workers.
- Escalating terrorism, fragile political situations as well as diseases such as Ebola in a region already heavily affected by recurrent humanitarian emergencies (seasonal shocks—drought, food insecurity, floods and disease outbreaks—and conflicts) affect the epidemic and threaten the response.

Areas of focus for the Joint Programme

HIV Testing and Treatment. Focusing on the introduction of self-testing options, community-based testing, case-finding and family centred approach to HIV testing, improved provider-initiated testing and counselling for children and adolescents. Scaling up of community-based ART delivery and task-shifting, as well as of the use of new technologies. Advocating for and supporting integration of HIV into emergency preparedness and **humanitarian response**, ensuring the inclusion of people living with HIV as part of larger populations in emergency contexts. Supporting countries to improve procurement systems and supply chain management, and to enhance South-South cooperation to scale up regional production of medicines, standardise regulations, and utilise TRIPS agreement. Also promoting regional harmonisation of HIV-related supplies, pooled procurement, and utilisation of a regional Early Warning System.

eMTCT. Advocating for fast tracking eMTCT services in high burden, low performing countries, and providing support for integrated service delivery and community facility linkages.

HIV Prevention among young people. Promoting programmes that reduce risk and vulnerability to HIV among adolescents and young girls and boys and improve access to high impact HIV services, including comprehensive sexuality education.

HIV Prevention among key populations. Supporting countries to produce disaggregated data for key populations, and promote scaling up of evidence-based inclusive programmes for them.

Gender inequality and GBV. Supporting the revision of laws discriminating against women including in relation to inheritance, right to property and GBV. Supporting programmes for women's and girls' empowerment and male engagement.

Human rights, stigma and discrimination. Promoting collaborative frameworks at national/local level to ensure practical solutions for key populations to access services. Promoting the introduction of protective laws and programmes that empower key and vulnerable populations and reinforce positive social norms. Where relevant, supporting the implementation of Anti-Discrimination Acts in countries, and building associated capacity of national institutions and law enforcement agencies.

Investment and efficiency. Mobilizing political commitment for the AIDS response, and engaging leadership to increase domestic funding. Supporting countries to identify innovative ways to mobilise local resources, including through the strategic promotion of private-public partnerships, and to develop sustainability transition plans optimizing resource allocation and cost reduction. Promoting new service delivery models and technologies such as use of social media and m-health to improve demand creation for HIV testing, increase retention and treatment adherence. Promoting opportunities for regional joint policies and programming on cross-border HIV issues; and by pooling resources to achieve economies of scale, and establishing regional disease surveillance and control.

HIV and Health services integration. Mobilising resources to strengthen health systems, including through task-shifting, capacity building, decentralization of services, and integrating HIV services into other health platforms. Promoting integration of eMTCT in maternal, newborn, child and reproductive health services as an entry point for achieving integration of the HIV response in the health sector at all levels. Promoting strengthening of community systems and civil society engagement. Advocating for and supporting **HIV-sensitive social protection** programmes.

Figure 9
Joint Programme presence in Western and Central Africa

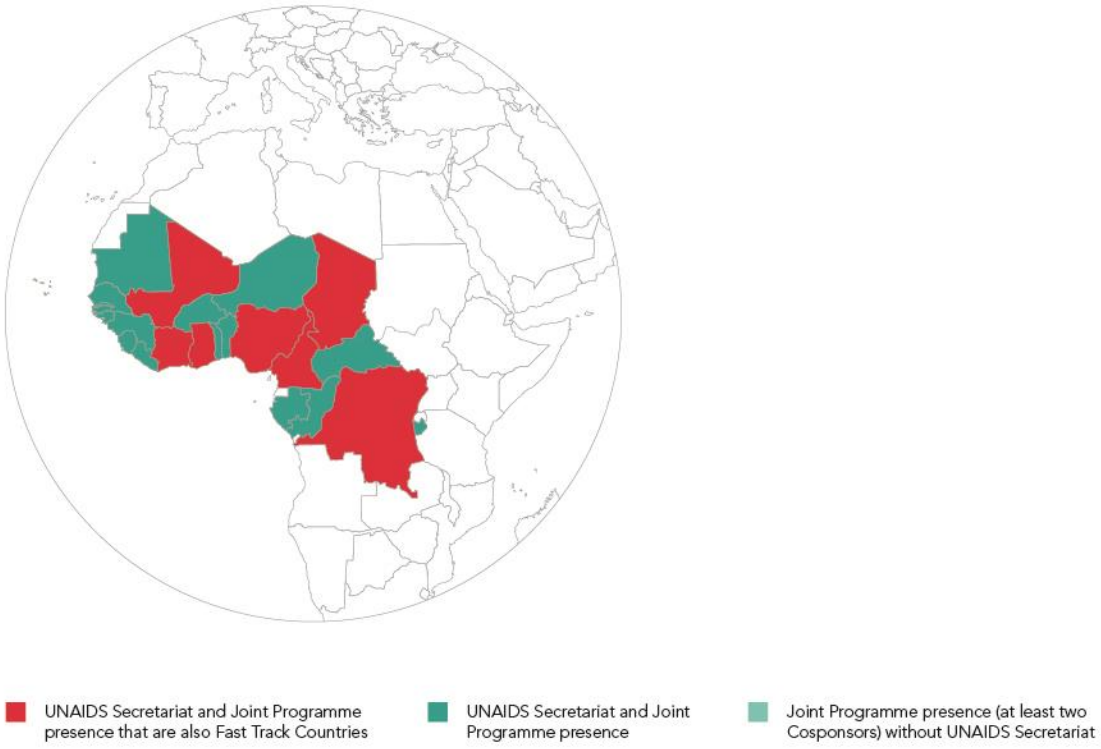

Table 6
Estimates of core and other AIDS funds for countries in West and Central Africa 2016-2017 (US$)

Organization	Core funds	% Fast-Track countries	Other AIDS Funds	% Fast-Track countries
UNHCR	2,195,000	70%	16,357,000	48%
UNICEF	3,674,000	60%	34,300,000	30%
WFP	1,366,000	24%	19,491,000	10%
UNDP GF grants	-	-	35,000,000	85%
UNDP	1,200,000	30%	1,200,000	35%
UNFPA	2,378,000	53%	14,000,000	78%
UNODC	582,000	79%	0	0%
UN Women	608,000	87%	4,669,000	64%
ILO	860,000	75%	1,255,000	65%
UNESCO	1,364,000	49%	2,931,000	84%
WHO	6,202,000	63%	17,449,000	53%
World Bank	2,000,000	65%	470,000,000	74%
Secretariat	40,789,000	62%	4,000,000	76%
Grand total	**63,218,000**	**61%**	**620,652,000**	**69%**

3. THE UBRAF CYCLE

38. The UNAIDS Programme Coordinating Board (PCB) has identified a number of parameters and principles to guide UNAIDS planning, implementation, performance monitoring, reporting and accountability
    - measure progress against the UBRAF;
    - report annually to the PCB, focusing on results at country level;
    - demonstrate links between investments and results;
    - highlight joint achievements as well as individual contributions, and;
    - align UNAIDS performance monitoring with Cosponsors' own results reporting.

39. A schematic illustration of the UBRAF planning, implementation, monitoring and evaluation and reporting cycle is shown in Figure 10.

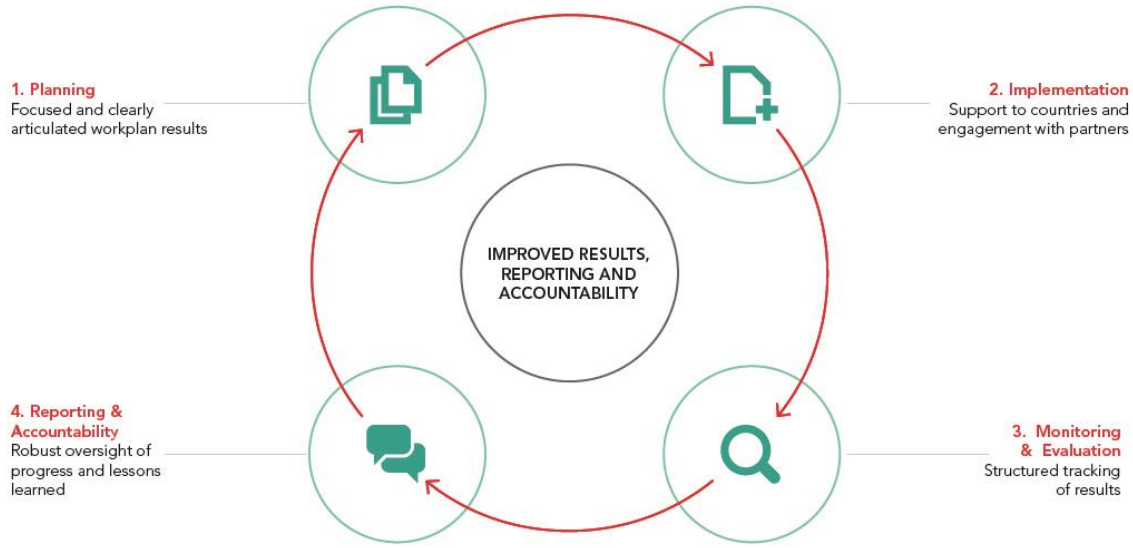

Figure 10
UBRAF planning, implementation, monitoring and reporting cycle

3.1 Planning

40. The UNAIDS Strategy and UBRAF are the basis for planning by Cosponsors and the Secretariat at all levels. The UBRAF is also the main reference for incorporating AIDS into other planning instruments, such as the United Nations Sustainable Development Frameworks (UNDAF), the platform for United Nations coordination at country level. At country level, planning and alignment to national frameworks and priorities are facilitated by Joint United Nations Teams on AIDS, normally chaired by UNAIDS Country Directors, under the overall leadership of the United Nations Resident Coordinator.

41. United Nations system-wide guidance for a new generation of UNDAFs has informed the development of the final, more detailed and prioritized 2016-2021 UBRAF. The guidance emphasizes the importance of system-wide strategic planning, implementation and reporting to ensure coherent and integrated support to the implementation of the 2030 Agenda.

42. Planning at all levels extends beyond the United Nations and involves consultation with other partners, including governments, international and national non-governmental partners, reflecting the multi-sectoral nature of the AIDS response and the range of partners involved. This is an essential part of the work of the Joint Programme, which has seen some of its greatest successes based on its ability to identify new and innovative ways of working both across and beyond the UN System.

3.2 Implementation

43. To support national priorities, the UBRAF and the Division of Labour among UNAIDS Cosponsors and Secretariat maximize the effectiveness and impact of United Nations HIV-related resources. They provide a basis for adapting work based on the comparative advantage and core mandates of each organization, their in-country presence, capacity, existing national priorities, and the availability of funding. The Joint United Nations Teams on AIDS strive to achieve maximum impact by ensuring the activities of the Joint Programme are strategic, catalytic, innovative and inclusive.

44. Experience across regions has shown that ‘one size does not fit for all’ in the development and implementation of Joint United Nations Programmes of Support. The focus of the Joint United Nations Programme of Support on HIV therefore depends on the country’s epidemiological context and effective collaboration with stakeholders and key partners. The capacity of the Joint United Nations Team on AIDS to deliver depends on Cosponsor and Secretariat presence and resources mobilized.

3.3 Monitoring and evaluation

45. The main purpose of performance monitoring is to track progress according to defined criteria, milestones and targets, to adjust plans and activities, as necessary, and to demonstrate the results and effectiveness of the Joint Programme. An integrated approach is used to collect data and feedback in order to optimize reporting, reduce the reporting burden and ensure a streamlined approach to performance monitoring.

46. Since the introduction of the first 2012-2015 UBRAF, performance monitoring, accountability tools and methodologies have been developed and continue to evolve based on experience, lessons learned and stakeholder feedback. The Cosponsors and the Secretariat are assessed based on achievement of results, resource mobilization and utilisation.

47. The UBRAF comprises a broad range of monitoring and evaluation tools to measure the performance of the Joint Programme. Different qualitative and quantitative methods for monitoring and evaluation are applied. Quantitative data – using indicators – are combined with narrative descriptions and analyses of progress, external assessments, reviews and independent evaluations. Using a mixed methods approach and multiple data sources to assess results, as well as external validation of data, allows triangulation of these data to verify reported results and obtain a more complete picture of the Joint Programme’s achievements than one single method.

3.3.1 Performance indicators and data collection tools

48. The UBRAF indicators were developed and finalised through a consultative process, including independent advice provided by the PCB working group on the UBRAF, established by the PCB at its 36th meeting (decision 7.2). The indicators are used to monitor the performance of the Joint Programme and contributions to results. Indicators build on and represent an improvement on the 2012-2015 UBRAF indicators. Every indicator has a baseline, milestones (for 2017 and 2019) and targets (for 2021).

49. Indicators capture progress at country level that are plausible results of the actions of the Joint Programme. The indicators for 2016-2021 are relatively simple and practical and do not make excessive demands on data collection. Indicators cover multiple and specific measurements questions. This allows for disaggregated analysis, which can help with:
    a) comparing data and relationships over time for components of the indicator; and
    b) revising components, if necessary, to ensure the relevance of the indicator over time.

50. A separate indicator guidance document contains the list of measurements for each indicator. The guidance on data collection has been developed through a collaborative and consultative process, promoting a common understanding and reducing the reporting burden. The indicator guidance includes numerators, denominators, data types, required disaggregation categories, data sources, frequency of reporting, analyses and interpretation of the reported data and additional references to technical guidance.

51. For each result area, indicators include measurement of investment in and engagement of civil society and key population groups in the HIV response at country level – as plausible results of Joint Programme efforts. These specific measurements were developed through a process involving representatives of civil society. Additional information on the role of the Joint Programme in strengthening of civil society at country level will be collected through narrative/qualitative reports.

52. A web-based tool, the Joint Programme Monitoring System (JPMS) was introduced in 2012 to facilitate collecting, collating and analysing performance information. It enables collection of indicator data as well as qualitative information on progress and challenges. It allows for predefined and customised reporting functionality. Information is fully shareable across the Joint Programme. Data entry starts at the country level, by Joint United Nations Teams on AIDS, and provides a basis for adjustments in plans and programmes. The JPMS facilitates collective and individual organizational reporting, which stimulates collaboration.

3.3.2 A broad range of tools and methods

Performance reviews

53. Performance reviews take place annually at country, regional and global levels. These reviews identify achievements by the Joint Programme and by each Cosponsor and the Secretariat, expenditures against budgets, and areas where progress is not achieved as expected, and provide the basis for adjustments in planning and budget allocations.

54. The annual review process contributes to the Performance Monitoring Report and accompanying documents prepared each year to provide the PCB with a clear and simple overview of progress and achievements against the UBRAF, challenges and lessons learned each year. While in the past these reviews were undertaken by the Secretariat and Cosponsors as peer reviews, they are progressively benefiting from external perspectives as well.

Evaluation

55. Evaluations and assessments are important to demonstrate accountability for results and added value, but also useful for learning, knowledge management and catalysing change. Case studies, in-depth reviews and evaluations will be carried out systematically to complement indicator reporting, and they will cover the entire work of the Joint Programme: actions funded through UBRAF core budget and other AIDS resources.

56. Evaluations are carried out to assess the achievement of results, building on quantitative information that is available or can be easily collected, such as, progress against indicators and resource utilisation. Results and the added value of the Joint Programme are also assessed from a qualitative perspective based on:
    - relevance and scope of technical expertise and core functions, including capacity, strategic partnerships and influence in priority areas and in countries to fast-track the response;
    - role in supporting implementation of evidence-informed AIDS strategies in particular countries while meeting standards with regard to quality and cost effectiveness; and
    - role in driving technical, normative and advocacy work at global and regional levels in areas where such work is a clear priority, influences country responses and affects policies, programmes and outcomes.

57. There are three main types of independent evaluations related to the work of the Joint Programme:
    - external evaluations mandated by the PCB or requested by Member States for specific aspects or areas of UNAIDS work;
    - assessments, reviews and evaluations commissioned by UNAIDS Secretariat and conducted by independent external experts; and
    - evaluations independently commissioned by Cosponsors related to their work on HIV.

58. UNAIDS' evaluation policy sets out the concepts, purpose and intended use of evaluations; outlines guiding principles, norms and standards for evaluation in UNAIDS; and clarifies roles and responsibilities. The policy highlights partnerships with UNAIDS Cosponsors and independent evaluations performed jointly with the Cosponsors to assess collaborative efforts. The policy is aligned with the principles of the United Nations and with the norms and standards defined by the United Nations Evaluation Group (UNEG). A costed evaluation plan operationalises the policy.

59. The PCB exercises overall oversight of evaluation of UNAIDS. Evaluations are led and coordinated by staff responsible for the design and implementation of independent evaluations – in collaboration with the evaluation units of Cosponsors, as appropriate. Where relevant, a joint steering committee (a group of external advisors) is established to provide direction, external input and strengthen independence of evaluations. Joint evaluations will be pursued, where possible, while maintaining accountability for individual contributions of UNAIDS Secretariat and Cosponsors to results, recognizing the benefits of a common approach in promoting learning, shared accountability and reduced costs, and in the follow up of relevant recommendations. The cost of joint evaluations will be shared with participating organizations.

60. The Monitoring and Evaluation Reference Group (MERG), a technical expert body with representatives from national AIDS programmes, donor agencies, civil society, academia, and Cosponsors, serves an important function in harmonizing monitoring and evaluation of international and national AIDS programmes, and also advises UNAIDS on monitoring and evaluation. Guidance is also provided by the Cosponsor Evaluation Working Group (CEWG) on ways to strengthen relevance, coherence, effectiveness and efficiency of performance monitoring, evaluation and reporting.

External engagement

61. Beyond the PCB meetings, engagement of PCB members and observers is maintained through a number of channels. Field visits by the PCB provide insights to the work of the Joint Programme at country level and inform discussions at PCB meetings. Ongoing feedback is also provided during multi-stakeholder consultations and through ad hoc working groups on specific issues, such as civil society engagement and resourcing.

62. External assessments of the Joint Programme, such as the Multilateral Organisations Performance Assessment Network (MOPAN) and the United Kingdom's Department for International Development Multilateral Aid Review (DFID MAR), provide important independent perspectives to complement UNAIDS own independent evaluations, reviews and performance monitoring.

63. Regular external participation is built into the planning, implementation and reporting cycle of the UBRAF, including performance reviews. At country level, the full engagement of external stakeholders, in particular national governments and civil society in the annual review process, is key. At the global level, a multi-stakeholder mid-term review of the UBRAF is envisaged to take place in 2018 to assess progress and to make adjustments to the 2016-2021 UBRAF, as necessary.

64. In addition, surveys are envisaged to gather external perceptions, perspectives and views on specific aspects of UNAIDS work – both at global and national level and engaging a variety of stakeholders including governments, civil society and international partners.

3.3.3. Linking Joint Programme results to overall progress in the AIDS response

65. The success of the Joint Programme is ultimately linked to measurable progress in the AIDS response against the UNAIDS 2016-2021 Strategy Fast-Track targets for 2020. This means that the UNAIDS 2016-2021 Strategy and the 2016-2021 UBRAF need to be monitored and reported on in parallel.

66. Progress against the indicators that track the global AIDS response provides the context against which to triangulate and analyse UBRAF indicator data. Triangulation with global indicators also aims to minimize the reporting burden at country level, and allow for aggregation and interpretation of information across different countries.

67. Linking UBRAF and Strategy indicators allows parallel consideration of the progress and results at the country and regional level and across the Joint Programme activities by output area, region, or country grouping. Figure 11 presents a framework to be used to monitor progress in implementing the Strategy and interpret how the UBRAF contributes to the achievement of the results in the Strategy.

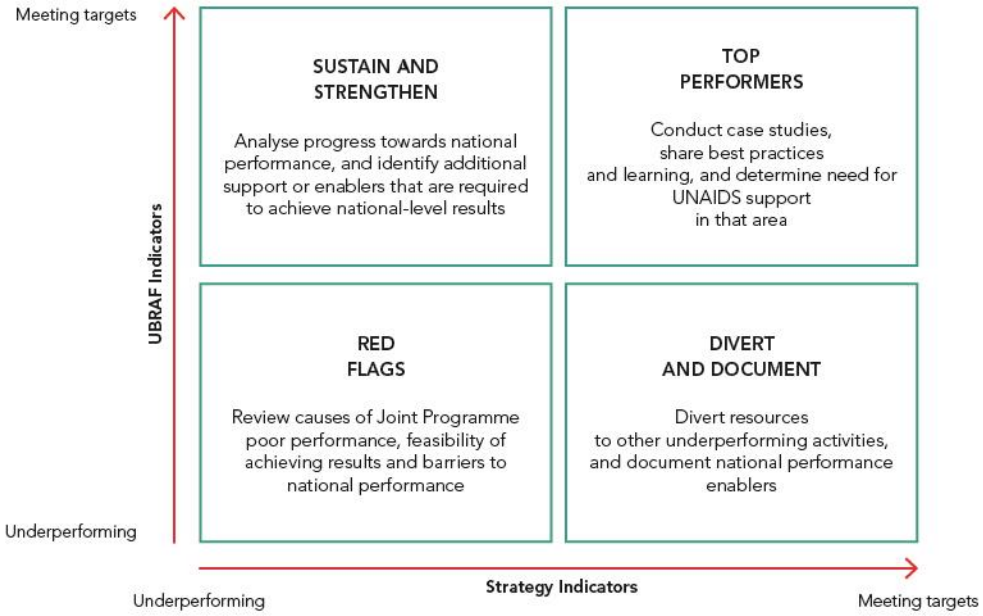

Figure 11
Enhancing UBRAF performance: analysis of UBRAF results against Strategy results

3.4 Reporting and accountability

68. Reporting on the UBRAF aims to demonstrate the catalytic role of the UBRAF, the added value of the Joint Programme and its effectiveness. An annual performance monitoring report is the primary tool used to report to the PCB on results against the UBRAF. It includes a narrative highlighting the Joint Programme's contributions, progress against indicators, expenditures, case studies, and key evaluation findings.

69. The annual performance monitoring report is complemented by annual financial reports prepared for the PCB, and is distinct from the UNAIDS global AIDS response progress reporting and the progress report of the Secretary-General on AIDS, which present progress against global AIDS targets and commitments, beyond the contributions of the Joint Programme. A schematic illustration of sources of information for the performance monitoring report is shown in Figure 12.

Figure 12
UNAIDS Performance Monitoring Report - sources of information

70. To complement the paper-based reporting to the PCB and enhance communication with Board members and observers, a web portal, *Investing for Results* (https://results.unaids.org/) was launched in November 2014. It provides regularly updated programmatic and financial information on achievements, progress against priorities, funding trends and expenditures. The web portal will continue to evolve as a tool for reporting on Joint Programme results during the 2016-2021 UBRAF.

4. BUDGET AND RESOURCE ALLOCATION

71. The budget presented in this document is an estimate of the resources the Joint Programme will need in 2016-2017 to achieve the milestones identified in the UBRAF. Efforts to mobilize resources for the UBRAF are being intensified as a shortfall in funding would carry a risk of not being able to deliver on the outputs as planned.

72. The UBRAF includes two main categories of funding, which provide a near-comprehensive view of the UN System funding for the response to AIDS:
    - **Core funds** - intended to fund the core functions of the Secretariat and provide catalytic funding for the HIV-related work of 11 Cosponsors; and
    - **Non-core** or **other AIDS funds** - in the context of the UBRAF defined as the HIV-related budgets of the Cosponsors mobilized internally and the additional funds that Cosponsors and the Secretariat raise at country, regional and global levels.

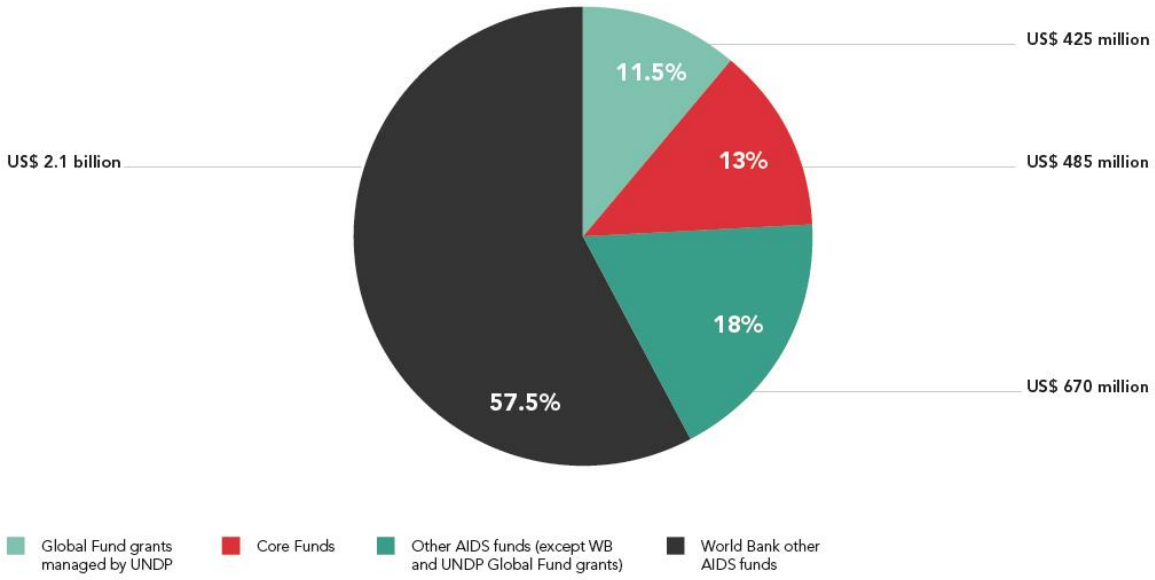

Figure 13
Categories of funding in the 2016-2017 UBRAF - core funds and other AIDS funds

73. As Figure 13 illustrates, the core UBRAF represents approximately 13 per cent of the total funding estimated to be made available through the United Nations System for the global AIDS response in 2016-2017.

4.1 Core funds

74. The core funding in the UBRAF for the Cosponsors plays a key role in catalyzing and influencing significant amounts of other contributions mobilized by the Cosponsors for the response to AIDS. It helps position, build and maintain strong HIV programmes within the Cosponsors under the SDG framework, and provides funding for essential coordination functions internally as well as within the Joint Programme.

75. Since 2008-2009, UNAIDS core budget has remained constant at US$ 485 million in nominal terms, which means a significant reduction in real terms. During this period, UN Women has joined the Joint Programme as the 11th Cosponsor and the core allocations of the Cosponsors have been increased to enable the Cosponsors to strengthen their internal capacities and mobilisation of resources for HIV-related activities.

76. Of the core budget of US$485 million, approximately one third is allocated to the Cosponsors and two thirds cover the core functions of UNAIDS Secretariat. As requested by the PCB, the decisions of the Executive Director on the allocation of funds between the Cosponsors and the Secretariat are based on *epidemic priorities* and the *comparative advantages of the UN*, and *commitments made on building relevant UN capacity at country level* (decision 10.3 of the 26th PCB meeting). The Executive Director is guided by the priorities in the UNAIDS 2016-2021 Strategy and takes into account the performance of the Cosponsors and the funds that individual Cosponsors raise at global and regional levels, as requested by the PCB (decision 4.7 of the 25th PCB meeting).

77. The majority of the core funds in the UBRAF are for development and country support activities. In 2016-2017, it is expected that approximately 60% of core resources will be spent at regional and country levels, with the balance spent on organisational functions at the global level. The target is to move towards 70% of core resources to be spent at regional and country level.

Level of implementation \ Result area	HIV testing and treatment	eMTCT	HIV prevention among young people	Key populations	Gender inequality and GBV	Human rights, stigma and discrimination	Investment and efficiency	HIV and health services integration	Allocation of UBRAF resources
Global level	Advocacy, normative functions, policy development, partnerships								30%
Regional level	Capacity building, advisory, technical and implementation support								
Fast-Track countries	Additional support through Joint UN Teams on AIDS and Joint UN Programmes of Support on HIV								70%
All countries	Essential package of support, tools and resources								

Figure 14
Target allocation of UBRAF resources

78. Of the Secretariat core budget, approximately 20% is allocated for management and governance functions. This funding allows the Secretariat to coordinate planning, monitoring and reporting on the implementation of the UNAIDS Strategy and the UBRAF to the PCB as well as reporting to ECOSOC and the General Assembly. In addition, the funding covers costs related to human resource management, budget, finance, information and communication technology, administrative services, office running costs, rent, utilities, etc.

4.2 Other AIDS funds

79. Other AIDS funds, i.e., non-core funds, represent over 85% of the total amount of funding that is expected to be raised and managed by the Joint Programme. These are reflected in the UBRAF to provide a near-comprehensive view of the overall funding from the UN System for the AIDS response. By including the other AIDS funds in the UBRAF, planning, resource mobilisation, monitoring, reporting and impact can be strengthened.

80. The non-core funds reflect regular and extra-budgetary resources that contribute to the achievement of UBRAF outputs and are or can be measured through UBRAF indicators. The amounts provided in the UBRAF represent best estimates and are subject to change as funding is mobilized throughout the biennium. By encompassing both core and non-core contributions in the UBRAF, the Joint Programme seeks to enhance coherence in utilisation of resources and achievement of results, and reduce duplication of efforts.

81. While financial accountability of non-core funds rests with each Cosponsor and their respective Boards, the nexus between finance and governance is such that the PCB arguably provides the best forum to guide the planning and implementation of the United Nations System support to the global response to AIDS. To enable the PCB to perform this function, and in order to increase transparency and accountability, reporting on non-core AIDS funds will be strengthened under the 2016-2021 UBRAF.

82. A significant degree of variation in resource mobilization is expected among the Cosponsors. As indicated earlier, a significant proportion of the other AIDS funds included in the UBRAF are World Bank loans and grants provided through IDA and IBRD. These figures, which are reported by the World Bank, refer to development assistance as defined by the OECD/DAC and contribute to the achievement of the UBRAF outputs as well as outcomes and targets in the UNAIDS Strategy.

83. UNDP serves as interim ‘Principal Recipient’ of the Global Fund in countries where no suitable local entity has been identified, and in countries under the Global Fund’s Additional Safeguard Policy. Resilience building is a key element of UNDP’s work in these countries. Implementation support services are complemented by longer-term capacity building that includes strengthening financial management, procurement systems, monitoring and evaluation, health governance and support to civil society organizations. Furthermore, UNDP leverages in-country policy capacity to improve the quality of Global Fund-financed programmes and provides technical assistance to anchor Global Fund applications not only in national disease and health strategies, but also in development and poverty reduction strategies, and national budget processes and expenditure frameworks. For these reasons, the UNDP Global Fund HIV portfolio is added to the total Joint Programme non-core resources in support of UBRAF outputs.

4.3 Breakdown of the budget

84. Table 7 shows the projected United Nations funds for the AIDS response in 2016-2017: core and other AIDS (non-core) funds of the Cosponsors and Secretariat. The projected mobilization of non-core resources assumes it will be possible to fully fund the core budget of the Cosponsors in 2016-2017. Table 7 shows the breakdown of the core and non-core budget by result area and by core functions of the Secretariat. It also provides overall disaggregation by global level activities, support to the Fast-Track countries and all other countries. The allocation of core UBRAF resources by output is provided in Annex I.

Table 7
Overview of estimated UNAIDS Cosponsor and Secretariat funds for AIDS - 2016-2017

Strategy Result Area	Core funds	Other AIDS funds	Total
Strategy Result Area 1: HIV testing and treatment			
UNHCR	7,240,000	36,584,000	43,824,000
UNICEF	11,760,000	98,000,000	109,760,000
WFP	5,394,000	15,001,000	20,395,000
UNDP GF grants	-	119,600,000	119,600,000
UNDP	3,891,000	3,495,000	7,386,000
UNFPA	1,561,000	0	1,561,000
UNODC	1,495,000	1,508,000	3,003,000
UN Women	650,000	409,000	1,059,000
ILO	1,857,000	2,544,000	4,401,000
UNESCO	992,000	975,000	1,967,000
WHO	13,181,000	37,087,000	50,268,000
World Bank	3,224,000	369,458,000	372,682,000
Subtotal SR Area 1	**51,245,000**	**684,661,000**	**735,906,000**
Strategy Result Area 2: Elimination of mother- to- child-transmission			
UNICEF	4,440,000	37,000,000	41,440,000
WFP	590,000	9,140,000	9,730,000
UNFPA	530,000	0	530,000
WHO	3,700,000	10,411,000	14,111,000
World Bank	0	137,182,000	137,182,000
Subtotal SR Area 2	**9,260,000**	**193,733,000**	**202,993,000**
Strategy Result Area 3: HIV prevention among young people			
UNICEF	2,880,000	24,000,000	26,880,000
WFP	200,000	5,000,000	5,200,000
UNDP GF grants	-	73,600,000	73,600,000
UNDP	1,016,000	1,398,000	2,414,000
UNFPA	7,077,000	54,712,000	61,789,000
UNODC	575,000	580,000	1,155,000
UN Women	565,000	2,745,000	3,310,000
ILO	1,741,000	2,405,000	4,146,000
UNESCO	7,440,000	12,497,000	19,937,000
WHO	3,045,000	8,561,000	11,606,000
World Bank	2,871,000	321,974,000	324,845,000
Subtotal SR Area 3	**27,410,000**	**507,472,000**	**534,882,000**
Strategy Result Area 4: HIV prevention among key populations			
UNHCR	0	14,801,000	14,801,000
UNICEF	480,000	4,000,000	4,480,000
UNDP GF grants	-	55,200,000	55,200,000
UNDP	1,700,000	4,194,000	5,894,000
UNFPA	6,875,000	7,950,000	14,825,000
UNODC	6,325,000	6,380,000	12,705,000
ILO	1,541,000	2,118,000	3,659,000
UNESCO	1,240,000	1,012,000	2,252,000
WHO	6,015,000	16,925,000	22,940,000
World Bank	2,626,000	367,976,000	370,602,000
Subtotal SR Area 4	**26,802,000**	**480,556,000**	**507,358,000**
Strategy Result Area 5: Gender inequality and GBV			
UNHCR	1,107,000	9,096,000	10,203,000
UNICEF	1,440,000	12,000,000	13,440,000
WFP	0	930,000	930,000
UNDP GF grants	-	48,300,000	48,300,000
UNDP	3,420,000	4,427,000	7,847,000
UNFPA	1,672,000	14,251,000	15,923,000
UNODC	1,150,000	1,160,000	2,310,000
UN Women	5,485,000	19,590,000	25,075,000
ILO	1,683,000	2,313,000	3,996,000
UNESCO	1,240,000	9,676,000	10,916,000
WHO	700,000	1,969,000	2,669,000
World Bank	317,000	132,816,000	133,133,000
Subtotal SR Area 5	**18,214,000**	**256,528,000**	**274,742,000**

Strategy Result Area 6: Human rights, stigma and discrimination			
UNHCR	1,453,000	0	1,453,000
UNDP GF grants	-	46,000,000	46,000,000
UNDP	3,442,000	5,126,000	8,568,000
UNFPA	371,000	1,566,000	1,937,000
UNODC	1,955,000	1,972,000	3,927,000
UN Women	900,000	3,965,000	4,865,000
ILO	1,900,000	2,620,000	4,520,000
UNESCO	744,000	947,000	1,691,000
WHO	2,289,000	6,438,000	8,727,000
Subtotal SR Area 6	**13,054,000**	**68,634,000**	**81,688,000**
Strategy Result Area 7: Investment and efficiency			
UNICEF	600,000	5,000,000	5,600,000
WFP	293,000	0	293,000
UNDP GF grants	-	13,800,000	13,800,000
UNDP	1,850,000	2,796,000	4,646,000
WHO	3,811,000	10,721,000	14,532,000
World Bank	4,352,000	420,544,000	424,896,000
Subtotal SR Area 7	**10,906,000**	**452,861,000**	**463,767,000**
Strategy Result Area 8: HIV and health services integration			
UNICEF	2,400,000	20,000,000	22,400,000
WFP	3,323,000	25,443,000	28,766,000
UNDP GF grants	-	69,000,000	69,000,000
UNDP	1,881,000	1,864,000	3,745,000
UNFPA	2,914,000	32,228,000	35,142,000
ILO	2,178,000	3,000,000	5,178,000
UNESCO	744,000	1,213,000	1,957,000
WHO	2,259,000	6,356,000	8,615,000
World Bank	2,010,000	381,550,000	383,560,000
Subtotal SR Area 8	**17,709,000**	**540,654,000**	**558,363,000**

Summary Cosponsors	Core funds	Other AIDS funds	Total
UNHCR	9,800,000	60,481,000	70,281,000
UNICEF	24,000,000	200,000,000	224,000,000
WFP	9,800,000	55,514,000	65,314,000
UNDP GF grants	-	425,500,000	425,500,000
UNDP	17,200,000	23,300,000	40,500,000
UNFPA	21,000,000	110,707,000	131,707,000
UNODC	11,500,000	11,600,000	23,100,000
UN Women	7,600,000	26,709,000	34,309,000
ILO	10,900,000	15,000,000	25,900,000
UNESCO	12,400,000	26,320,000	38,720,000
WHO	35,000,000	98,468,000	133,468,000
World Bank	15,400,000	2,131,500,000	2,146,900,000
Total	**174,600,000**	**3,185,099,000**	**3,359,699,000**

Secretariat Functions	Core funds	Other AIDS funds	Total
Leadership, coordination and accountability			
Function 1	84,218,000	10,843,000	95,061,000
Function 2	54,216,000	8,599,000	62,815,000
Function 3	47,088,000	6,727,000	53,815,000
Function 4	57,140,000	10,873,000	68,013,000
Function 5	67,558,000	2,958,000	70,516,000
Subtotal Core Functions	**310,220,000**	**40,000,000**	**350,220,000**

Grand total Cosponsors and UNAIDS Secretariat			
Global level	**197,832,000**	**80,401,000**	**278,233,000**
Fast- track countries	**160,895,000**	**2,134,752,000**	**2,295,647,000**
Other countries	**126,093,000**	**1,009,946,000**	**1,136,039,000**
Grand total	**484,820,000**	**3,225,099,000**	**3,709,919,000**

4.5 Allocation of resources – UNAIDS Secretariat

85. The allocation of core funds is guided by the decisions of the PCB and are based on epidemic priorities, the comparative advantages of UNAIDS Secretariat and progress made in building relevant capacity at country level. Resources of the UNAIDS Secretariat (staff and funding) are allocated to country programmes based on clear principles and criteria.

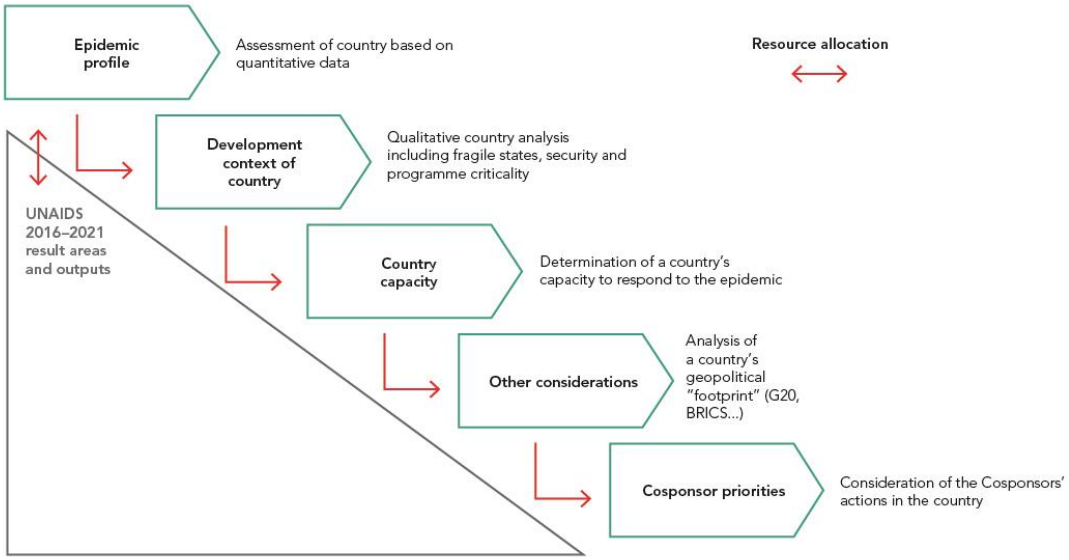

Figure 15
Principles for resource allocation to countries – UNAIDS Secretariat (staff and funding)

86. **Epidemic profile**: Highest priority for resource allocation decisions is accorded to those countries with the biggest need. In line with the Fast-Track approach, UNAIDS uses the number of new infections to categorize countries. HIV prevalence is also considered to account for countries that might have a relatively lower number of new infections (because of a lower overall population) but a high burden of disease. Prevalence in (and when available, size of) most-at-risk populations accounts for countries with severe but concentrated epidemic. [**Criteria**: New HIV infections, HIV prevalence, Prevalence in (and size of) most-at-risk populations.]

87. **Development context**: The following step analyses the country's development context, taking into account fragile states, security and programme strategic programming considerations. [**Criteria**: Human development index (HDI) (a composite of life expectancy, knowledge and literacy and GDP, as a proxy of several aspects of human and societal needs and capacity), fragile states, Qualitative variables: security, programme criticality.]

88. **Country capacity**: Country capacity refers to a country's AIDS response profile as well as its AIDS resource environment, explaining the maturity as well as the effectiveness of a country response to the epidemic and consequently its need for external support. This step helps define the mix of competencies most needed in a country. [**Criteria**: Key coverage variables (ART, PMTCT), Selected variables from GARPR/NCPI composite indicator (governance/ policies/ enabling environment/ human rights issues): e.g., does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations; Ratio of national to international AIDS funding.]

89. **Other considerations**: To finalize a country profile, additional strategic elements are taken into account. This last section identifies elements that are not captured by quantitative and qualitative data but are essential for further decision making. These cover geopolitical and external factors. [**Criteria**: Elements coming from geopolitical context and strategic intelligence for the organization are considered at this point. For example, what additional gains (for the HIV response) would presence in a country provide. This includes potential for resource mobilization.]

90. **Cosponsor priorities**: This principle takes into account Cosponsors' actions at country level. Data cover United Nations presence in relation to AIDS (Joint Teams), as well as information regarding the Joint Programme of Support, including financial information. Cosponsor commitment to a country response, in relation to the Division of Labour, informs decisions on the extent and type of UNAIDS Secretariat engagement. [**Criteria**: UN presence: list of Cosponsors with a country presence, number and type of staff deployed on HIV/AIDS by Cosponsor, Joint Programme of Support priorities and amount of resources invested.]

91. These resource allocation principles provide a framework for deciding on the deployment of staff and allocation of other resources at country level. Starting from the Joint Programme goals, local presence reflects both the UNAIDS Secretariat programmatic strategy and the respective split of tasks between global/regional functions and country-level office functions. The type of country presence and mix of competencies are defined and applied according to qualitative and quantitative analysis of country profiles:

    - Office types are distinguished according to its head of office (international or national), contract type, grade, professional staff complement, the existence of a full operational budget and UCO work plan and budget.
    - The mix of competencies is based on UNAIDS core functions – leadership, advocacy, partnership, strategic information, coordination, coherence and convening, mutual accountability – and additional expertise in areas such as human rights, economics, etc.

4.6 Allocation of resources – Cosponsors

92. Cosponsors use comparable approaches that include objective, data-driven methods to allocate core UBRAF resources, adapted to the specificities of each Cosponsor's mandate and structure. The first principle for resource allocation is to ensure that resources are aligned to the geographical regions that bear the greatest burden of the epidemic, in terms of new HIV infections and AIDS-related deaths.

93. Accordingly, programming in the Fast-Track countries is prioritized by all Cosponsors, with certain adjustments made to take into account specific mandates, e.g., in the case of UNODC, a focus on countries with HIV epidemics that are linked to injecting drug use, or UNHCR, a focus on countries affected by humanitarian emergencies and those hosting high numbers of refugees, displaced persons and other populations of concern. Within targeted countries, Cosponsors focus on the locations where they can achieve the greatest returns on their investments.

94. When programming core UBRAF funds, Cosponsors also take into account the existence of other AIDS resources and partnerships to ensure that resources are optimally programmed. Other AIDS funds are often provided by bilateral, multilateral or private sector partners via binding project agreements that tie funds to specific objectives and geographical areas. As such, they cannot always be reprogrammed to align perfectly to the core UBRAF funds, but the flexibility of core funds enables Cosponsors to ensure appropriate alignment.

95. For example, a Cosponsor receiving a grant to work on eMTCT in a certain country or region might determine that they can foresee a smaller percentage of UBRAF core funds towards this area for the duration of the grant, to enable core resources to be allocated towards other UBRAF objectives. In the case of the World Bank, core funds also provide key technical assistance and guidance to improve the efficiency and effectiveness other AIDS funds (grants, credits and loans), ensuring that those additional funds are used to address the UBRAF's global goals.

96. The Cosponsors also strive to allocate their resource based on a 30:70 ratio between global and regional/country level resources. A number of Cosponsors have adopted a decentralized regional programming process whereby regional HIV advisors guide work planning and resource allocation processes to determine the appropriate distribution between regional and country offices.

UNAIDS - THE JOINT UN PROGRAMME ON HIV AND AIDS

The only cosponsored joint programme of the United Nations System, UNAIDS is a tangible example of a multi-sectoral response to a multifaceted issue - HIV. Its strength derives from the diverse expertise, experience and mandate of its 11 Cosponsors and the UNAIDS Secretariat, which is reinforced through UNAIDS Division of Labour (see Annex II), thus ensuring coherence and reciprocal accountability among Cosponsors and the UNAIDS Secretariat at the global, regional and country levels. The Division of Labour defines the Cosponsor and Secretariat contributions on the basis of areas of expertise and comparative advantage.

The Cosponsors are:

Office of the United Nations High Commissioner for Refugees (UNHCR)	United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
United Nations Children's Fund (UNICEF)	International Labour Organization (ILO)
World Food Programme (WFP)	United Nations Educational, Scientific and Cultural Organization (UNESCO)
United Nations Development Programme (UNDP)	World Health Organization (WHO)
United Nations Population Fund (UNFPA)	The World Bank
United Nations Office on Drugs and Crime (UNODC)	

The Joint Programme has been recognized as uniquely able to take on and build consensus on difficult and sensitive issues. It has demonstrated effective leadership and advocacy on global health and social justice by promoting a bold vision and ambitious targets. The value of this model is acknowledged in discussions on the longer-term positioning of the United Nations Development System. In 2015, the ECOSOC affirmed that the Joint Programme offers the United Nations System a useful model for the post-2015 era to enhance strategic coherence, coordination, results-based focus, inclusive governance and country-level impact.

Under the leadership of UNAIDS Executive Director, UNAIDS Secretariat coordinates the Joint Programme and is responsible for ensuring that it is aligned, accountable and able to achieve the results identified in the UBRAF. Regional and country teams on AIDS ensure coordinated regional- and country-level action and maximize United Nations System coherence and strategic impact in supporting national AIDS responses. Global interagency mechanisms bring together the collective resources of the Joint Programme to guide global policy and country programming.

Annex I

Joint Programme actions to achieve UBRAF outputs

The Table in the next pages shows the expected level and focus of effort of the Joint Programme: key actions to be implemented under each output, contributing Cosponsors, and allocation of UBRAF resources. Organizational functions of Cosponsors are indicated and mapped against key actions. The Table illustrates linkages between organizational functions, actions and estimated resources – *inputs* – and the UBRAF *outputs*. Resources are estimates, representing the essential needs of the Joint Programme to support the achievement of outputs in the UBRAF. Estimated allocations of core resources are provided by output, while estimates for non-core resources are provided by result area. In the Table, estimates of non-core resources provided for UNDP include Global Fund grants.

Organizational functions

Normative guidance and policy development
Thematic advocacy and communication
Integration and partnerships
Data and information
Technical support, capacity building and implementation support

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 1: Children, adolescents, and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment												
Output 1.1 Innovative and targeted HIV testing and counselling programmes introduced												
Support countries to introduce and monitor implementation of a strategic mix of HIV testing approaches and services relevant to their HIV epidemics and systems												
Provide and support use of testing-related standards and guidance, including for the procurement and quality assurance of HIV diagnostics, testing algorithms, and services for adolescents												
Support countries to set up or strengthen referral systems (including protection for safe disclosure) and promote integration of stigma-free HIV testing in health and health-enabling services												
Use non-stigmatizing media and targeted communication material to promote HIV testing, including linkage to campaigns on safer sex and comprehensive sexuality education												
Address age of consent laws and other structural barriers that prevent adolescents from accessing HIV testing services												
Promote community empowerment and engagement in generating demand for HIV testing and to improve access and linkages to the care and prevention cascades												
Estimated budget (core funds)		**480,000**	**1,056,000**					**1,857,000**	**0**	**3,514,000**	**921,000**	**7,828,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 1.2 Country capacity, policies and systems for access to HIV treatment cascade enhanced												
Provide guidance and tools for national planning, strengthened policy and regulatory environments and better management of antiretroviral stocks and related health technologies												
Advance an evaluation and research agenda to identify gaps in treatment and laboratory capacity and strengthen programme quality												
Support routine monitoring of treatment response across populations, scale-up and integration of viral load monitoring and implementation of HIV drug resistance surveillance												
Strengthen community ART delivery and linkages with health facilities, as well as innovative treatment literacy and adherence support efforts												
Engage people living with HIV and groups likely to face structural and gender related barriers, to improve service uptake and adherence												
Strengthen access to HIV treatment in prisons and linkages with health facilities in the community												
Provide normative guidance on management of major coinfections and comorbidities (e.g. TB, hepatitis), and of HIV in individuals as they age												
Strengthen the capacity of governments and communities to scale up nutritional assessments, counselling and programmes to address nutritional needs of vulnerable groups, food or cash transfers												
Estimated budget (core funds)		**2,400,000**	**2,468,000**	**539,000**		**345,000**	**650,000**		**0**	**4,295,000**	**500,000**	**11,197,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 1.3 Systems that enable children and adolescents to meet 90-90-90 targets strengthened												
Advocate for development and uptake of improved antiretroviral formulations for infants, children and adolescents												
Facilitate uptake of service delivery models that improve paediatric and adolescent treatment cascades, with focus on integration of HIV in broader child survival platforms and adolescent transitioning of care												
Promote scale-up of early infant diagnosis and point-of care testing, through health worker training, guidance and demand creation												
Support countries to introduce innovative HIV testing and referral approaches for children, including outside health facilities, to identify older children and adolescents living with HIV												
Support efforts to make infant and adolescent testing and treatment services accessible in locations close to families and caretakers, and to enhance the provision of comprehensive youth-friendly HIV services												
Partner with other sectors that cater to the needs of children and adolescents, including OVCs, to promote testing, care, education and psychosocial support and promote community engagement												
Support optimal infant and young child feeding practices, including nutritional assessment and counselling, and distribution of specialized food products to child health service delivery												
Estimated budget (core funds)		**7,200,000**	**1,101,000**						**992,000**	**2,610,000**	**308,000**	**12,211,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 1.4 High-burden cities fast-track HIV services												
Mobilize political support and strengthen capacities of municipal authorities to design and implement programmes that are effective, inclusive, gender-sensitive and based on human rights												
Support municipal programmes to engage urban girls, boys and adolescents, including from key populations, in HIV prevention and the elimination of stigma and discrimination, and to ensure their access to HIV services and comprehensive sexuality education												
Mobilize partnerships across cities, with national programmes, CSOs, community providers and the private sector, including to address challenges faced by people in urban slums												
Support use of local sex- and age-disaggregated data, size estimations and geographic mapping to improve service delivery												
Advocate for and prioritize city/municipal responses, including for key populations, in National Strategic Plans, with Country Coordinating Mechanisms of the Global Fund and in Local Development Plans												
Estimated budget (core funds)		**480,000**		**1,737,000**	**867,000**	**805,000**					**645,000**	**4,534,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 1.5 Mechanisms developed to provide HIV-related services in humanitarian emergencies												
Advocate for combination prevention and nutrition support for people living with HIV in humanitarian emergencies; establish a contingency mechanism to minimize disruption of treatment (including for TB) and strengthen community-based mechanisms to deliver in emergencies												
Expand risk-informed HIV programming and ensure that HIV is incorporated in national preparedness, contingency planning and early recovery and other relevant structures in humanitarian emergencies												
Promote mainstreaming and funding of HIV needs in humanitarian action, including through flexible funding in development grants												
Provide technical inputs to strengthen health systems, including for procurement and distribution of HIV-related commodities, and provide logistical support for access to commodities during emergencies												
Facilitate the inclusion of emergency-affected communities in national HIV programmes, plans and legislation												
Promote access to sexual and reproductive health services, including through the Minimum Initial Service Package (MISP) and to sexual and gender based violence prevention and redress mechanisms												
Support access of migrants, refugees and crisis affected populations to HIV-related services												
Estimated budget (core funds)	**7,240,000**	**600,000**	**704,000**		**491,000**	**345,000**					**0**	**9,380,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 1.6 Mechanisms to ensure access to medicines and commodities strengthened												
Support countries to scale up delivery systems and strengthen procurement, supply chain management and logistics for provision of HIV commodities, including prevention of stock-outs												
Strengthen joint procurement and supply chain management to ensure sustainable and affordable access to the full range of commodities for HIV, TB, Hepatitis B and C, SRH, and nutrition												
Strengthen country capacity for legal, policy and regulatory environments that support access to pharmaceuticals and diagnostics and remove barriers to accessing sexual and reproductive health commodities												
Maintain a demand forecast of ARVs, medicines for opportunistic infections, co-infections and comorbidities, diagnostics, and a database on price and volume information												
Track production capacity of active pharmaceutical ingredients of antiretroviral medicines and other key commodities												
Strengthen capacity for male and female condom supply, demand, accessibility and quality assurance strategies												
Estimated budget (core funds)		**600,000**	**65,000**	**1,615,000**	**203,000**					**2,762,000**	**850,000**	**6,095,000**
Total est. budget (core funds) – Result Area 1	**7,240,000**	**11,760,000**	**5,394,000**	**3,891,000**	**1,561,000**	**1,495,000**	**650,000**	**1,857,000**	**992,000**	**13,181,000**	**3,224,000**	**51,245,000**
Total est. budget (other AIDS funds) – Result Area 1	**36,584,000**	**98,000,000**	**15,001,000**	**123,095,000**	**0**	**1,508,000**	**409,000**	**2,544,000**	**975,000**	**37,087,000**	**369,458,000**	**684,661,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained												
Output 2.1 Access to and quality of comprehensive eMTCT services improved												
Support decentralization of eMTCT services and integration with MNCH and RHS; task-shifting; demand creation for early antenatal care; expansion of HTS for pregnant adolescents, girls and women; treatment, adherence and rights based family planning for those living with HIV												
Promote quality and comprehensiveness of eMTCT services, including promotion of optimal infant and young child feeding practices, provision of food and nutrition support, IYFC education sessions, prevention and care for HIV-associated TB												
In high-prevalence settings, support development of policies for re-testing, provision of combination prevention for HIV-negative pregnant and lactating women, and tracking mother-infant pairs across the health continuum												
Promote strategies for the joint elimination of mother-to-child of HIV, congenital syphilis and hepatitis B, and monitor progress and certify countries where elimination has been achieved												
Promote use of innovative diagnostics (e.g. combined HIV/syphilis rapid diagnostic tests and point-of-care and infant HIV diagnostic tests)												
Expand engagement of male partners as well the broader community in eMTCT services and support peer psycho-support programmes for mothers living with HIV and for affected families												
Estimated budget (core funds)		**4,440,000**	**590,000**		**530,000**					**3,700,000**	**0**	**9,260,000**
Estimated budget (core funds) – Result Area 2		**4,440,000**	**590,000**		**530,000**					**3,700,000**	**0**	**9,260,000**
Estimated budget (other AIDS funds) – Result Area 2		**37,000,000**	**9,140,000**		**0**					**10,411,000**	**137,182,000**	**193,733,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 3: Young people, especially young women and adolescents girls, access combination prevention services and are empowered to protect themselves from HIV												
Output 3.1 Targeted combination prevention programmes defined and implemented												
Promote country commitment and capacity (adaptation of guidance and tools) to define, scale up, sustain and build demand for combination prevention and ensure programmes are targeted to locations and populations at higher risk												
Support countries to optimize (supply, awareness and demand generation) biomedical HIV prevention strategies, including: condoms and lubricants, VMMC, ARV-based prevention, STI screening and management, and advocacy for more investment in female-initiated barrier methods												
Promote community empowerment and greater engagement of people living with and affected by HIV, key populations, and women's and young people's organizations and ensure integration of combination prevention into wider structural health and development synergies												
Advocate for scaling up access to combination prevention packages for young women and their male partners in high-prevalence settings												
Support social and behaviour change programmes, including comprehensive sexuality education, and strengthen community capacities to promote safer sexual behaviours, gender equality and healthy lifestyle choices for young people and adolescents												
Support countries in addressing the structural drivers of HIV, including legal and social protection for the most vulnerable												
Support countries to strengthen accountability for prevention by improving monitoring and reporting of progress against targets for priority programmes/ populations												
Estimated budget (core funds)		**2,400,000**		**1,016,000**	**4,272,000**			**1,741,000**	**3,968,000**	**2,795,000**	**2,563,000**	**18,755,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened												
Promote linkages between the education, health and social protection sectors to strengthen the ability of adolescents and young people to access SRH and HIV services												
Strengthen the evidence base on HIV and adolescents and young people, ensuring sex and age disaggregation												
Provide operational guidance and promote access to youth led combination prevention, including through innovative ICT-based solutions												
Facilitate increased political commitment and support for comprehensive sexuality education at primary and secondary levels												
Support non-formal programmes to reach out-of-school young people and undertake assessments of youth- and adolescent-friendly services												
Support countries to increase educational, employment and livelihood options for adolescents and youths, particularly young women and girls and those from key populations												
Promote girls' access, enrolment and completion of secondary education, with a focus on high-burden countries with a large gender discrepancy at secondary level and on pregnant girls												
Promote empowerment, engagement and leadership of young women and adolescent girls in the AIDS response, and support programmes that enhance their ability to make decisions in all spheres of their lives												
Estimated budget (core funds)		**480,000**	**200,000**		**2,805,000**	**575,000**	**565,000**		**3,472,000**	**250,000**	**308,000**	**8,655,000**
Total est. budget (core funds) – Result Area 3		**2,880,000**	**200,000**	**1,016,000**	**7,077,000**	**575,000**	**565,000**	**1,741,000**	**7,440,000**	**3,045,000**	**2,871,000**	**27,410,000**
Total est. budget (other AIDS funds) – Result Area 3		**24,000,000**	**5,000,000**	**74,998,000**	**54,712,000**	**580,000**	**2,745,000**	**2,405,000**	**12,497,000**	**8,561,000**	**321,974,000**	**507,472,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants												
Output 4.1 Evidence-based HIV services for key populations implemented												
Develop guidance for effective and rights-based responses for key populations and provide technical support for their adaptation to specific contexts												
Support countries to address stigma and discrimination, violence and human rights violations against key populations, and strengthen access to justice for key populations and young people at the local level												
Strengthen the evidence base on key populations (including people in prisons, non-injecting drug users and transgender people):bio-behavioural surveillance and size estimation with attention to sex and age disaggregation												
Support countries to scale up evidence informed, age and gender sensitive comprehensive packages of HIV services for key populations while ensuring protection of rights and safety												
Empower organizations of key populations to engage in policy choices, development and implementation of HIV programmes and support countries to strengthen community-led services												
Promote and support NGOs and CBOs in reaching key populations and seeking the participation of individuals from key populations as peer educators/counsellors and others and promote stronger involvement of the private sector												
Advocate for and support analyses of drug use patterns, especially among young people, and promote substance use prevention strategies through formal and non-formal education												
Estimated budget (core funds)		**480,000**		**1,700,000**	**6,875,000**	**1,725,000**		**1,541,000**	**1,240,000**	**3,280,000**	**1,800,000**	**18,641,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 4.2 Comprehensive package of harm reduction services established for people who inject drugs												
Support countries to increase access to a comprehensive package of harm reduction interventions, including treatment and care of people who use drugs, and the prevention, diagnosis and treatment of viral hepatitis, and tuberculosis.												
Ensure that national strategic plans for HIV and drug control incorporate sterile injection equipment, opioid substitution therapy, antiretroviral therapy and other evidence-based harm reduction services for HIV and advocate for domestic funding for these programmes												
Engage communities of people who inject drugs in the development, implementation and evaluation of services and ensure these are rights-based, gender-sensitive and accessible to young people												
Advocate for alternatives to incarceration for people who use drugs, including legal and policy changes												
Facilitate sensitisation of police officials to enable the access of people who inject drugs to comprehensive HIV services and to reduce violence against them												
Estimated budget (core funds)						**4,600,000**			**0**	**2,735,000**	**826,000**	**8,161,000**

Total est. budget (core funds) – Result Area 4	**0**	**480,000**		**1,700,000**	**6,875,000**	**6,325,000**		**1,541,000**	**1,240,000**	**6,015,000**	**2,626,000**	**26,802,000**
Total est. budget (other AIDS funds) – Result Area 4	**14,801,000**	**4,000,000**		**59,394,000**	**7,950,000**	**6,380,000**		**2,118,000**	**1,012,000**	**16,925,000**	**367,976,000**	**480,556,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV												
Output 5.1 Strategic actions for gender equality and women and girls included and resourced in AIDS responses												
Strengthen political commitment, accountability and capacity of countries to adopt and implement gender-transformative HIV strategies that have gender-specific interventions and budgets												
Support community mobilization and interventions to promote gender equitable norms and behaviours and to empower women and girls to make their own choice and decisions free of violence, coercion and discrimination (i.e., engaging men and boys for gender equality, education sector interventions, *Stepping Stones*, *IMAGE*)												
Promote linkages to broader global efforts on women, children and youth health, i.e., EWEC 2.0, FP2020, WHO global plan of action on violence												
Promote economic empowerment of women and girls living with HIV (income-generating activities, cash and social transfer) to reduce economic vulnerability and enhance their livelihoods												
Uphold legal rights for women living with HIV, including rights to inheritance, property, land and other economic resources and civic registration												
Advocate for programmes to engage men and boys for improved access to health services and promote their role in women and girls' health												
Improve national capacity for gender-sensitive monitoring and evaluation and to use sex- and age-disaggregated data and evidence on gender-transformative approaches												
Strengthen engagement, leadership, and participation of women and girls in the AIDS response at all levels												
Estimated budget (core funds)		**960,000**		**2,218,000**	**981,000**		**4,495,000**	**1,683,000**		**500,000**	**317,000**	**11,154,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 5.2 Actions to address and prevent all forms of gender-based violence implemented												
Advocate and increase capacity of governments and civil society to scale up comprehensive programmes, particularly community -based approaches, to prevent and address all forms of GBV												
Strengthen capacity of countries to adopt and implement GBV National Action Plans and strategies that integrate gender dimensions of HIV												
Strengthen the evidence base for action on violence prevention, including sex and age disaggregated data on prevalence, nature and effects on survivors of GBV												
Advocate and strengthen policy and legal responses against harmful practices, such as child exploitation, early marriage, FGM, forced sterilization or abortion												
Support governments to integrate gender, GBV prevention and HIV into their national alcohol policies												
Partner with civil society, especially women's groups including from key populations, on violence-related issues and establish a platform for dialogue between them and national governments, including law enforcement and other uniformed services												
Strengthen the education sector's ability to prevent and respond to school-related GBV, including violence aimed at those who are perceived as not conforming to gender norms												
Promote access to RHS, violence prevention and care, trauma recovery and mental health services, and redress mechanisms for survivors of GBV, including in humanitarian emergencies.												
Estimated budget (core funds)	**1,107,000**	**480,000**		**1,202,000**	**691,000**	**1,150,000**	**990,000**		**1,240,000**	**200,000**	**0**	**7,060,000**
Total est. budget (core funds) – Result Area 5	**1,107,000**	**1,440,000**	**0**	**3,420,000**	**1,672,000**	**1,150,000**	**5,485,000**	**1,683,000**	**1,240,000**	**700,000**	**317,000**	**18,214,000**
Total est. budget (other AIDS funds) – Result Area 5	**9,096,000**	**12,000,000**	**930,000**	**52,727,000**	**14,251,000**	**1,160,000**	**19,590,000**	**2,313,000**	**9,676,000**	**1,969,000**	**132,816,000**	**256,528,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed												
Output 6.1 HIV-related legal and policy reforms catalysed and supported												
Support countries to conduct legal environment assessments and strengthen national and local movements/coalitions for legal and policy reforms												
Advocate for and strengthen capacity of local stakeholders (i.e. parliamentarians, judges, civil society) for HIV-related law reform; and support legal empowerment and strategic litigation as tools to catalyse law reform												
Advocate for the removal of punitive laws, policies and practices including overly broad criminalisation of HIV transmission, mandatory testing and those that block key populations' access to services												
Advocate, engage leaders and provide legislative support to remove HIV-related restrictions on entry, stay and residence												
Advocate for reduced incarceration and for closing compulsory rehabilitation detention centres for people who use drugs and support the development of alternatives to incarceration and punishment												
Support development of HIV workplace policies in public and private institutions that protects people living with HIV and key populations in the workplace; advocate for the removal of mandatory HIV testing as part of employment and retention of workforce												
Promote access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement including the right to return (regardless of HIV status) in the context of voluntary repatriation and an end to mandatory testing for asylum seekers, refugees, IDPs and other marginalized groups												
Estimated budget (core funds)	**1,453,000**			**1,119,000**	**114,000**	**805,000**		**1,900,000**		**0**		**5,391,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded												
Increase capacity of legal aid service providers, national human rights Institutions, the judiciary and law enforcement for HIV-related legal and human rights issues												
Roll out legal and human rights literacy programmes for vulnerable groups; and build partnerships with civil society on legal literacy and access to justice												
Support countries to revise policies and laws on age of consent to facilitate access of young girls and boys to HIV and other sexual and reproductive health-related services, and to establish laws that protect their rights and health and protect against GBV												
Build capacity of law enforcement bodies on human rights issues relating to HIV and promoting enabling rights environments (i.e. training, standard operating procedures, partnerships with other sectors and civil society)												
Engage communities to build awareness of, challenge and transform harmful customary laws and practices that contribute to HIV vulnerability, especially for women and young people												
Support countries to implement programmes to prevent and address violence against key populations												
Estimated budget (core funds)				**1,369,000**	**67,000**	**1,150,000**	**900,000**		**744,000**			**4,230,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care												
Develop improved measurements of scope, nature and impact of stigma and discrimination and other human rights violations in the health sector; and support efforts to document them												
Promote legal, policy and programmatic actions and redress mechanisms to eliminate HIV related stigma, discrimination and violence in healthcare settings, including addressing issues of forced sterilization and coerced abortion among women living with HIV												
Partner with civil society to support training of healthcare providers and community health workers for non-discriminatory HIV and related health services that respect informed consent and confidentiality												
Develop validation criteria for “discrimination-free health care” and integrate such measures into existing validation processes												
Estimated budget (core funds)				**954,000**	**190,000**		**0**			**2,289,000**	**0**	**3,433,000**
Total est. budget (core funds) – Result Area 6	**1,453,000**			**3,442,000**	**371,000**	**1,955,000**	**900,000**	**1,900,000**	**744,000**	**2,289,000**	**0**	**13,054,000**
Total est. budget (other AIDS funds) – Result Area 6	**0**			**51,126,000**	**1,566,000**	**1,972,000**	**3,965,000**	**2,620,000**	**947,000**	**6,438,000**	**0**	**68,634,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information												
Output 7.1 AIDS response sustainability, efficiency, effectiveness and transitions strengthened												
Advocate for and support countries to increase sustainability of AIDS financing: increasing and sustaining domestic funds for HIV services and promoting dialogue with private sector and non-traditional donors to mobilize resources and propose new funding schemes												
Provide inputs into strategies for financing transition and budget estimation exercises and promote the inclusion of risk management and contingency plans for long-term sustainability												
Support countries to integrate HIV issues into national health financing systems and health insurance programmes												
Support countries promoting community based responses and mechanisms to leverage domestic financing for community engagement and civil society, ensuring such funds are in line with local epidemic priorities												
Develop and institutionalize co-financing that supports HIV outcomes as well as health, gender equality, education, nutritional and food support, legal and social welfare interventions												
Use granular sex –and-age disaggregated data at the sub-national level to inform decision making and programme planning at the local level, and train local decision makers to use mapping of epidemic hotspots												
Assist countries to regularly review, update and cost their HIV strategies and plans, including using evidence from allocative efficiency studies/HIV investment cases												
Estimated budget (core funds)				**1,850,000**			**0**				**3,852,000**	**5,702,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 7.2 Technological, service delivery and e-health innovations fostered												
Promote partnerships across communities, healthcare providers, governments and the private sector to deploy m-health tools for comprehensive sexuality education, HIV testing and counselling, ARV case monitoring, and other priority health services												
Promote low/middle income country perspectives in coordinating development, testing, and plans for licensure and use of HIV vaccines												
Review, monitor and coordinate the introduction of new prevention technologies, such as new long-acting PrEP formulations, to ensure safety, community awareness and adherence												
Build evidence and support scale-up for the use of mobile technology, big data, e-health and telehealth options to improve HIV service access and HIV-related outcomes												
Promote use of information and communication technology for HIV-related empowerment, HIV prevention, education and service delivery												
Support innovative diagnostics for rapid diagnosis, including combined HIV/syphilis diagnostics and monitoring of viral suppression												
Estimated budget (core funds)		**600,000**	**293,000**						**0**	**3,811,000**	**500,000**	**5,204,000**
Total est. budget (core funds) – Result Area 7		**600,000**	**293,300**	**1,850,000**					**0**	**3,811,000**	**4,352,000**	**10,906,000**
Total est. budget (other AIDS funds) – Result Area 7		**5,000,000**	**0**	**16,596,000**					**0**	**10,721,000**	**420,544,000**	**452,861,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health												
Output 8.1 Decentralization and integration of HIV related services strengthened												
Support countries to assess and monitor progress, challenges and best practices on HIV programme decentralization and integration												
Promote research and pilot programmes towards areas of integration that are currently understudied such as psychosocial care, harmful use of alcohol, linked services for men and boys, and HIV and non-communicable diseases												
Support the training of service providers and government agencies to offer services at primary care level, through task shifting and task sharing and other relevant modalities, and support programmes that shift HIV and related services to communities where feasible												
Provide operational guidance on approaches for integrating services and support countries to embed the AIDS response within efforts to achieve universal health coverage												
Strengthen linkages with the education sector through school referral mechanisms, on-site services, and engagement with parents and the broader community												
Coordinate partnerships with government agencies and NGOs working on food and nutrition to integrate HIV into other programmes, such as social transfers												
Estimated budget (core funds)		**1,200,000**	**1,325,000**	**1,187,000**	**2,914,000**				**744,000**	**2,259,000**	**810,000**	**10,439,000**

Actions	Contributing agencies											
	UNHCR	UNICEF	WFP	UNDP	UNFPA	UNODC	UN Women	ILO	UNESCO	WHO	WB	**Total**
Output 8.2 HIV sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children strengthened												
Build the evidence base for social protection interventions, including supporting countries to carry out social protection assessments and strengthening existing research and evaluation efforts												
Support scale-up of sustainable, HIV-sensitive and evidence-informed social protection programmes and strengthen national social protection floors												
Support programmes, such as cash and in-kind transfers, vouchers and school feeding, that reduce the social and structural drivers of HIV and poor health, including poverty and inequality												
Strengthen school health systems and reinforce the education sector's ability to reach (in collaboration with other agencies) vulnerable children and adolescents and respond to their needs												
Advocate for increased investment and co-financing and provide guidance and support for implementation of HIV-sensitive measures to address the needs of orphans and vulnerable children and key populations (i.e. education, nutrition, psychosocial support)												
Estimated budget (core funds)		**1,200,000**	**1,998,000**	**694,000**				**2,178,000**	**0**		**1,200,000**	**7,270,000**
Total est. budget (core funds) – Result Area 8		**2,400,000**	**3,323,000**	**1,881,000**	**2,914,000**			**2,178,000**	**744,000**	**2,259,000**	**2,010,000**	**17,709,000**
Total est. budget (other AIDS funds) – Result Area 8		**20,000,000**	**25,443,000**	**70,864,000**	**32,228,000**			**3,000,000**	**1,213,000**	**6,356,000**	**381,550,000**	**540,654,000**
Grand Total Core funds	**9,800,000**	**24,000,000**	**9,800,000**	**17,200,000**	**21,000,000**	**11,500,000**	**7,600,000**	**10,900,000**	**12,400,000**	**35,000,000**	**15,400,000**	**174,600,000**
Grand Total other HIV res.	**60,481,000**	**200,000,000**	**55,514,000**	**448,800,000**	**110,707,000**	**11,600,000**	**26,709,000**	**15,000,000**	**26,320,000**	**98,468,000**	**2,131,500,000**	**3,185,099,000**

Actions under UNAIDS Secretariat functions

S1 Leadership, advocacy and communication	Budget
Inspire, reposition, and drive the agenda on HIV, including setting ambitious HIV targets and holding the global community accountable for achieving them	**Core funds: 84,218,000**
Mobilize and engage political leaders, activists, champions, and other stakeholders at the highest level for 90-90-90, access to people left behind, final push for elimination of new infections among children, quarter for HIV prevention	
Mobilise resources and move towards scale-up and sustainability of the AIDS response, including building and maintaining global support for multi- and bilateral commitments in the AIDS response	**Other AIDS funds: 10,843,000**
Drive continued debate on access to testing, HIV medicines, prevention and treatment commodities, pricing and mechanisms for innovation	
Promote synergy and integration between the AIDS response and the Sustainable Development Goals, elevating the debate on HIV into the broader development agenda	**Total: 95,061,000**
Enhance the role that human rights and gender equality play in the AIDS response	
Foster research into technology innovations, novel tools and approaches that advance the AIDS response	
Ensure that civil society and key populations are full and effective partners in the response, support the development of the next generation of civil society leadership for HIV and youth and engage in a leadership agenda for young women and girls.	

S2 Partnerships, mobilization and innovation	Budget
Support the functioning of the PCB as an inclusive global policy-setting forum on HIV, including partnering with formal civil society representation on the PCB as a critical element for effective inclusion of community voices in global policy-making	**Core funds: 54,216,000**
Create strategic partnerships of stakeholders to Fast-Track the HIV response and foster innovation; and broker new partnerships with private sector and foundations	
Create synergies and position HIV within the broader context such as the Every Woman, Every Child Initiative, the Partnerships on Maternal, Newborn and Child Health, Stop TB and renew dialogue with the family planning community and “2020 Agenda”	**Other AIDS funds: 8,599,000**
Political mobilization towards decriminalization and protection, and leverage the role of human rights organizations, funders and defenders working from multiple perspectives	
Strengthen partnerships with and support mobilization of funds for civil society organizations	**Total: 62,815,000**
Lead community mobilization to promote human rights, generate political commitment, action and accountability	
Promote inclusion of PLHIV and key populations at global, regional, national and city level decision making processes and bodies	

S3 Strategic information	Budget
Establish standards, issue guidance and improve national governments and civil society capacity for the collection, analysis and effective use of strategic information and on epidemic and the response	**Core funds: 47,088,000**
Synthetize, analyse and widely disseminate strategic information to inform advocacy, policy making, programme planning and decision making	
Increase the availability of granular, disaggregated data (including by age, sex, and key populations) to drive critical changes in programmes and policy	**Other AIDS funds: 6,727,000**
Promote data collection innovations including for the availability of real-time data through new technologies	
Support the collection of data and analyses on critical enablers, gender aspects, efficiency gains, community mobilization, programme effectiveness, programmatic and resources gaps, and sustainable financing of the AIDS response	**Total: 53,815,000**
Support evaluation of national HIV responses, and advocate for science and research and promote synthesis, dissemination and use of findings	

S4 Coordination, convening and country implementation support	Budget
Enhance and fully leverage linkages between the AIDS response and the broader SDG agenda	**Core funds: 57,140,000**
Maximize effective use of interagency mechanisms for coordination and cohesion	
Convene and coordinate Joint UN Teams on AIDS and implementation of Joint UN Programmes of Support on HIV at country and regional level	
Strengthen national capacities to strategic planning, effective prioritization and efficient resource allocation, promoting integration, country ownership and sustainability	**Other AIDS funds: 10,873,000**
Coordinate and broker technical support to Fast-Track the response	
Convene community-led networks and organisations, facilitate partnerships and leverage political will to promote a broader and more inclusive AIDS response	
Support national mechanisms for coordination and coherence for an inclusive AIDS response, including support to improve domestic and international resource mobilization towards fully financing national AIDS responses	**Total: 68,013,000**
Political and programmatic engagement with Fast-Track cities	
Strategic convening to leverage PEPFAR and Global Fund resources at global and country level	

S5 Governance and mutual accountability	Budget
Lead on development and implementation of accountability mechanisms for both results and resources, reporting results to ECOSOC and the PCB	**Core funds: 67,558,000**
Plan, manage, monitor and report on the implementation of the 2016-2021 UBRAF at global, regional and country levels, and exercise oversight at the alignment of resources with corporate epidemic priorities	
Enhance internal management and operation to ensure that the Secretariat is fit for purpose to guide the implementation of the UNAIDS vision, strategy, and global HIV targets	**Other AIDS funds: 2,958,000**
Promote, coordinate and undertake programmatic and thematic evaluations	
Support innovation and new business products to drive organizational change and maximise Joint Programme efficiencies; and reinforce results and risk-based management, effective processes and cost-consciousness	**Total: 70,516,000**
Improve collaboration and coherence among the Cosponsors and the Secretariat at global, regional and country levels, and maximize synergies across all areas of the Division of Labour	
Mobilize resources for the UBRAF core budget and other funds, in collaboration with Cosponsors	
Undertake programmatic and thematic evaluations.	

Annex II

Division of Labour among UNAIDS Cosponsors and Secretariat

Division of Labour area*	Conveners	Agency partners		
Reduce the sexual transmission of HIV	UNFPA World Bank	UNHCR UNICEF WFP	UNDP ILO	UNESCO WHO
Prevent mothers from dying and babies from becoming infected with HIV	UNICEF WHO	WFP UNFPA		
Ensure that people living with HIV receive treatment	WHO	UNHCR UNICEF	WFP UNDP	ILO
Prevent people living with HIV from dying from tuberculosis	WHO	UNICEF WFP	UNODC ILO	
Protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings	UNODC	UNICEF UNDP	UNFPA UNESCO	WHO World Bank
Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy	UNDP UNFPA	UNESCO WHO	World Bank	
Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS	UNDP	UNHCR UNICEF UNFPA	UNODC UN Women ILO	UNESCO WHO
Meet the HIV needs of women and girls and stop sexual and gender-based violence	UNDP UNFPA UN Women	UNHCR UNICEF WFP	UNODC ILO	UNESCO WHO
Empower young people to protect themselves from HIV	UNICEF UNFPA	UNHCR WFP	ILO UNESCO	WHO
Enhance social protection for people affected by HIV	UNICEF World Bank	UNHCR WFP	UNDP ILO	WHO
Address HIV in humanitarian emergencies (natural disasters and crisis situations)	UNHCR WFP	UNICEF UNDP	UNFPA UNODC	WHO
Integrate food and nutrition within the HIV response	WFP	UNHCR UNICEF	WHO	
Scale up HIV workplace policies and programmes and mobilize the private sector	ILO	UNESCO	WHO	
Ensure high-quality education for a more effective HIV response	UNESCO	UNICEF UNFPA	ILO	WHO
Support strategic, prioritized and costed multisectoral national AIDS plans	World Bank	UNHCR UNICEF WFP UNDP	UNFPA UNODC UN Women	ILO UNESCO WHO
Leadership, advocacy and communication	UNAIDS Secretariat	All Cosponsors		
Partnerships, mobilization and innovation	UNAIDS Secretariat	All Cosponsors		
Strategic Information	UNAIDS Secretariat	All Cosponsors		
Coordination, convening and country implementation support	UNAIDS Secretariat	All Cosponsors		
Governance and mutual accountability	UNAIDS Secretariat	All Cosponsors		

* UNAIDS Secretariat has overall responsibility for ensuring functioning and accountability across all areas of the Division of Labour

GLOSSARY

For more information on key concepts, please see the *UNAIDS terminology guidelines 2015*.

Combination HIV prevention seeks to achieve maximum impact on HIV prevention by combining human rights-based and evidence-informed behavioural, biomedical and structural strategies in the context of a well-researched and understood local epidemic. Combination HIV prevention also can be used to refer to an individual's strategy for HIV prevention—combining different tools or approaches (either at the same time or in sequence), according to their current situation, risk and choices. Combination prevention includes both primary prevention (focused on people who are HIV-negative) as well as prevention of onward transmission from people living with HIV.
Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS 2015.
Key features of combination prevention programmes:

- tailored to national and local needs and contexts,
- combine biomedical, behavioural and structural interventions
- fully engage affected communities, promoting human rights and gender equality;
- operate synergistically, consistently over time, on multiple levels—individual, family and society;
- invest in decentralized and community responses and enhances coordination and management;
- flexible—adapt to changing epidemic patterns and can rapidly deploy innovations.

Sources: Combination HIV Prevention: tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections. Geneva: UNAIDS; 2010. - Combination Prevention: addressing the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and begin to reverse the spread of the AIDS epidemic. Geneva: UNAIDS; 2013 (UNAIDS/PCB(30)/12.13)

Comprehensive sexuality education is defined as "an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision making, communication and risk reduction skills about many aspects of sexuality"
Source: UNESCO, UNAIDS, UNFPA, UNICEF and WHO. International technical guidance on sexuality education. Volume I. Paris: United Nations Educational, Scientific and Cultural Organization; 2009.
Many different names are used, reflecting an emphasis on various aspects of CSE by different countries. As with all curricula, CSE must be delivered in accordance with national laws and policies.

UNESCO has developed a set of 'essential' and 'desirable' topics of a life skills-based HIV and sexuality education programme: The 'essential' topics are those that have the greatest direct impact on HIV prevention. 'Desirable' topics are those that have an indirect impact on HIV prevention but that are important as part of an overall sexuality education programme.

Generic life skills	
Essential topics	Decision-making/assertiveness
	Communication/negotiation/refusal
	Human rights empowerment
Desirable topics	Acceptance, tolerance, empathy and non-discrimination
	Other gender life skills
Sexual and reproductive health (SRH)/Sexuality Education (SE)	
Essential topics	Human growth and development
	Sexual anatomy and physiology
	Family life, marriage, long-term commitment and interpersonal relationships
	Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality
	Reproduction
	Gender equality and gender roles
	Sexual abuse/resisting unwanted or coerced sex
	Condoms
	Sexual behaviour (sexual practices, pleasure and feelings)
	Transmission and prevention of sexually transmitted infections (STIs)
Desirable topics	Pregnancy and childbirth
	Contraception other than condoms
	Gender-based violence and harmful practices/rejecting violence
	Sexual diversity
	Sources for SRH services/seeking services
	Other content related to SRH/SE

HIV and AIDS-related specific content	
Essential topics	Transmission of HIV
	Prevention of HIV: practicing safer sex, including condom use
	Treatment of HIV
Desirable topics	HIV-related stigma and discrimination
	Sources of counselling and testing services/seeking counselling, treatment, care and support
	Other HIV and AIDS-related specific content

Source: Measuring the Education Sector response to HIV and AIDS–Guidelines for the construction and use of core indicators. Paris: United Nations Educational, Scientific and Cultural Organization; 2013.

HIV-sensitive social protection enables people living with HIV and other vulnerable populations to be provided with services together with the rest of the population; this prevents the exclusion of equally needy groups. HIV-sensitive social protection is the preferred approach as it avoids the stigmatization that can be caused by focusing exclusively on HIV. Approaches to HIV-sensitive social protection include the following: financial protection through predictable transfers of cash, food or other commodities for those affected by HIV and those who are most vulnerable; access to affordable quality services, including treatment, health and education services; and policies, legislation and regulation to meet the needs (and uphold the rights) of the most vulnerable and excluded people.
Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS; 2015.

Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.
Source: UNAIDS Strategy 2011–2015: getting to zero. Geneva: UNAIDS; 2010.

UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the **four main key population groups.** These populations often suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere—they are key to the epidemic and key to the response. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. The term key populations is also used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population. The term key populations at higher risk also may be used more broadly, referring to additional populations that are most at risk of acquiring or transmitting HIV, regardless of the legal and policy environment. In addition to the four main key populations, this term includes people living with HIV, seronegative partners in serodiscordant couples and other specific populations that might be relevant in particular regions (such as young women in southern Africa, fishermen and women around some African lakes, long-distance truck drivers and mobile populations).
Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS; 2015.

Men who have sex with men describes males who have sex with males (including young males), regardless of whether or not they also have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but who have sex with other men. **Gay** can refer to same-sex sexual attraction, same-sex sexual behaviour and same-sex cultural identity.
Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS; 2015.

Transgender is an umbrella term for people whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender or otherwise gender non-conforming. Transgender people may self-identify as transgender, female, male, transwoman or transman, trans-sexual or, in specific cultures, as hijra (India), kathoey (Thailand), waria (Indonesia) or one of many other transgender identities. They may express their genders in a variety of masculine, feminine and/or androgynous ways.
Source: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2014.

Young people are people aged 15-24 as per the GARPR indicators.
http://www.unaids.org/sites/default/files/media_asset/JC2702_GARPR2015guidelines_en.pdf
The World Health Organization (WHO) identifies **adolescence** as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19.
http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/

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20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 36 66

unaids.org