
40th Meeting of UNAIDS Programme Coordinating Board

Agenda Item 4.

Unified Budget, Results and
Accountability Framework
(UBRAF)

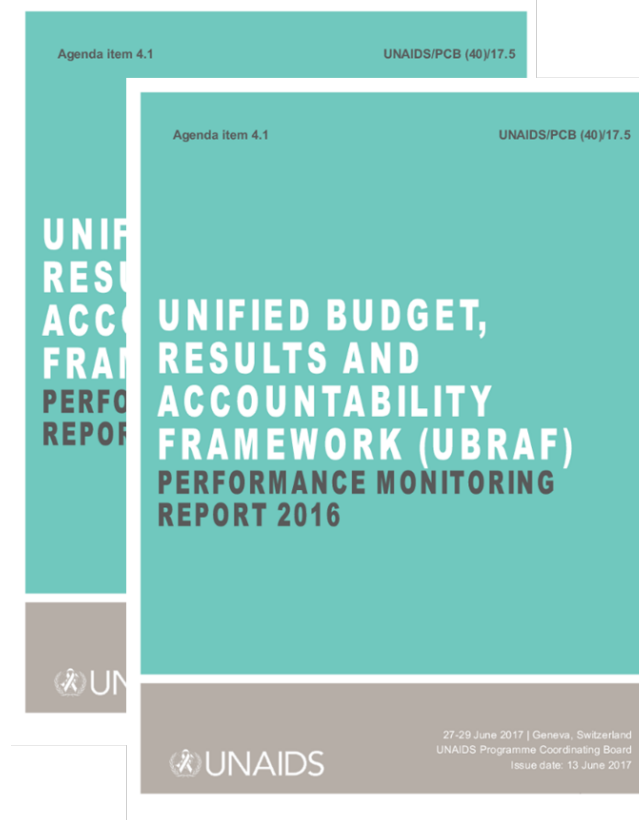


Agenda item 4.1 and 4.2

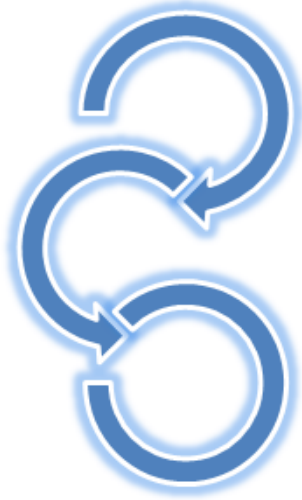

Performance Reporting and Financial Reporting

Main features of performance monitoring

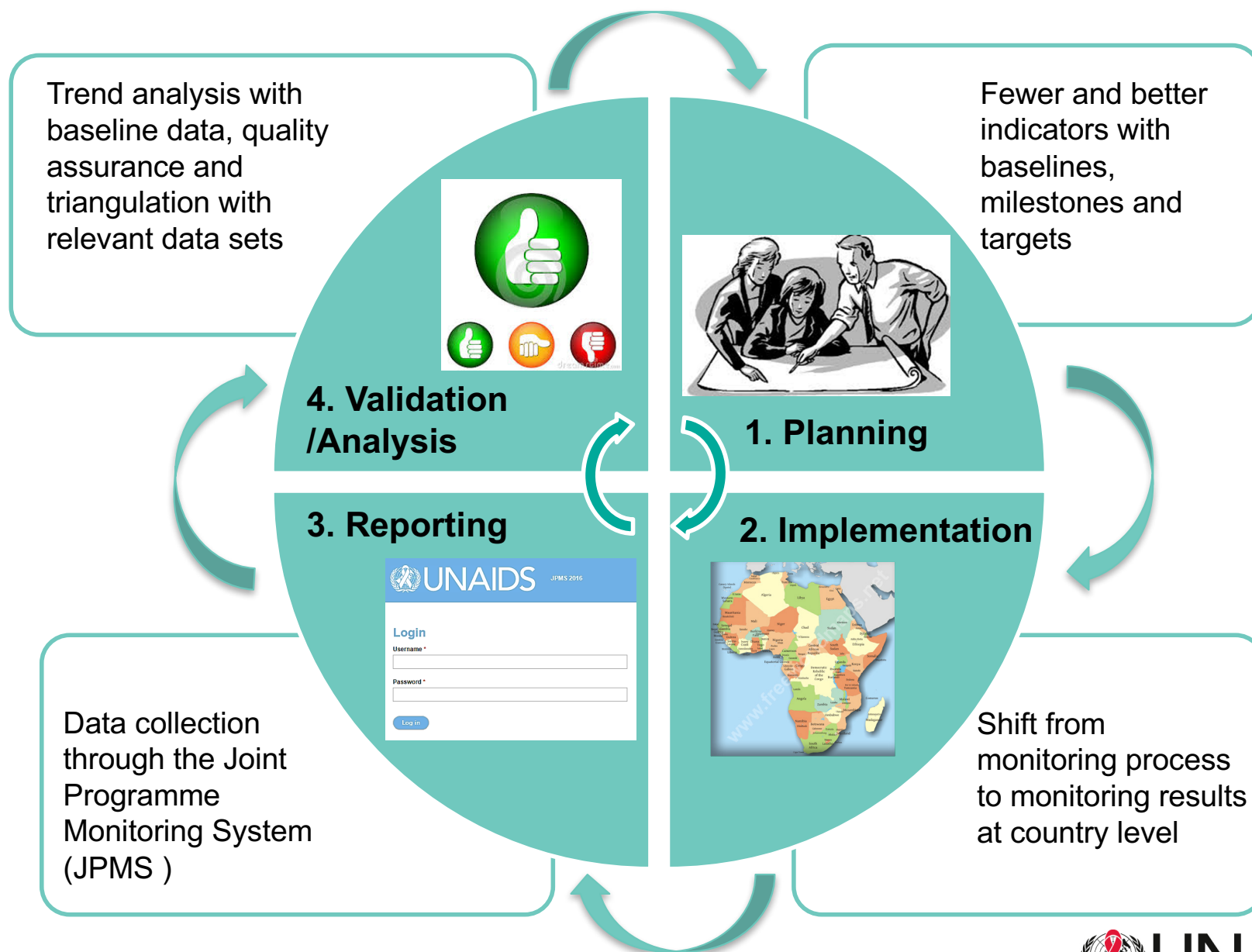
- Distinguishes contributions of the Cosponsors, Secretariat and joint efforts (39th PCB, decision point 6.2)
- Presents key achievements of Cosponsors and the Secretariat against core and non-core resources (38th PCB, decision point 7.27)
- Independent evaluations complement performance monitoring and evaluation plan for 2017 (38th PCB, decision point 7.3)
- Regional reporting provides additional details of achievements and approaches to fast-track the AIDS response



JPMS – a tool for data collection of strategic information

Reporting exercise	Joint Programme Monitoring System (Data collection tool)																						
 <p>Regions 17 February 2017</p> <p>Countries 3 February 2017</p> <p>Global 3 March 2017</p>	 <p>UNAIDS JPMS 2016</p> <p>Country: South Africa</p> <p>STEP 1: Complete individual agency achievements</p> <p>Joint Programme of Support of the United Nations Joint Team on HIV and TB in South Africa 2013-2017</p> <table border="1"> <tr> <td>Outcome 1: Capacity of government, private sector and civil society to plan, coordinate, implement, monitor and evaluate the HIV, STIs and TB response strengthened</td> <td>✓</td> </tr> <tr> <td>Output 1.1: By 2016, the capacity of SANAC to plan, coordinate, monitor & evaluate an evidence-informed, prioritised and inclusive multi-sectoral HIV, STIs and TB response strengthened</td> <td>✓</td> </tr> <tr> <td>Output 1.2: By 2016, strategic government departments' capacity to plan, resource, implement and monitor evidence-based HIV and TB strategies and programmes strengthened</td> <td>✓</td> </tr> <tr> <td>Output 1.3: NGOs ability to meaningfully participate in planning, implementation, monitoring and evaluation to improve efficiency and effectiveness of the NSP enhanced</td> <td>✓</td> </tr> <tr> <td>Output 1.4: South Africa's leadership role in HIV and TB in the region and globally strengthened</td> <td>✓</td> </tr> <tr> <td>Output 1.5: Strategic information to identify trends in incidence of HIV and TB, access, coverage and use of services generated and used to influence policy and programming</td> <td>✓</td> </tr> <tr> <td>Outcome 2: Universal and equitable access to quality integrated, prevention, treatment, care and support services for HIV, STIs, TB and sexual and reproductive health (SRH) achieved for those in need</td> <td>✓</td> </tr> <tr> <td>Output 2.1: Capacity to plan, implement and evaluate quality integrated combination prevention, treatment, care and support services (pHVC, STIs, TB and SRH), especially for young women and their partners strengthened</td> <td>✓</td> </tr> <tr> <td>Output 2.2: Leadership, capacity of government, private sector and civil society to plan, coordinate, implement, monitor and evaluate programming in pursuit of EMTCT and reduction in AIDS-related maternal mortality strengthened</td> <td>✓</td> </tr> <tr> <td>Outcome 3: Stigma and discrimination reduced, access to justice increased, human rights and gender equality promoted for key populations, people living with HIV (PLHIV) and other groups at higher risk of HIV, STI and TB infection</td> <td>✓</td> </tr> <tr> <td>Output 3.1: Capacity and skills of government, private sector and civil society to produce and use strategic information to design and implement a rights-based and gender-sensitive HIV and TB response strengthened</td> <td>✓</td> </tr> </table>	Outcome 1: Capacity of government, private sector and civil society to plan, coordinate, implement, monitor and evaluate the HIV, STIs and TB response strengthened	✓	Output 1.1: By 2016, the capacity of SANAC to plan, coordinate, monitor & evaluate an evidence-informed, prioritised and inclusive multi-sectoral HIV, STIs and TB response strengthened	✓	Output 1.2: By 2016, strategic government departments' capacity to plan, resource, implement and monitor evidence-based HIV and TB strategies and programmes strengthened	✓	Output 1.3: NGOs ability to meaningfully participate in planning, implementation, monitoring and evaluation to improve efficiency and effectiveness of the NSP enhanced	✓	Output 1.4: South Africa's leadership role in HIV and TB in the region and globally strengthened	✓	Output 1.5: Strategic information to identify trends in incidence of HIV and TB, access, coverage and use of services generated and used to influence policy and programming	✓	Outcome 2: Universal and equitable access to quality integrated, prevention, treatment, care and support services for HIV, STIs, TB and sexual and reproductive health (SRH) achieved for those in need	✓	Output 2.1: Capacity to plan, implement and evaluate quality integrated combination prevention, treatment, care and support services (pHVC, STIs, TB and SRH), especially for young women and their partners strengthened	✓	Output 2.2: Leadership, capacity of government, private sector and civil society to plan, coordinate, implement, monitor and evaluate programming in pursuit of EMTCT and reduction in AIDS-related maternal mortality strengthened	✓	Outcome 3: Stigma and discrimination reduced, access to justice increased, human rights and gender equality promoted for key populations, people living with HIV (PLHIV) and other groups at higher risk of HIV, STI and TB infection	✓	Output 3.1: Capacity and skills of government, private sector and civil society to produce and use strategic information to design and implement a rights-based and gender-sensitive HIV and TB response strengthened	✓
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<ul style="list-style-type: none"> • 100% of all countries with either UNAIDS Secretariat presence, Joint UN Team on AIDS or both, including 33 Fast-Track countries • All 6 regions of the Joint Programme submitted their reports in JPMS • HQ level analysis and submissions: 8 strategic result areas, 20 UBRAF outputs and 5 Secretariat functions 																							

2016-2021 UBRAF indicators



Implementation review - an integral component of accountability



A key element
to further
strengthen
accountability
of the Joint
Programme

BY 2030

10

Contributes to
future planning
across the Joint
Programme



A platform to
validate data at
all reporting
levels



Renewed focus on evaluation

2016 Evaluation Plan

Evaluation	Status
Evaluation on the UNAIDS Technical Support Facilities	Ongoing implementation of the management response
Russian funding and programme in Eastern Europe and Central Asia	Ongoing implementation of the management response
Evaluation on the partnership between UNAIDS and the Global Fund	Final report presented to the 40 th PCB

2017 Evaluation Plan

Evaluation	Status
UNAIDS Support in Eastern and Southern Africa	Multi-stakeholder steering committee established, desk review and data collection ongoing
UNAIDS-PEPFAR Initiative on Strengthening Faith Community Partnerships for Fast Track	Multi-stakeholder steering committee established, inception report and methodology finalized June 2017, field data collection July 2017

Reporting against the goals and targets in UNAIDS Strategy

Spotlight on elimination of Mother to Child Transmission

Cosponsor reporting

UNHCR



Delivering within a framework of public health, protection and community development

UNICEF



An AIDS-free generation starting with children

WFP



Addressing HIV through multiple entry points linked to SDG 2 and SDG 17

UNDP



Reducing inequalities and social exclusion that drive HIV and poor health

UNFPA



Delivering integrated HIV/SRH services free of stigma and discrimination

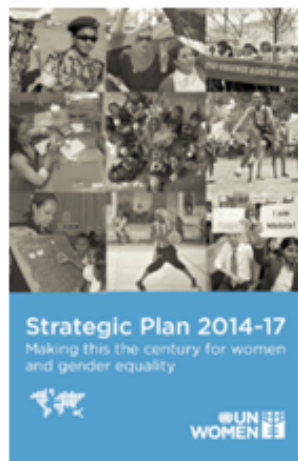
UNODC



Providing human rights-based and gender-responsive HIV services for people who use drugs

Cosponsor reporting

UN Women



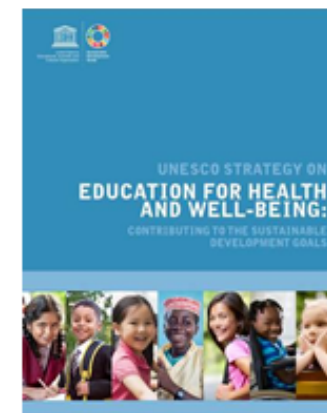
Women living with HIV at the heart of HIV response

ILO



Scaling up testing, social protection coverage and HIV mainstreaming

UNESCO



Ensuring all young people have access to comprehensive sexuality education and healthy learning environment

WHO



Leading health sector response to Agenda 2030

World Bank

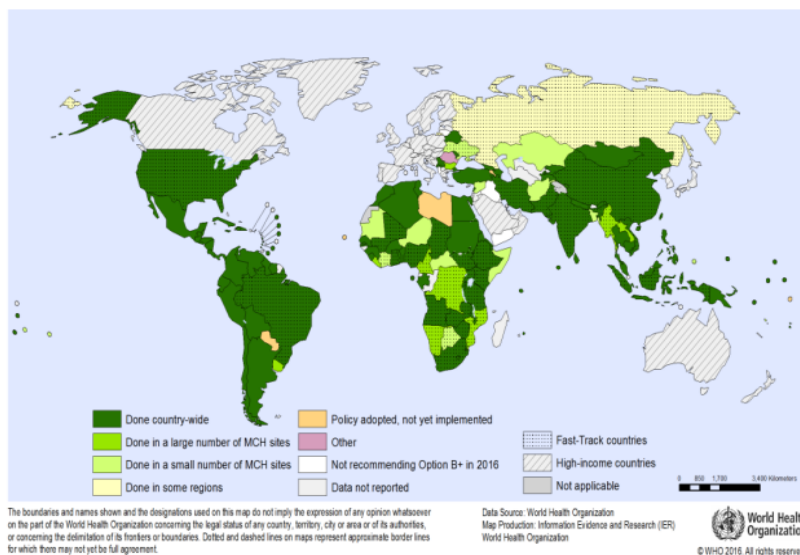


Putting emphasis on sustainability, efficiency and effectiveness of the HIV response

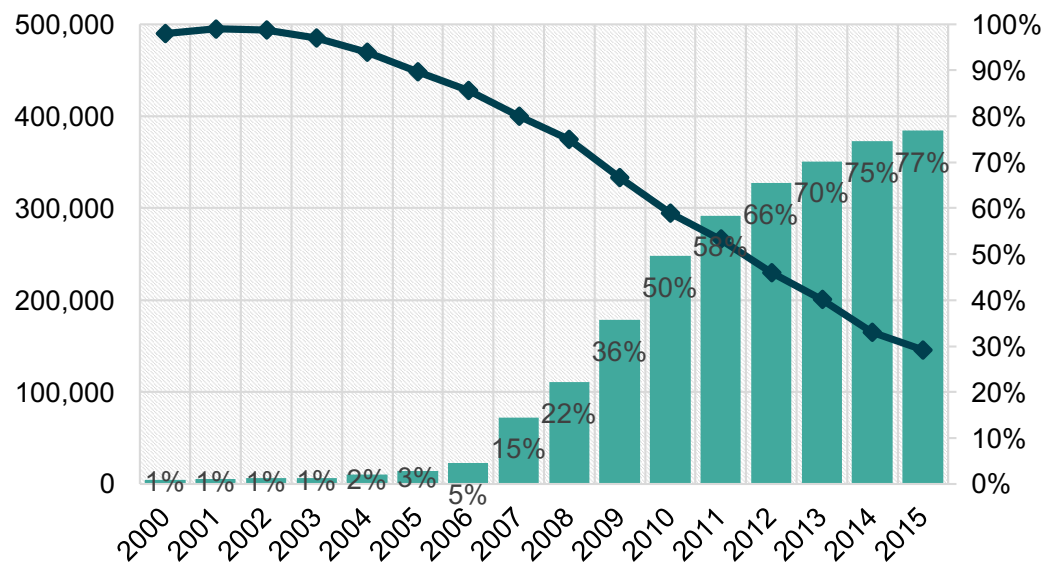


Elimination of mother-to-child transmission

By 2016: 88% of 144 LMICs had adopted B+



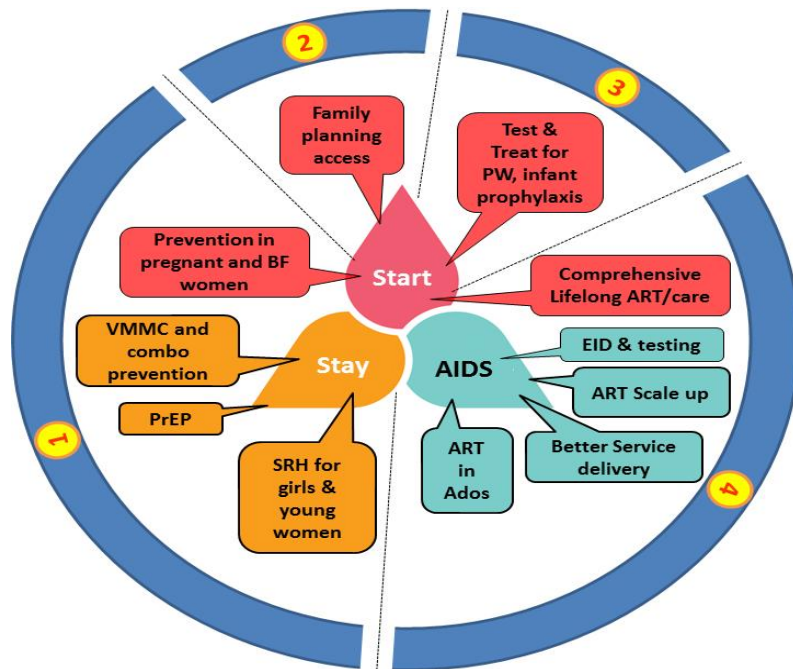
Percentage of PW with HIV on ART and number of new infections in children



- Almost worldwide adoption of Treat All for pregnant women (Option B+)
- Among the Global Plan countries, access to ART for women has increased and new infections in children have decreased remarkably
- In 2016, Thailand, Armenia, Belarus, Anguilla and Monserrat were validated for EMTCT by WHO – making a total of 6 countries that have reached this milestone

Elimination of mother-to-child transmission

- 5.9 million unintended pregnancies averted among HIV positive women
- Three Frees Framework was launched as the successor to the Global Plan



The 3-Frees initiative was launched at HLM 2016



- The Frees are linked to the 4-prongs of the Global Plan but articulate a more “lifecycle” approach
- A guidance document (with distance learning module) for PMTCT in emergency contexts was developed

Living legacy of the Global Plan to eliminate MTCT

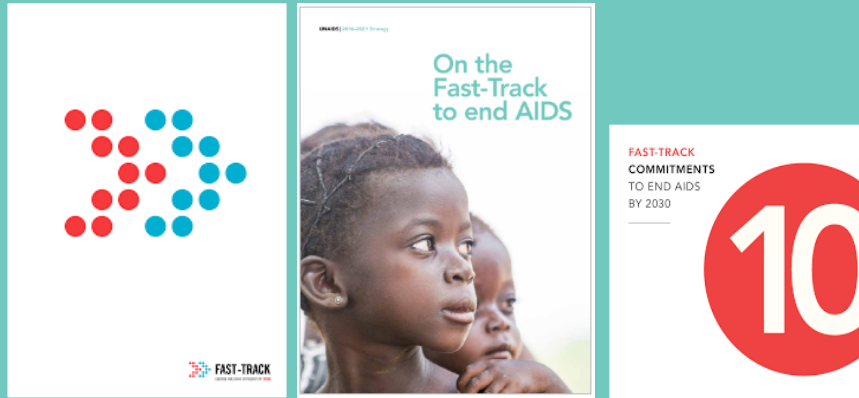


- Model of where Joint Programme has been effective
- Feedback on the work of Joint programme

* *JAIDS (Journal of Acquired Immune Deficiency Syndrome) is a independent, interdisciplinary journal on HIV and AIDS related information that brings together peer-reviewed articles, research reviews and epidemiologic reports from around the world.*

Role and contributions of the UNAIDS Secretariat

Leadership and advocacy



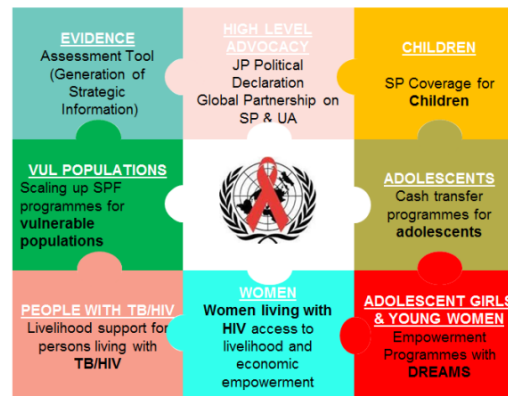
Partnerships

- Member states
- Civil society
- Bilateral programmes
- Global Fund
- Intergovernmental organisations
- Regional organisations
- Cities partnerships
- Private sector

Strategic information



Coordination



Accountability

UNAIDS an IATI publisher



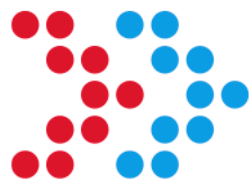
Leadership, advocacy, information and communication

Setting the global agenda, data, science, politics, advocacy



**2016 HIGH-LEVEL MEETING
ON ENDING AIDS**

UNITED NATIONS GENERAL ASSEMBLY
NEW YORK | 8–10 JUNE 2016



FAST-TRACK

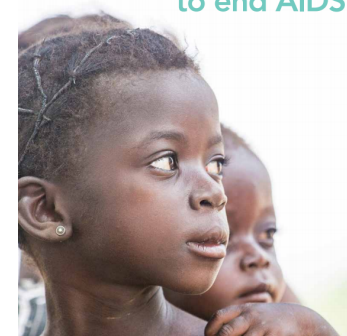
ENDING THE AIDS EPIDEMIC BY **2030**

**FAST-TRACK
COMMITMENTS
TO END AIDS
BY 2030**



UNAIDS | 2016-2021 Strategy

**On the
Fast-Track
to end AIDS**



2030 | Ending the AIDS epidemic



Partnerships, coordination, governance and accountability



Extensive efforts to secure resources to support the implementation of the Fast-Track Strategy at a time of budget constraints



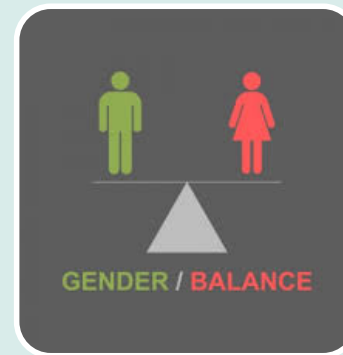
Organizational repositioning to ensure optimal deployment of resources and a Secretariat that is fit for purpose, effective and efficient



Intensive engagement with Cosponsors to strengthen coherence across Joint Programme despite financial constraints



Focus on innovation, including cost reductions, and reconfiguring performance management and learning strategy



Continued efforts on gender balance received recognition and the gender action plan was updated and extended

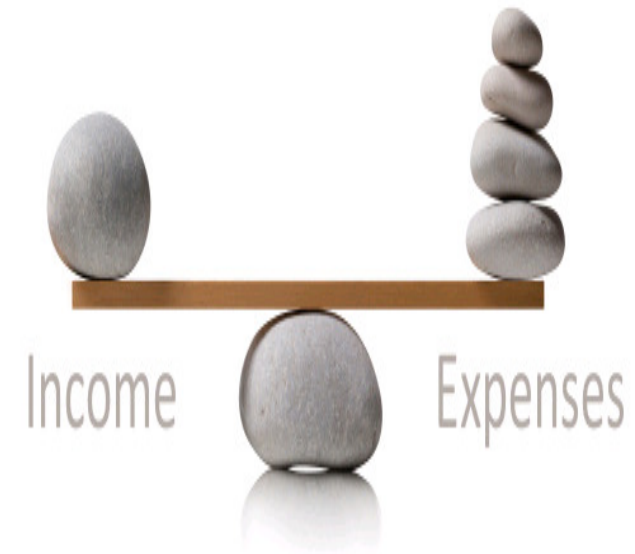
Overview of the financial situation

- Fifth set of financial statements prepared according to **IPSAS** accounting standards
- Unmodified '**clean audit**' opinion provided by the external auditors
- All recommendations of the **external audit** conducted in 2016 implemented
- Financial situation **stabilized** during second half of 2016 – but remains tight
- US\$ 180 million raised – **75% of resource mobilization** target



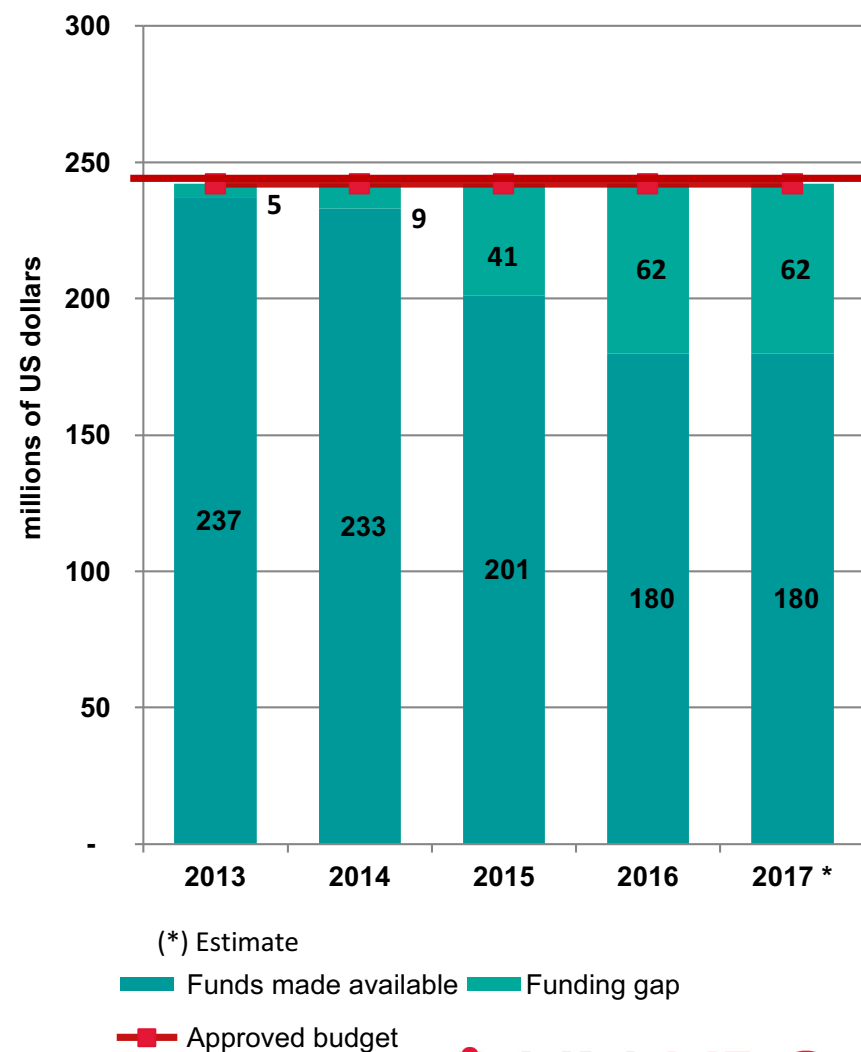
Income and expenditures in 2016

- Core **income** totaling **US\$ 180 million** mobilized in 2016 compared to **US\$ 201 million** in 2015 and **US\$ 233 million** in 2014
- Total core **expenditures** (expenses and encumbrances) amounted to **US\$ 183 million**
- The **difference** between income and expenses of **US\$ 3 million** covered from the fund balance
- The net **fund balance** on 31 December 2016 stood at **US\$ 80 million**



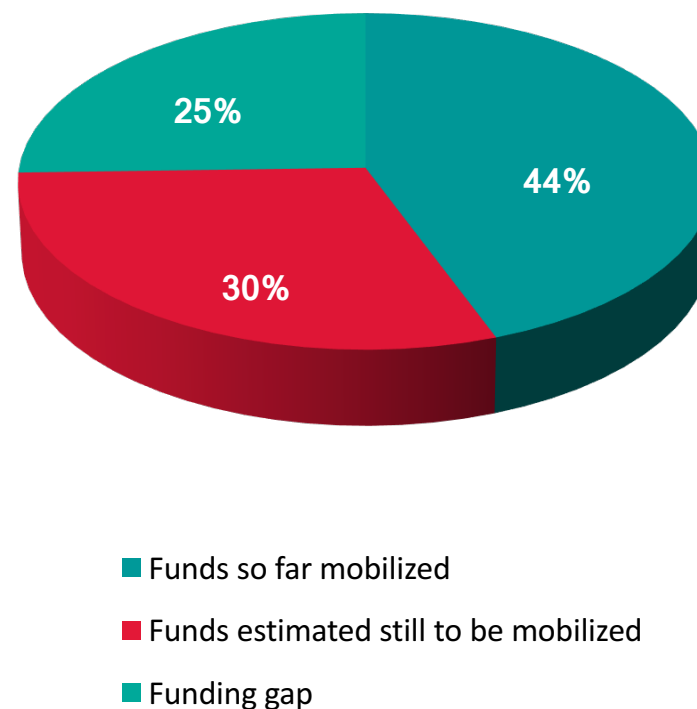
Funds mobilized during the last four years and 2017 estimate

- In 2013 core funding totalling **US\$ 237 million** was mobilized; **US\$ 5 million** below the target
- In 2014 core funding totalling **US\$ 233 million** was mobilized; **US\$ 9 million** below the target
- In 2016 core funding totalling **US\$ 180 million** was mobilized; **US\$ 62 million** below the target
- In 2017 it is projected to mobilize the **same level of core funds as in 2016**



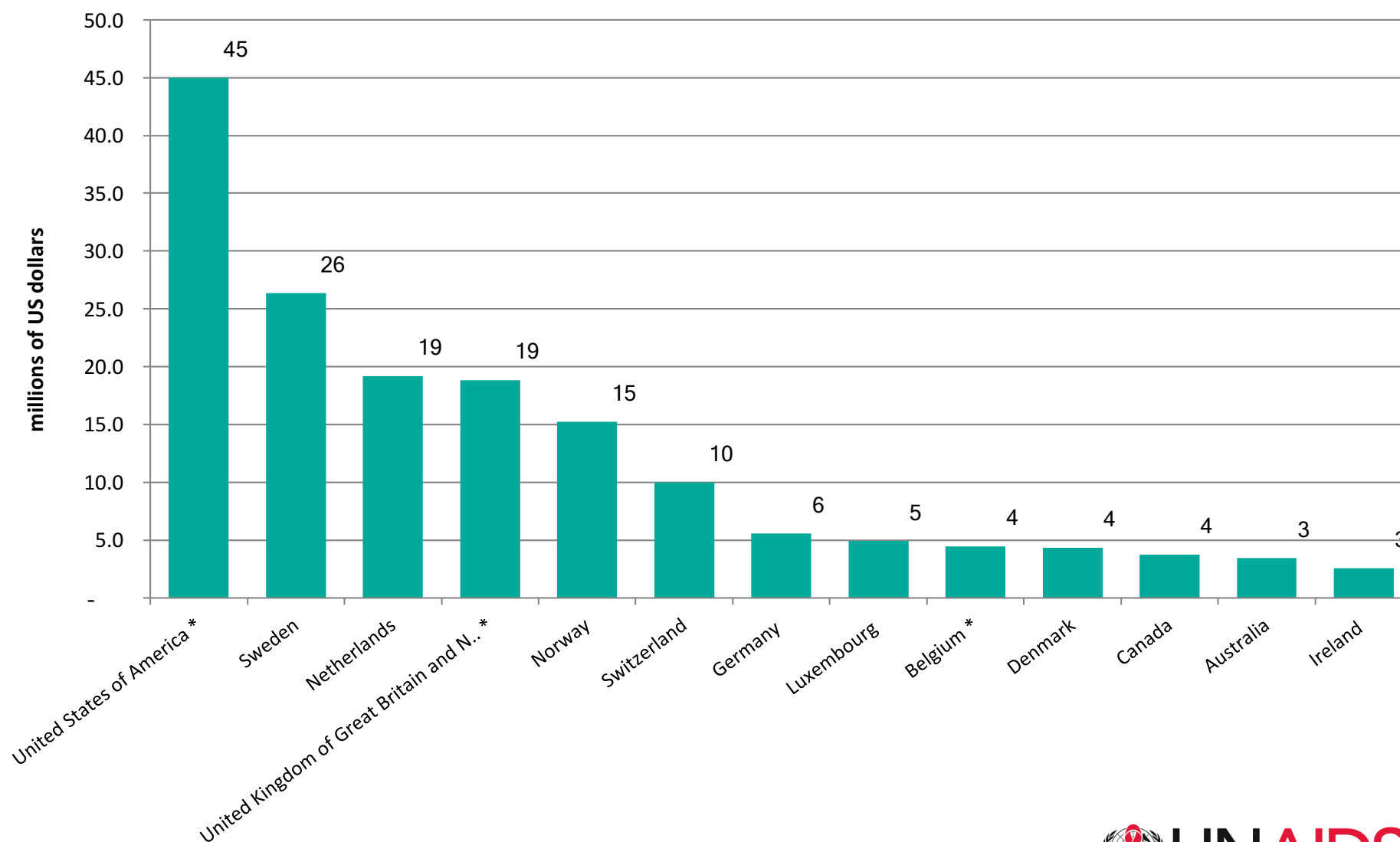
Developments in 2017

- So far in 2017 a total of **US\$ 107 million** has been mobilized against the core budget
- It is projected to raise the **same amount** as for 2016, which represents **75%** of the target for 2017
- **Reduced contributions** from key donors and the **strong US dollar** explain the drop in funding (as 70% of the core funding is in other currencies)
- **Additional contributions are urgently needed** to close the **25% gap** between the projected income and the approved budget for 2017



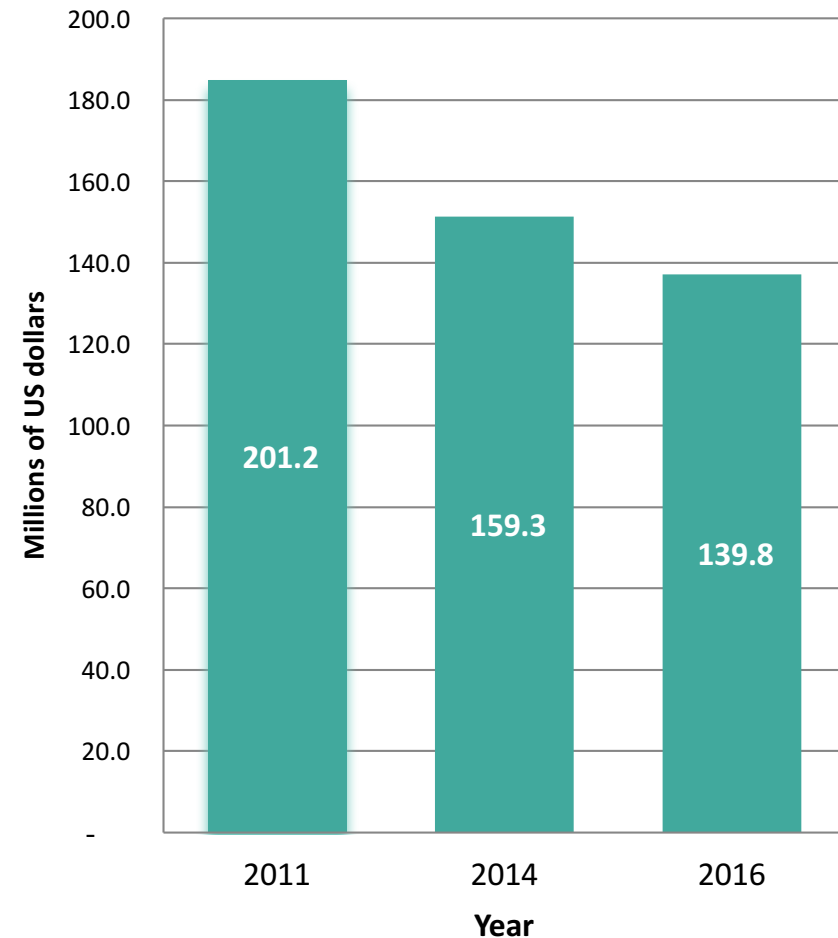
2017 core contributions from top donors

(in US dollars)



Continued efforts to reduce expenditures

- Secretariat core expenditures were **reduced** from **US\$ 201 million** in 2011 to **US\$ 159 million** in 2014
- Between 2014 and 2016 Secretariat core expenditures were **reduced** further to **US\$ 140 million**
- Representing a total **decrease** of **US\$ 61 million** compared to 2011 (- 31%)



■ 2011 ■ 2014 ■ 2016

2016 expenditures including encumbrances

External audit recommendations

Areas identified by the external auditors where **financial management and governance** of resources could be improved:

1. Development of a structured **management accountability framework** to further enhance accountability and transparency
2. Finalisation of an **internal control framework** to strengthen adherence to policies, procedures, rules and regulations
3. Continued efforts to strengthen **succession planning**, including forecasting of vacancies as well as leadership and other training

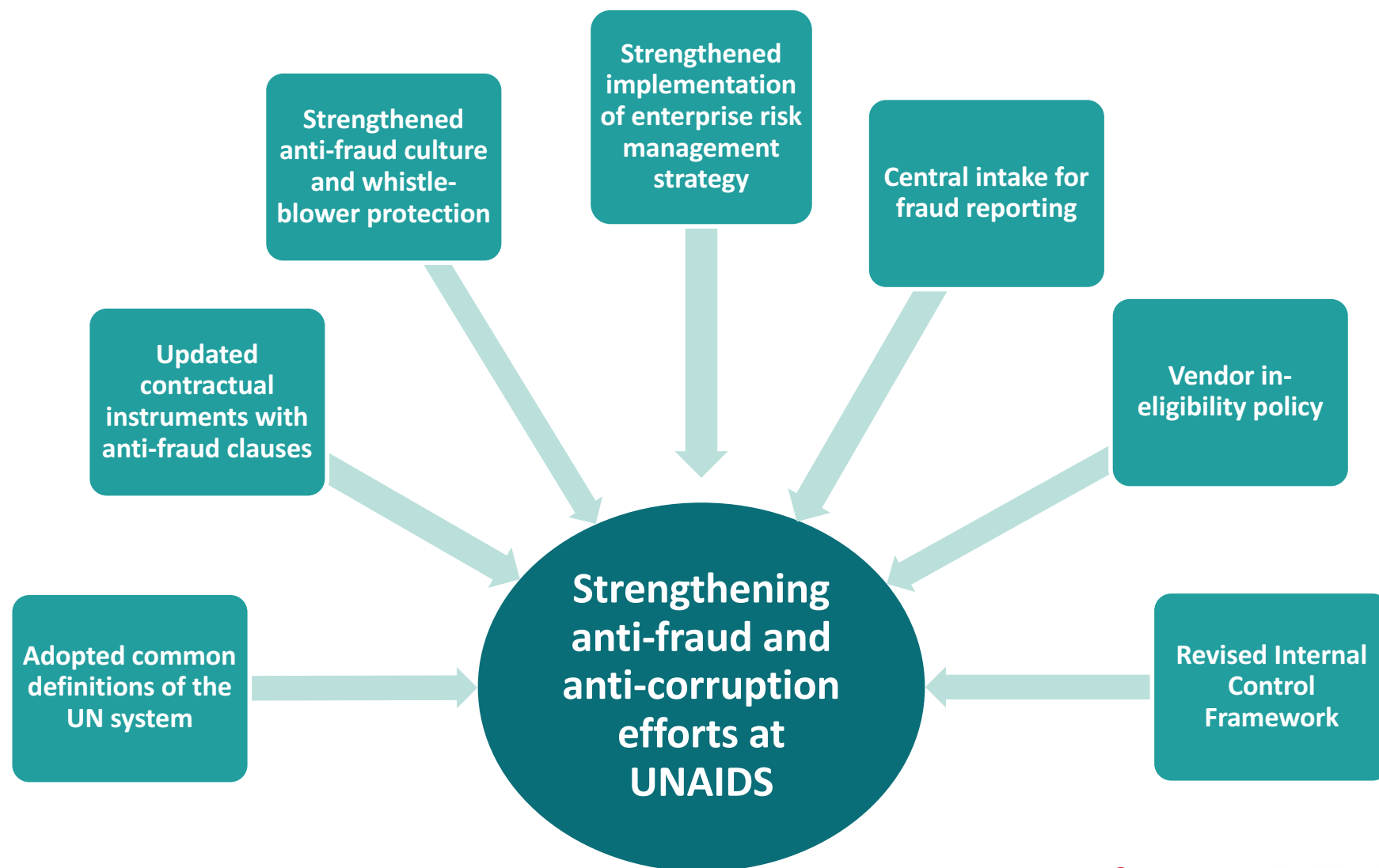
Internal audit - overall recommendations

In 2016 the internal auditors identified the following **areas that require strengthening**:

1. Timely processing of **payments to suppliers** in some offices to avoid backlogs
2. Recurring situations of **single-sourcing**, thereby not fully adhering to procurement procedures
3. **Asset management**, owing to discrepancies between the fixed assets register and physical inventories
4. **Internal coordination** on administrative procedures

Good practices were observed in quality assurance and IT helpdesk functions, as well as travel policy modifications and implementation

Measures in response to JIU recommendations on fraud



Agenda item 4.3
2018-2019 budget

UNAIDS 2018-2019 budget

The budget is based on the 2016-2021 Strategy and UBRAF, decisions of the UNAIDS Board, progress to date against the Fast-Track targets, lessons learned in implementing the UBRAF, and recommendations of the Global Review Panel.

It is aligned with the QCPR recommendations and takes into account the unpredictable financial environment.

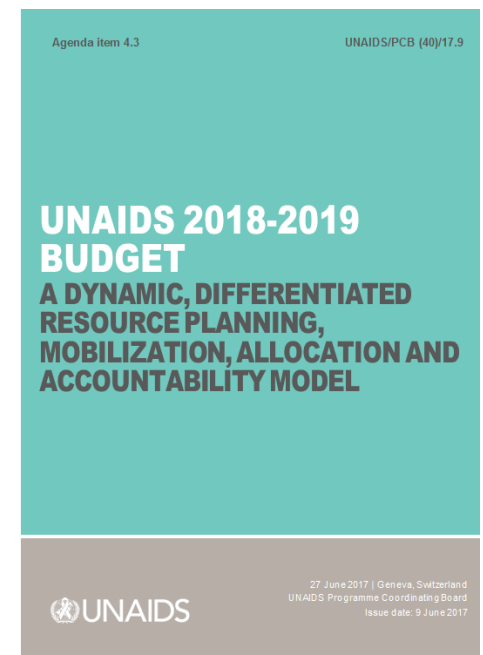


Development of the 2018-2019 budget

The development of the budget has proceeded in parallel with the work of the Global Review Panel.

The budget also takes into account:

- The Political Declaration and other global commitments, following the adoption of the 2016- 2021 UNAIDS Strategy
- Data on achievements and challenges, regional consultations, a global peer review by the Cosponsors and Secretariat
- Recommendations of external reviews, e.g., the Multilateral Organization Performance Assessment Network (MOPAN)



Key features of the UNAIDS 2018- 2019 budget (1)

A dynamic, differentiated and realistic resource planning, mobilisation and allocation model responding to evolving priorities and an unpredictable funding environment

- Protecting the Secretariat's core funding for its leadership, advocacy, strategic information, and accountability functions
- Providing a minimum allocation from the core budget to each Cosponsor to offer a degree of predictability in fulfilling respective roles and engagement

Country and regional priorities at the heart of UNAIDS efforts with a strong focus on Fast-Track countries and a core package of support provided to all countries

- Beyond a minimum core allocation of US\$ two million per year for each Cosponsor, additional funding will be available in the form of country envelopes

- Country envelopes focus on Fast-Track countries and populations in greatest need in other countries, based on contextual priorities and bottom-up approaches

Key features of the UNAIDS 2018- 2019 budget (2)

A minimum allocation of core funding provided to the Cosponsors with additional funding provided through country envelopes to leverage joint action

- The total amount that the Secretariat expects to raise against the core budget has been reduced from US\$ 242 million to US\$ 184 million per year
- To fully fund the UBRAF - an additional US\$ 58 million per year to be raised as supplemental core funds by the Cosponsors and the Secretariat

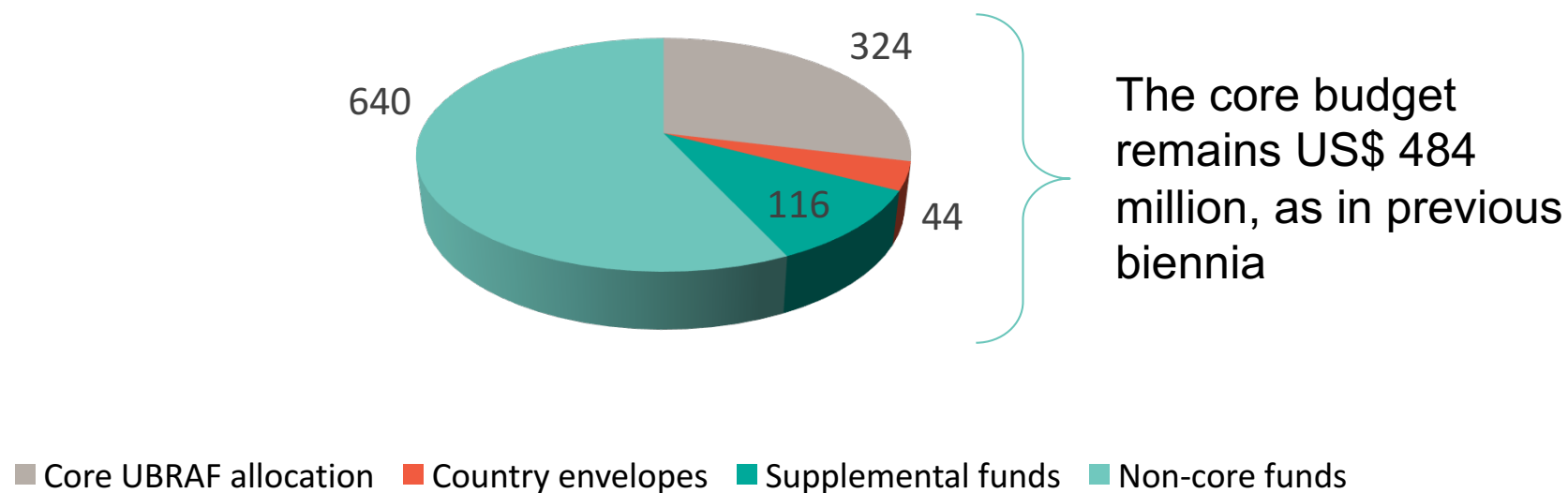
Strengthened accountability and transparency through more comprehensive planning and reporting covering both core and non-core resources

- The analysis of progress against milestones and targets improved and more details will be provided on core and non-core expenditures

- The quantity and quality of independent evaluations increased and sustained with regular reporting back to the Board

2018–2019 budget

Estimates of total core and non-core funds 2018–2019 (US\$ million)



Revised resource mobilization and allocation model

- US\$ 140 million to adequately resource the UNAIDS Secretariat following the repositioning and staff/expenditure reductions in 2016
- US\$ 2 million to each Cosponsor to offer a degree of predictability in fulfilling respective roles
- US\$ 22 million to Cosponsors at country level in the form of country envelopes to leverage joint action in 33 Fast-Track countries and in support of populations in greatest need in other countries
- Supplemental funds to address particular epidemic and country contexts raised by the Cosponsors and Secretariat (up to US\$ 58 million)
- Continued support to more than 100 countries where the Joint Programme currently works

Priorities and milestones against Fast-Track targets

V. JOINT PROGRAMME PRIORITIES



Strategy Result Area 1: HIV testing and treatment, and HIV/TB integration issues

- Analysis of progress and challenges across *a//* regions and countries
- Identification and presentation of programmatic priorities and milestones

Challenges (2017)	Joint Programme priorities for 2018–2019
<p>1.1 million people are still dying every year due to AIDS-related causes, and AIDS remains a leading cause of death for women of reproductive age. Although around 1.8 million children (<15 years) are living with HIV globally, only 51% are receiving ART. UBRAF indicator data show that more focus on care linkages and provider initiated testing for children under five is needed. Adolescents living with HIV (15–19 years) continue to have poor adherence to ART. TB remains the leading cause of death among people living with HIV: 390 000 deaths in 2015. HIV drug resistance is a growing threat to sustainable ART scale-up. Countries are making progress in adopting the new WHO treatment recommendations, but implementation is slow with variations across regions. There is very limited access to viral load testing and early infant diagnosis and West and Central Africa in particular shows worrisome gaps in coverage of the treatment cascade.</p> <p>A strategic mix of community- and facility-based testing services is needed. Only about 20% of countries have included self-testing in their national policies or plans. UBRAF indicator data also show slow progress on partner notification strategies. Further focus is needed on supply chain management. Globally only 40% of men living with HIV and 52% of women living with</p>	<p>Output 1.1: HIV Testing and counselling</p> <p>UBRAF Target: By 2019, 80% of countries with selected HIV testing services in place</p> <p>The Joint Programme will continue to support country implementation of WHO's latest testing and treatment guidance. Prioritized focus will be for key populations and areas that are lagging behind, such as self-testing and partner notification, which are expected to result in improved access to services for men. The ILO-led VCT@WORK Initiative will be continued. Focus will be on quality of testing to prevent misdiagnosis and expansion of workplace and community-led approaches.</p> <p>Primary contributing organizations: WHO, UNICEF, WFP, ILO, World Bank</p> <p>Output 1.2: HIV Treatment cascade</p> <p>UBRAF Target: By 2019, 60% of countries adopting WHO HIV treatment guidelines</p> <p>The Joint Programme will advocate for interventions to address</p>

Regional focus

Regional targets and priorities identified for the Joint Programme

A. ASIA AND THE PACIFIC

2019 targets and priorities for the Joint Programme in Asia and the Pacific

HIV testing and treatment

85% (or 3.5 million people) of people living with HIV who know their status are on treatment (increase from 6

- Ensuring that all countries in the region adopt and implement "Treat All".

Increased regional median of HIV testing among key populations (people who inject drugs from 30% to 60%, sex workers from 43% to 70% and men who have sex with men from 43% to 70%)

- Ensuring that at least eight countries have policies that enable community based testing;
- Developing innovative models for reaching key populations, including self-testing and online supported s testing.

HIV prevention among young people and key populations

Increased access of young key populations to HIV prevention and testing services (testing coverage for young people who inject drugs from 21% to 50%, for young sex workers from 38% to 60%, for young men who have sex with men from 35% to 70%)

- Regional advocacy for lowering the age of legal consent for HIV testing;
- Transforming unequal gender norms, which affect boys and girls differently;
- Development and scale up of innovative approaches, including internet and mobile telephone-based mxt outreach.

70% PMTCT coverage in the region (39% in 2015)

- Provision of technical support;
- Strengthened integration with maternal and child health services;
- Addressing gender-related barriers facing women who are living with HIV;
- Technical support for elimination certification in three countries.

At least 15 000 men who have sex with men on PrEP in eight countries

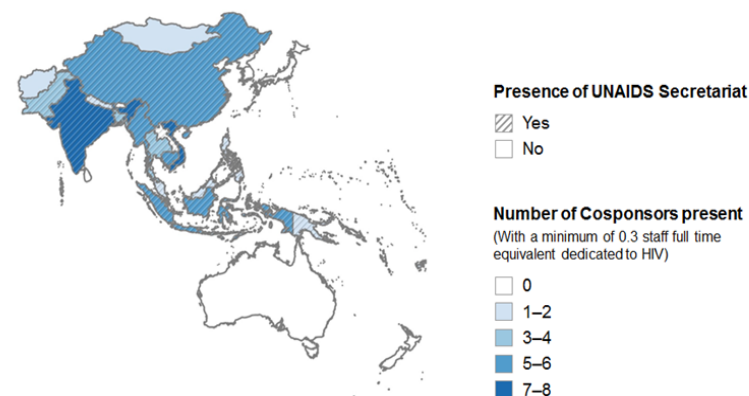
- Roll out of PrEP programmes in nine countries;
- Modeling of PrEP cost effectiveness;
- Regional advocacy and technical support to community-based organizations for strengthened capacity o implementation;

Core and non-core funds and staff presence at country level presented by organization

Table 10. Estimates of core and non-core funds in Asia and Pacific 2018–2019

Organization	Core funds US\$	% Fast-Track countries	Non-core funds US\$	% Fast-Track countries
UNHCR	346,700	38%	3,138,400	30%
UNICEF	632,000	70%	18,400,000	69%
WFP	86,800	100%	2,286,200	100%
UNDP	560,000	80%	1,400,000	65%
UNFPA	563,400	18%	11,086,700	41%
UNODC	1,040,000	88%	200,000	47%
UN Women	840,000	62%	600,000	75%
ILO	479,800	87%	1,504,300	91%
UNESCO	480,000	64%	643,200	26%
WHO	850,000	100%	22,750,000	30%
World Bank	910,000	100%	2,030,000	70%
Secretariat	22,695,000	46%	8,000,000	60%
Grand total	29,483,700	53%	72,038,800	51%

Joint Programme country presence in Asia and the Pacific



Source: 2018 staff data projections

Country focus and country envelopes

Country targets as a basis for priority actions – and greater accountability

2019 targets in Fast-Track countries in Asia and the Pacific

India	2019 targets
HIV prevention among key populations (SRA 4)	<p>89% [770 000] prevention coverage among female sex workers (74% in 2016)</p> <ul style="list-style-type: none"> Resource mobilization, new size estimation and adapted service delivery to reach unreached and diverse sex work networks. <p>80% [141 000] prevention coverage among people who inject drugs (68% in 2016)</p> <ul style="list-style-type: none"> Advocacy for policy/legislative changes, increased investment in and development of gender-sensitive harm reduction packages, including opioid substitution and prison setting interventions. <p>74% [260 000] prevention coverage among men who have sex with men (61% in 2016)</p> <ul style="list-style-type: none"> Facilitating legislative changes and development of new outreach methods (e.g. peer networking).
HIV testing and treatment (SRA 1 and 2)	<p>90% of people living with HIV know their status (83% in 2016)</p> <ul style="list-style-type: none"> Strengthening capacity and guidance on innovative outreach approaches: self-testing, adoption of self-testing policies and effective use of strategic information. <p>At least 81% of people living with HIV [1.6 million] receive ART (50% in 2016)</p> <ul style="list-style-type: none"> Implementation of "Treat All" policy; guidelines revision, capacity-building ensuring commodity security, and development of community monitoring systems. <p>90% of HIV positive pregnant women receive ART (49% in 2016)</p> <ul style="list-style-type: none"> Implementing a plan of action to Fast-Track e-MTCT based on integration of testing among pregnant women in public and private sector; addressing barriers women face in accessing services; and technical support to sub-national level e-MTCT in five states.
Increasing domestic AIDS financing	<p>75% of the annual national budget for HIV is funded from domestic sources</p> <ul style="list-style-type: none"> Advocate for and organize an AIDS financing summit, and develop a strategy to increase domestic financing.

Establishment of country envelopes:

- Formula based on epidemic, economic, social, structural and other parameters
- Process involving the Secretariat and Cosponsors to identify joint actions within the envelopes
- Allocations based on clear deliverables, milestones, regular monitoring and reporting

Strengthened performance monitoring and reporting

A stronger and more comprehensive monitoring and evaluation framework based on the recommendations of the Global Review Panel



- *Improved indicators, data quality and analysis of progress against milestones and targets*



- *More detailed information on non-core expenditures and additional details on core expenditures*



- *Robust monitoring and reporting against country level allocations and deliverables*



- *Increased number and improved quality of independent evaluations and regular reporting back to the PCB*

