



UNAIDS/PCB(26)/10.CRP.1  
8 June 2010

**26<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
Geneva, Switzerland  
22-24 June 2010

**2008-2009 Unified Budget and Workplan Report**  
**Technical Supplement**

## Contents

<b>I. Introduction .....</b>	<b>3</b>
<b>II. Key challenges and lessons learnt in implementing the 2008-2009 UBW .....</b>	<b>4</b>
<b>III. Collective achievements of the Joint Programme .....</b>	<b>8</b>
<b>IV. Achievements by agency .....</b>	<b>23</b>
Office of the United Nations High Commissioner for Refugees .....	23
United Nations Children’s Fund .....	28
World Food Programme .....	34
United Nations Development Programme.....	38
United Nations Population Fund .....	43
United Nations Office on Drugs and Crime .....	49
International Labour Organization.....	54
United Nations Educational, Scientific and Cultural Organization .....	59
World Health Organization .....	63
World Bank.....	70
UNAIDS Secretariat .....	74
Interagency Activities .....	80
<b>V. Role of Programme Acceleration Funds in UNAIDS achievements....</b>	<b>85</b>
<b>VI. Achievements in the Eight “One UN” countries .....</b>	<b>88</b>
Albania.....	89
Cape Verde .....	90
Mozambique.....	91
Pakistan.....	93
Rwanda .....	95
Tanzania.....	97
Uruguay.....	99
Viet Nam.....	100
Table 1: Areas of work supported by the Joint Programme in 2008 or 2009, from data collated from UNAIDS country surveys and Cosponsor reports .....	102
<b>VII. Conclusion .....</b>	<b>105</b>

UNAIDS submits this conference room paper to the 26<sup>th</sup> meeting of the Programme Coordinating Board. This paper summarizes achievements by the Joint Programme under the 2008-2009 UNAIDS Unified Budget and Workplan (UBW). The paper supplements *The Unified Budget and Workplan: Synthesis Report for 2008-2009* (UNAIDS/PCB(26)/10.5), providing additional detail on specific outcomes and outputs under the 2008-2009 UBW, contributions by individual members of the Joint Programme, and expenditures during the biennium.

## I. Introduction

1. The 2008-2009 UBW was designed with the aim of supporting the achievement of progress towards universal access to HIV prevention, treatment, care and support. Guided by the UNAIDS Strategic Framework, and in accordance with the UNAIDS Technical Support Division of Labour, the 2008-2009 UBW sought to maximize the impact of UNAIDS leadership at global and regional levels and the effectiveness of the Joint Programme's assistance to national stakeholders.
2. The 2008-2009 version of the UBW reflected the ongoing improvement and simplification of this planning and budgeting vehicle, including a sharp reduction in the number of specified outcomes and outputs in comparison to earlier versions. The 2008-2009 UBW provided for unified action in support of seven Principal Outcomes, with specified Key Outputs identified under each Principal Outcome. In support of these Principal Outcomes and Key Outputs, individual Cosponsors and the Secretariat were assigned specified Broad Activities. A key aim of the 2008-2009 UBW was to improve transparency by better enabling members of the Programme Coordinating Board and other HIV stakeholders to link expenditures to specific results in different priority areas and among individual members of the Joint Programme.
3. Accompanying the 2008-2009 UBW was a Performance Monitoring Framework designed to enhance accountability, transparency and results-based management of the Joint Programme. The 2008-2009 Performance and Monitoring Framework significantly streamlined reporting under the UBW, reducing the number of performance indicators from 126 in 2006-2007 to 41 in 2008-2009. Consistent with guidance provided by the Programme Coordinating Board, the 2008-2009 Performance Monitoring Framework placed increased emphasis on measuring results at country level.
4. This report summarizes achievements of the Joint Programme in 2008-2009 against indicators specified under the Performance Monitoring Framework for the biennium.
5. During the 2008-2009 biennium, there was a notable increase in the number of programme evaluations supported by members of the Joint Programme. Along with key milestones in the HIV response in the biennium, case studies of innovative practices, and findings from UNAIDS-sponsored studies, these programme evaluations are highlighted in text boxes that appear throughout the document.

## II. Key challenges and lessons learnt in implementing the 2008-2009 UBW

6. The 2008-2009 biennium was a time of unprecedented achievements in the HIV response, with service coverage rising to new levels due in part to the mobilization of substantial new resources for HIV programmes. Yet with the emergence of the global financial and economic crisis, new challenges also developed. Information submitted for purposes of monitoring the Joint Programme's performance under the 2008-2009 Unified Budget and Workplan points towards a number of important findings, conclusions, lessons learnt and key challenges. Among the key findings are the following:

### Programmatic achievements

7. **Important progress in expanding coverage.** The 2008-2009 biennium witnessed extraordinary progress in the global response. Coverage for antiretroviral therapy and antiretroviral prophylaxis for mother-to-child transmission reached 42% and 45% respectively, with especially heartening increases in service access in high-prevalence countries in Eastern and Southern Africa. Of countries that reported patient retention rates for HIV treatment programmes, half (49%) exhibited retention rates exceeding 80%. Coverage increases were especially noteworthy in sub-Saharan Africa, with an increase in treatment coverage from 35% in 2007 to 51% in 2008, yielding demonstrable benefits to health systems in the region.
8. **Gains in HIV prevention.** The number of countries reporting declines in rates of new HIV infections grew in 2008-2009, with encouraging evidence from several countries of declines in HIV prevalence among younger cohorts. The number of new infections in 2008 was 17% lower than global HIV incidence in 2001.
9. **Accelerating service integration.** Capacity limitations in resource-limited settings remain a major challenge. In 2008-2009, UNAIDS intensified its support for capacity-building in both health and non-health sectors and among governmental and non-governmental partners. While capacity restraints will continue to challenge the HIV response, experience from 2008-2009 indicates that focused capacity-building initiatives help build competencies and skills and expand systemic potential. Diverse experience indicates that focused capacity-building helps build the ability of civil society organizations and networks of people living with HIV to increase their engagement in national responses and particularly to play a leading role in addressing critical issues such as gender inequality, human rights, and stigma and discrimination. More than half of countries in sub-Saharan Africa now have task-shifting strategies in place to expand human resources for health. And within the UN system, in-reach trainings are building competencies to support stronger national efforts to address the HIV-related needs of populations most at risk. At the 62<sup>nd</sup> World Health Assembly in 2009, Member States affirmed the interdependence of health systems strengthening and disease-specific programmes.

*Remaining gaps*

10. **An epidemic that continues to outpace the response.** Despite these positive signs, the epidemic itself continues to outpace the global response, with 2.7 million new HIV infections reported in 2008. For every two individuals started on antiretroviral therapy, five new infections occur. Even with the dramatic gains in reported service coverage, most people who need HIV treatment and prevention services currently lack access. Levels of comprehensive and accurate knowledge of HIV among young people remain persistently low. Although several countries have reached, or are within reach of, universal access targets, many countries are not on course to achieve agreed HIV targets for 2010.
11. **Severe access gaps for populations most at risk.** Coverage gaps are especially acute for the populations most at risk of becoming infected, including men who have sex with men, people who inject drugs, and sex workers and their clients. The low priority accorded rights-based, evidence-informed strategies to address these populations' HIV-related needs remains a major impediment to an effective response. Even in concentrated epidemics – where, by definition, infections are heavily clustered in these key populations – only 7% of HIV prevention funding supports programmes for populations most at risk. Modes-of-transmission studies and HIV prevention syntheses indicate that these populations tend to be ignored by programmes in high-prevalence settings, even though they often account for a considerable share of new HIV infections. In 2008-2009, the Joint Programme significantly intensified its work to enhance programmatic and policy responses for these key populations. UNAIDS launched a new action framework for HIV and sex workers, supported regional consultations and capacity-building initiatives, and established a unique advisory body that brings sex worker networks together with UN agencies for collaborative planning and information-sharing. A global consultation on HIV and men who have sex with men was followed by regional meetings and the launching of new technical guidance to inform programme planning for men who have sex with men. With respect to people who inject drugs, notable progress was reported in the introduction of opioid substitution therapy, supported by UNAIDS technical guidance on prevention, care and treatment for injecting drug users, people in prison settings, and individuals vulnerable to human trafficking. To ensure that the Joint Programme builds on these steps to strengthen HIV responses for most-at-risk populations, the UNAIDS Outcome Framework for 2009-2011 specifically prioritizes action to achieve results for these vulnerable groups.
12. **Continuing capacity restraints.** Despite improved national strategic plans resulting from intensified UNAIDS assistance, findings from the many modes-of-transmission studies commissioned by UNAIDS underscored the pitfalls of a poorly developed evidence base to inform programmatic planning and implementation. The weak capacity for operational research in most low- and middle-income countries is also of concern, in that it impedes efforts to translate research findings into effective programmes that achieve results for people in need. Greater investments in AIDS research in general – and specifically in building robust research capacity in countries – are urgently needed to improve the evidence base for action. In particular, better use should be made of opportunities for funding operational research through major donors such as the Global Fund and PEPFAR.

13. **Enduring challenges associated with gender inequality, human rights violations, stigma and discrimination.** Social factors continue to undermine the effectiveness of national responses. One in three countries still lacks a law to prevent HIV-based discrimination. Gender inequality, reflected by such factors as gender-based violence, lack of economic opportunities, and disproportionate care giving burdens, increases women's vulnerability to HIV and exacerbates the epidemic's impact on women and girls. Anti-stigma programming remains weak in many countries. The Joint Programme's experience in 2008-2009 underscores the potential of focused action on gender, human rights, and stigma and discrimination to yield results. Several countries took steps to remove HIV-related travel restrictions, and a number of countries revised legal frameworks to allow introduction of key elements of harm reduction programmes for people who use drugs. The new *UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV* provides a roadmap to strengthened efforts to reduce the vulnerability of women and girls; momentum resulting from the International Task Team on HIV-Related Travel Restrictions has already produced favourable results; and legislative reviews supported by the Joint Programme in 2008-2009 resulted in passage of important legislative amendments in numerous countries. Moving forward, UNAIDS intends to build on and strengthen these efforts to achieve results that address enduring impediments to a sound HIV response.

#### Financing issues

14. **Impact of global financial and economic crisis.** During the biennium, the most severe global economic downturn in 80 years took hold. Although the crisis originated in high-income countries, its effects are felt most acutely in low-income settings. Surveys indicate that many countries are already experiencing cutbacks in support for HIV responses as a result of the economic downturn, with particularly dire consequences for HIV prevention programmes.
15. **Supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria.** The Joint Programme further strengthened its support for the Global Fund in 2008-2009. In addition to assisting scores of countries in developing funding proposals to the Global Fund, the Joint Programme also intensified its support for implementation of approved grants. The success rate for HIV-focused proposals remains notably lower than for TB and malaria, highlighting the importance of intensified support to strengthen the quality and evidence base for country proposals. According to an assessment by the Global Fund's Technical Review Panel, particular shortcomings have been noted in the quality, coherence and evidence base of HIV prevention components of national proposals.
16. **Under-investment in HIV prevention.** Optimism regarding increases in antiretroviral treatment coverage is tempered by inadequate support for HIV prevention programmes, which potentially imperils the future viability of treatment efforts. According to national reports submitted to UNAIDS, HIV prevention accounts for only 21% of HIV-related spending worldwide, compared to the recommended 45% share in the Joint Programme's analysis of resource needs for universal access. In addition, many national prevention programmes are not strategically designed to maximize impact. According to epidemiological syntheses supported by the Joint Programme, national prevention efforts frequently fail to focus resources on the populations that account for the largest share of new HIV infections. The Second Independent Evaluation strongly urged the Joint Programme to take steps to enhance its leadership on HIV prevention. Towards this end, UNAIDS is convening a high-level global commission to

reinvigorate HIV prevention and working to develop comprehensive guidance for national programme managers on implementation of combination HIV prevention programmes.

UN coherence and effectiveness

17. **Improved country-level coherence of UN system.** With the growing number of Joint UN Teams and Joint Programmes of Support, the coherence, coordination and effectiveness of the UN support for national HIV responses have significantly improved. Performance monitoring reports reveal extensive collaboration between UN partners at country, regional and global levels.
18. **Intensified technical support.** Establishment of regional technical support facilities has improved the quantity, quality and accessibility of UNAIDS-brokered technical support. Direct technical support by the Joint Programme has contributed to improving HIV information systems, the quality of national strategies, and the accessibility and focusing of national programmes. However, as noted in the Second Independent Evaluation of UNAIDS, shortcomings in the quality and coordination of technical support persist, underscoring the need for continued efforts to strengthen results in this critical area of the Joint Programme's work.

### III. Collective achievements of the Joint Programme

19. Under the 2008-2009 UBW, the Joint Programme pledged to work collectively to support seven Principal Outcomes. To support their implementation, accompanying Key Outputs were established under each of the Principal Outcomes.

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

##### **Indicators for Principal Outcome 1**

1. Number of countries that perform annual or biennial reporting on the established targets for Universal Access on prevention, treatment, care and support
  - Baseline: 58 of 78 countries (74%) reporting in 2008  
*(Data source: 2008 UNAIDS country reports)*
  - Target: 100% of countries reporting
  - Results: 74 of 82 countries (90%) reporting in 2009  
*(Data source: 2009 UNAIDS country reports)*

*In 2009 there are 16 more countries reporting regularly on their progress towards Universal Access targets than in 2008. Universal Access target reporting has become very widespread, increasing accountability and transparency.*
2. International funding for prevention, treatment and care; and social mitigation and support
  - Baseline: US\$ 10 billion in 2007  
*(Data source: 2008 UNGASS report)*
  - Target: US\$ 22.1 billion in 2008, US\$ 25.1 billion by 2010
  - Results: US\$ 15.6 billion estimated in 2008, 2009 estimates not available  
*(Data source: UNAIDS and Kaiser Family Foundation and Stimson Center report: "Financing the response to AIDS in low and middle income countries: International assistance from the G8, European Commission and other donor Governments in 2008"; July 2009)*

*It appears that recent economic challenges may lead to cuts of essential funding for the response, and expected funding may shift to overall health systems producing additional reductions for HIV funding. HIV spending is a down payment on a healthy future, yielding immense benefits for future generations, reducing human suffering and averting the large economic and development costs associated with the epidemic.*

#### **Key Output 1: Global agenda for an effective, comprehensive AIDS response clearly defined and supported by global policies, standards and guidelines.**

20. In 2008-2009, country-level partners made extensive use of global policies, standards and guidelines produced by the Joint Programme to accelerate the scaling-up and improve the quality and effectiveness of national responses. Of 88 countries responding, 85 reported using UNAIDS practical guidelines for strengthening HIV prevention, 60 used UNAIDS guidance on HIV and men who have sex with men, 78 used UNAIDS guidance on the greater involvement of people living with HIV, 58 used UNAIDS guidance on preventing criminalization of HIV, 40 used UNAIDS guidance on labour migration and HIV, and 44 used UNAIDS guidance on HIV, food security and nutrition. UNAIDS consulted with 87 organizations in 76 countries to develop an action framework on women, girls, gender equality and HIV. The Joint Programme produced 38 global policies,



standards or guidelines to support implementation of a comprehensive health sector response.

**Key Output 2: Political commitment and leadership among government, civil society, non-state partners, private sector, labour and other stakeholders at all levels galvanized to ensure inclusive, multisectoral and sustainable AIDS response.**

#### Revising antiretroviral guidelines

In 2009, new guidance was issued by WHO on antiretroviral treatment and prophylaxis for mother-to-child transmission, reflecting emerging data on optimally effective strategies. For antiretroviral treatment, the new guidelines recommend earlier initiation of therapy and use of regimens that are more durable and less toxic. For prevention of mother-to-child transmission of HIV, new guidelines recommend earlier initiation of antiretrovirals for both therapeutic and preventive purposes, longer use of antiretroviral prophylaxis, and post-birth antiretroviral administration to prevent transmission as a result of breastfeeding.

21. The Joint Programme made extensive use of its convening role to facilitate the issuance of recommendations or declarations at high-level events. Support was provided for numerous regional meetings on various aspects of the HIV response, including the first-ever HIV-focused meeting of ministers of health and education in Latin America and the Caribbean that led to a ministerial declaration to intensify HIV prevention in the region. Background work by UNAIDS led to a call by the United Nations General Assembly for the virtual elimination of mother-to-child HIV transmission by 2015. The Fourth Global Partners Forum resulted in a call to strengthen social protection systems for children affected by AIDS and all other vulnerable children.

**Key Output 3: Financial resources mobilized in a more timely and effective manner to match projected resource needs for a scaled up response.**

22. Numerous forums of international donors were organized and supported at global, regional and country levels. Support was provided for country-level missions to inform efforts to scale up the response to HIV among children. Sixteen successful proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria included programmatic components for food and nutrition. The Global Fund also identified prevention of mother-to-child transmission as a priority area. In close collaboration with the Joint Programme, the Global Fund started reprogramming of existing grants to accelerate scale up in 10 sub-Saharan countries.

23. Intensive support was provided to support national HIV responses in pilot “One UN” countries. Different members of the Joint Programme mobilized tens of millions of dollars for HIV-related activities in the eight “One UN” pilot countries.

**Key Output 4: Strengthened leadership and capacity of people living with HIV and groups of people living with HIV, civil society and community-based organizations to meaningfully engage in AIDS responses at all levels.**

24. The Joint Programme supported networks of people living with HIV in nearly 80 countries, providing leadership development training and initiatives to strengthen organizational capacity and management. UNAIDS provided technical guidance to networks of people living with HIV in 76 countries and supported resource mobilization for such networks in 58 countries.

25. Among 82 countries for which UNAIDS country reports were submitted, networks of men who have sex with men, sex workers, and people who inject drugs were

active and engaged in HIV-related decision-making in 21, 18 and 10 countries respectively. Lesser degrees of engagement were reported in many other countries, although no involvement was apparent for men who have sex with men and sex workers in 30 countries and for people who inject drugs in 52 countries. AIDS service organizations were reported to be active and engaged in HIV-related decision-making in 48 countries, while young people were actively involved in 25 countries.

#### Positive health, dignity and prevention

In collaboration with the Global Network of People Living with HIV and other partners, UNAIDS convened a global consultation in Tunis in 2009 to examine the challenge in increasing the engagement of people living with HIV in prevention efforts. Participants in Tunis agreed that HIV prevention was too narrow a focus for the role of people living with HIV. Instead, a new, broader, more holistic paradigm emerged from the consultation: positive health, dignity and prevention. This paradigm links HIV prevention efforts for people living with HIV to intensified advocacy and action to reduce stigma and expand access to needed treatment and care. Following the consultation, UNAIDS developed an operational plan to support implementation of this new approach.

#### **Key Output 5: Coordinated and harmonized leadership by the UN system on AIDS with strengthened capacity and AIDS competence at global, regional and country levels.**

26. Guidance on and advocacy for the establishment of Joint Teams and Programmes was provided to all Resident Coordinators and UN offices in 166 countries. Joint Programmes were integrated into the “One UN” efforts in five of eight pilot countries.

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

##### Indicator for Principal Outcome 2

Number of countries that report having national strategies on HIV and AIDS that are multisectoral, with clear strategic priorities with action plans that are costed and budgeted

**Baseline:** 40 of 86 countries (47%) reporting in 2007 had a national AIDS action framework that was translated into a budgeted operational plan  
(Data source: 2007 UNAIDS country reports)

**Target:** 100% of countries reporting

**Results:** 72 of 82 countries (88%) reporting in 2009 have a national AIDS plan that is multisectoral, with clear strategic priorities and with action plans that are costed and budgeted  
(Data source: 2009 UNAIDS country reports)

*Countries are realizing more and more that sound strategic and action plans that are costed provide an important resource mobilization tool for AIDS responses. Such strategies and action plans also better address priorities based on epidemic scenario(s) and key drivers; facilitate donor alignment to national priorities; build on lessons learned; and optimize the use of limited resources.*

**Key Output 1: Strengthened capacity of inclusive national AIDS authorities to lead and coordinate a broadbased multisectoral and multipartner response on AIDS, to convene participatory processes to develop National AIDS Strategies and Annual Action Plans that are costed, inclusive, sustainable, credible and informed by scientific evidence and social and epidemiological data; and to oversee the development and implementation of one agreed national monitoring and evaluation framework for AIDS.**

27. Fifty-eight countries received assistance for the development of national AIDS strategies through the AIDS Strategy Action Plan service. The Joint Programme aided 31 countries in the development of national HIV strategies and assisted 36 countries in the development of operational plans. Among 89 countries, 74 reported the support of the UNAIDS Secretariat and/or Cosponsors in joint reviews of implementation of national AIDS plans. Support was provided to national authorities in 60 countries to strengthen governance and coordination of AIDS responses.

**Key Output 2: National AIDS Strategies, Annual Action Plans and priorities integrated into broader planning and budgetary processes, such as Poverty Reduction Strategy Papers (PRSPs), national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans.**

28. With the 2008-2009 biennium the first to occur beyond the halfway mark for achievement of the Millennium Development Goals, the Joint Programme intensified its efforts to aid countries in linking HIV responses to broader development initiatives. Support for integration of various aspects of HIV strategies in broader planning and budgetary process was provided in 83 countries.

**Key Output 3: Increased, harmonized and aligned technical and financial support to scale-up funding and implementation of national AIDS programmes.**

29. The 2008-2009 biennium reflected a notable strengthening of the quality, accessibility and coordination of technical support by the Joint Programme. The five Technical Support Facilities provided over 15,000 days of technical assistance that supported the development of national strategic/operational plans, strengthening monitoring and evaluation, and in organisational and institutional development for civil society partners; and enabled countries to overcome critical implementation bottlenecks and secure funding from the Global Fund. Over 500 national consultants were trained on monitoring and evaluation, strategic planning, costing and Global Fund issues, building capacity at country level for implementing effective national responses. Over 50 civil society institutions' capacities were strengthened for provision of technical support and resource management. Among 82 countries responding, 22 reported making use of the Country Harmonization and Alignment Tool (CHAT).

30. UNAIDS supported the mobilization of US\$ 1.2 billion through the Global Fund for country-level activities. Among 80 HIV-related proposals submitted to the Global Fund in Round 9, 74 received support from UNAIDS. Of the 74 proposals that received UNAIDS assistance, 35 were approved for funding.

**Key Output 4: Inclusion of the needs of the most at-risk, affected and vulnerable groups in National AIDS strategies and Action Plans with appropriate resources allocated.**

31. The Joint Programme supported inclusion of the needs of key populations in national strategies and action plans in 65 countries. Such efforts included facilitating the inclusion of key populations in policy dialogue and development, direct technical support in strategic planning, and capacity-building assistance.

**Evidence makes a difference in Kenya**

The first-ever estimation of HIV incidence by modes of transmission analysis in Kenya – supported by UNAIDS – found that nearly one in three new HIV infections were among men who have sex with men, people who use drugs, or sex workers and their clients. These findings prompted Kenya to re-examine its HIV strategies and to place increased priority on programming to prevent transmission among these key populations that were not previously understood to play an important role in the country's epidemic.

**Key Output 5: Strengthened capacity of country partners to assess and develop programmes to mitigate the socioeconomic impact of AIDS.**

32. The Joint Programme supported dozens of assessments of the epidemic's socioeconomic impact, with the aim of informing policy development and programmatic implementation. Such work was undertaken in 51 countries. The Joint Programme supported community assessments in 11 countries, epidemiological syntheses in 10 countries, and financing gap analyses in five countries.

**Increased focus on social protection systems to mitigate the epidemic's impact**

UNICEF-supported national assessments on the epidemic's impact on children in China and Malaysia informed national planning and the development of funding proposals. With UNICEF support, Papua New Guinea held a national consultation and planning meeting to explore social protection strategies and programmatic scale-up for children made vulnerable by AIDS. Assessments on alternative care arrangement for HIV-affected children were conducted in eight African countries, and support was provided for the publication of a series of studies on the potential of social protection systems to strengthen national HIV responses.

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

**Indicator for Principal Outcome 3**

Number of countries that submitted Country Reports to the UNAIDS Secretariat on core indicators for the Declaration of Commitment on HIV/AIDS

Baseline:	153 out of 192 (80%) submitted UNGASS country reports in 2008. <i>(Data Source: UNAIDS Secretariat Monitoring and Evaluation Division)</i>
Target:	None established
Results:	178 out of 192 (93%) submitted UNGASS country reports in 2010. <i>(Data Source: UNAIDS Secretariat Monitoring and Evaluation Division)</i>

*The increasing response rate is a clear expression of countries' continued commitment and also represents considerable civil society involvement. The information provided represents the most comprehensive ever set of standardized data on the status of the epidemic and progress on the response. The information gathered through the UNGASS process is used at many different levels (sub-national, national, regional and global) and is a vital tool to improve the effectiveness of the response to the epidemic while increasing transparency and accountability.*

**Key Output 1: Improved coordination and harmonization of AIDS monitoring and evaluation approaches and systems.**

33. Among 81 countries, 80 received technical guidance from the UNAIDS Secretariat or Cosponsors to strengthen monitoring and evaluation capacity. Funding for monitoring and evaluation was provided to 65 countries, support for resource mobilization to 58 countries, and training in 70 countries.

**Key Output 2: Reliable data, information and analyses made available on global, regional and national trends of the AIDS epidemic, its impact, and national responses, as well as improved estimation of global and country AIDS resource needs.**

34. Seventy-five of 90 countries produced complete and up-to-date HIV surveillance estimates. The Joint Programme supported 93 countries in collecting and reporting data on national HIV trends and on the health response to HIV. Support was provided for numerous studies and evaluations, including analyses of sexual diversity issues in educational curricula in eight countries in Latin America. HIV information systems were implemented in 85 refugee camps in 18 countries, assessments on internally displaced persons and HIV were undertaken in 5 countries, behavioural surveillance was supported in 4, and sentinel surveillance in 4. Annual stocktaking reports in 2008 and 2009 highlighted developments on HIV responses for children.

**The most comprehensive assessment ever of national progress on HIV**

The 2008 UNAIDS Report on the global AIDS epidemic provided the most comprehensive global assessment ever undertaken of the response to HIV, with reports from 147 countries on national progress in implementing the 2001 Declaration of Commitment on HIV/AIDS.

35. One hundred and fifteen countries conducted HIV resource tracking activities in 2008-2009. These include 44 countries that conducted a standardized National AIDS Spending Assessment.

**Key Output 3: Biomedical, sociobehavioural and operational research agendas developed and promoted to foster scaling up of the response through improved programmes, practices and policies in prevention, treatment and care and support.**

36. The Joint Programme supported 24 countries in implementing research, including methodological guidance to carry out operational research and epidemiological studies; monitoring antiretroviral treatment; monitoring potential new prevention technologies (including microbicides, vaccines and pre-exposure prophylaxis); developing a research agenda on male circumcision; developing rapid assessment tools for sexual and reproductive health and HIV linkages; and establishing an operational research protocol to help strengthen post-natal care and family planning including for women living with HIV.

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

**Indicators for Principal Outcome 4**

**1. Percentage of adults and children with advanced HIV infection receiving antiretroviral combination therapy**

<b>Baseline:</b>	3 million on ART in 2007 <i>(Data source: 2008 UNGASS report)</i>
<b>Target:</b>	No global target; country-specific targets only
<b>Results:</b>	4 million on ART in 2008 (estimated 42% coverage); 2009 data not available at the time of writing <i>(Data source: WHO/UNAIDS/UNICEF 2009 report, "Towards Universal Access")</i>

*The estimate of 4 million people in low- and middle-income countries receiving antiretroviral therapy represents a tenfold increase in five years. Advances in the area of access to treatment are estimated to have saved 1.4 million lives since 2004, 1.1 million of them in sub-Saharan Africa. The number of children under 15 years of age and receiving antiretroviral therapy reached approximately 275,700 by the end of 2008, a 3.5-fold increase over 2005.*

**2. Percentage of HIV-positive pregnant women provided with any antiretroviral prophylaxis to reduce the risk of mother-to-child transmission**

<b>Baseline:</b>	33% coverage for ARV prophylaxis <i>(Data source: 2008 UNGASS report)</i>
<b>Target:</b>	No global target; country-specific targets only
<b>Results:</b>	45% coverage for ARV prophylaxis <i>(Data source: WHO/UNAIDS/UNICEF 2009 report, "Towards Universal Access")</i>

*To date, 19 countries have already achieved UNGASS-related targets of at least 80 per cent coverage for services to prevent mother-to-child transmission, benefitting not only newborn children but also mothers, partners and affected families. Scaled-up PMTCT services support multiple health outcomes, strengthening antenatal care in resource-limited settings; and linkages between HIV and sexual and reproductive health services contribute to HIV prevention.*

**3. Condom use at last sex with non-regular partner**

<b>Baseline:</b>	Condom use during most recent sex in 2007 for 80% of sex workers, 60% of men who have sex with men, and 36% of people who inject drugs <i>(Data source: 2008 UNGASS report)</i>
<b>Target:</b>	No global target; country-specific targets only
<b>Results:</b>	2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*It should be noted that as a result of the profound social, legal and economic disadvantages they face, women often have no way of abstaining from sex or of insisting that their partners use a condom. UNAIDS 'Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV' advocates incorporating gender equality into national HIV prevention policies and programmes, including male and female condom distribution.*

**Key Output 1: Strengthened capacities at country level for the provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies.**

37. UNAIDS supported 118 countries in the provision of essential HIV prevention services. The Joint Programme also provided technical support to 100 countries

on linkages between HIV and sexual and reproductive health, including training in 66 countries to support service integration.

**Key Output 2: Enhanced capacities at country level to scale up comprehensive programmes for the prevention of mother-to-child transmission.**

38. The Joint Programme provided extensive support for the scaling up of programmes to prevent mother-to-child transmission of HIV in 92 countries, including provision of intensified technical support to 11 countries for assessment and strategic planning. UNAIDS partners supported joint missions in 13 countries for the review of programmes for the prevention of mother-to-child transmission and the delivery of paediatric HIV care.

**Building the evidence base for preventing mother-to-child transmission**

UNICEF, in collaboration with WHO, the UNAIDS Secretariat, and the Vanderbilt University Institute for Global Health, reviewed the most commonly used methods for assessing impact of PMTCT programmes in low- and middle-income countries. Following the consultation, UNICEF and CDC supported the government of South Africa in conducting a population based evaluation of prevalence of HIV in children 0-15 years of age and is supporting similar work in Rwanda and Botswana.

**Key Output 3: Enhanced capacities at country level to scale up provision of AIDS treatment and care services, including antiretroviral therapy, prevention and management of opportunistic infections and other HIV-related conditions, prevention for HIV positive people, nutrition, and palliative and end-of-life care and related education services.**

39. Technical support for the scaling-up of antiretroviral treatment and care services was provided in 71 countries. New treatment and care projects totalling more than US\$ 300 million were approved for Barbados, Botswana and Nigeria. The number of health facilities providing antiretroviral treatment increased by 51% in just one year. Overall treatment retention rates were reported at 80% at 6 months, 75% at 12 months and 62% at 24 months.

**Key Output 4: Strengthened capacity of countries to ensure equitable access to HIV testing and counselling that ensures confidentiality, informed consent and counselling.**

40. In 2008, the Joint Programme supported 92 countries in six regions to scale up rights-based HIV testing and counselling programmes. In 39 low- and middle-income countries, the total reported number of HIV tests more than doubled between 2007 and 2008.

**Documenting the importance of food and nutrition in HIV/TB programming**

In the Republic of Congo, programme reviews suggest that the drop-out rate in WFP-supported TB programmes is 2%, compared to a national drop-out average of 40%.

***Key Output 5: Improved capacity of countries to scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis.***

41. The Joint Programme supported 53 countries in six regions to scale up integrated HIV/TB activities. The number of TB patients who knew their HIV status rose from 1.2 million in 2007 to 1.4 million in 2008.

***Key Output 6: Strengthened national systems for procurement and supply management for high quality HIV medicines, diagnostics, condoms, and other essential HIV commodities.***

42. The Joint Programme supported 30 countries in the development of comprehensive systems for procurement, supply management and distribution of HIV medicines and other commodities. Support was provided for capacity development activities in 64 countries to promote comprehensive condom programming. The number of countries engaged in the Global Condom Initiative to scale up access to male and female condoms rose from 55 countries in 2008 to 71 countries in 2009. Joint reviews and focused missions on procurement and supply chain management for programmes to prevent mother-to-child HIV transmission were supported in numerous countries. The Joint Programme worked with UNITAID to finance commodities and diagnostics for more comprehensive and effective programming. In 2009, UNITAID-II (US\$ 50 million) was approved for 9 additional countries plus nutritional components (US\$ 5 million) for 4 countries. There is improved country capacity on prevention of mother-to-child transmission. Paediatric AIDS supplies need quantification, costing, distribution and management in Burkina Faso, Cameroon, Central African Republic, Cote d'Ivoire and Nigeria.

***Key Output 7: Strengthened capacity of national and regional authorities in developing countries to utilize the flexibilities in the global trade rules in promoting wider access to affordable HIV-related pharmaceuticals and prevention commodities.***

43. The Joint Programme provided capacity-building support for adoption of enabling trade and health legislation and policies in 75 countries, including focused support in 13 countries to maximize utilization of existing flexibilities under international trade rules to obtain essential medicines and commodities.

***Key Output 8: Improved capacities at country level for human resource planning, training, compensation, and retention measures in all sectors relevant to the response to HIV/AIDS.***

44. UNAIDS provided direct support for the development of strategic plans and policies for the education sectors of 36 countries. For the health workforce, technical support was provided to 17 countries.

***Key Output 9: Enhanced capacities at country level to provide equitable access, through the workplace, to comprehensive HIV prevention, treatment and care services.***

45. The Joint Programme supported the development and implementation of HIV workplace policies and programmes in 70 countries. In 50 countries, active HIV workplace programmes are in place in humanitarian settings.



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

### Indicators for Principal Outcome 5

#### 1. Number of countries that have laws and regulations that protect people living with HIV against discrimination

Baseline:	87 countries reported they have laws and regulations that protect people living with HIV against discrimination <i>(Data source: 2008 UNGASS report)</i>
Target:	No established target
Results:	2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*UNAIDS provided support to legal audits and law reform efforts in Africa, Asia Pacific and Eastern Europe and Central Asia. In some countries discriminatory provisions were amended, and in others enabling legal environments were developed for people living with HIV and key populations. UNAIDS will intensify support countries to review and eliminate laws, policies and practices that block effective responses to AIDS, including restrictions to entry, stay and residence on the basis of HIV status.*

#### 2. Number of countries that have a policy to ensure equal access, between women and men, to prevention, treatment and care

Baseline:	111 countries reported they have a policy to ensure equal access for women and men, to prevention, treatment and support <i>(Data source: 2008 UNGASS report)</i>
Target:	No established target
Results:	2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*A core focus of UNAIDS activities at country level is to advocate for expanded and equitable access to HIV prevention, treatment and care. Over 80% of countries have integrated women-related issues into their national HIV policies and frameworks, but only half indicate a budget attached to women-focused programmes. 2008 UNGASS data shows that women and men have equal access to treatment, but there is still a lack of budget support for women-focused programmes in many countries.*

### **Key Output 1: Coordinated promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes, and improved government adherence to human rights treaties and other related international obligations.**

46. Of 90 countries surveyed, 86 reported having received UNAIDS support for rights-based, gender-sensitive, and equitable AIDS policies.

### **Key Output 2: Strengthened capacity of government and civil society to address AIDS-related stigma and discrimination and other human rights issues especially in relation to most at-risk populations.**

47. Among 89 countries providing relevant information, 86 reported having received UNAIDS support for focused action to address stigma, discrimination or other human rights issues

#### Removing punitive laws in India

In 2009, the High Court in India invalidated the country's longstanding prohibition on sexual contact between men. Calling on other countries to follow India's lead, UNAIDS Executive Director Michel Sidibe said "the Delhi High Court has restored the dignity and human rights of millions of men who have sex with men and transgendered people in India."

concerning most-at-risk populations. Capacity-building assistance aided efforts to reduce stigma and discrimination and improve service access for people who inject drugs in 40 countries. The Joint Programme supported multi-stakeholder partnerships in 50 countries to address stigma and discrimination. In 30 countries, support was provided for legislative efforts on stigma and discrimination.

***Key Output 3: Strengthened capacity of government and civil society to overcome legal and policy barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities, including those designed specifically for vulnerable and most-at-risk populations.***

48. In 89 countries surveyed, 67 countries received UNAIDS assistance to review, change or implement legislation to promote equitable access to HIV prevention, treatment, care and support services and commodities. The Joint Programme supported legislative reviews in 37 countries regarding people who inject drugs, prison settings, or people vulnerable to human trafficking.

***Key Output 4: Strengthened capacity of government and civil society to address gender inequality, gender-based violence, and discrimination against women and girls in responding to AIDS and to engage men and boys in this response.***

49. Ninety-two countries were supported in conducting gender assessments and/or integrating gender into national AIDS strategies. The Joint Programme provided focused support in eight countries to address gender discrimination in the provision of services. However, many additional countries integrate gender considerations in programme development and implementation. Projects in 34 countries received Programme Acceleration Funds for gender-related activities.

***Key Output 5: Strengthened human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors.***

50. The Joint Programme provided human rights and gender training and other capacity-building support in 33 countries for factory inspectors, labour judges and magistrates. In 30 countries, technical support was provided to strengthen efforts to address the needs of women and men who use drugs, people living in prisons, and individuals vulnerable to human trafficking.

**Deploing HIV discrimination, demanding change, taking action**

As she travels to district areas in Malawi to settle labour disputes, Judge Rachel Zibel Banda deplores the fact that HIV/AIDS is an indirect cause of dismissal in many cases she hears. Specializing in labour law, Judge Banda has taken action, signing up for a legal training course offered by ILO. Since her training, Judge Banda has broken new ground, ruling in favour of a woman who was dismissed from her job after testing HIV-positive.

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

### Indicators for Principal Outcome 6

#### 1. Percentage of most-at-risk populations reached by prevention programmes

- Baseline:** 2007 prevention coverage of 60% of sex workers, 40% of men who have sex with men, and 46% of people who inject drugs  
*(Data source: 2008 UNGASS report)*
- Target:** No global target; country-specific targets only
- Results:** 2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*There has been significant progress in increasing coordination among UN agencies and supporting community-led responses to reach sex workers, men who have sex with men and transgender peoples. However, there remains a large coverage gap. Sex work networks and organisations have far lower figures than the UNGASS data for prevention coverage and agree that the UNGASS indicators and data collection methodology for sex workers needs to be reviewed.*

#### 2. Percentage of total national AIDS spending for most-at-risk populations

- Baseline:** 2006-2007 spending share in countries of 7.2% (concentrated epidemics), 1.2% (generalized epidemics), and 10.2% (low-level epidemics)  
*(Data source: 2008 Global AIDS Report, Annex II)*
- Target:** No global target; country-specific targets only
- Results:** 2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*The challenge of achieving Universal Access for most-at-risk populations is as much a question of stigma and discrimination as it is of funding. The meaningful involvement and leadership of people living with HIV in prevention programmes is one approach addressing this, and the Global Network of People Living with HIV/AIDS and UNAIDS are jointly promoting a new rights-based approach to the role of people living with HIV in prevention known as "Positive Health, Dignity and Prevention".*

### **Key Output 1: Accelerated support to governments and civil society to scale up effective HIV prevention, treatment, care and support services for those engaging in injecting drug use, sex between men, sex work, including in prison settings.**

51. In 2008-2009, the Joint Programme intensified its work to assist countries in addressing the HIV-related needs of key populations.

UNAIDS provided technical support in 50 countries to strengthen HIV programmes for people in prisons, people who use drugs, and individuals vulnerable to human trafficking. Support was provided to 33 countries to address HIV among men who have sex with men and transgender people. The Joint Programme supported 52 countries in the development and implementation of programmes

#### **UNAIDS Advisory Group on HIV and Sex Work**

The first-ever such UNAIDS advisory group, the initiative involves sex work networks from Africa, Asia and the Pacific, Europe, Latin America, North America and the Caribbean, ICASO, The UNAIDS Reference Group on HIV and Human Rights and representatives of six UNAIDS Cosponsors and the Secretariat. The advisory group serves as a unique platform to facilitate collaboration and joint work between UN agencies, sex worker networks, and other experts in the field to strengthen responses to the HIV-related needs of sex workers.

for sex workers. Four Cosponsors and the Secretariat collaborated with an academic institute in Australia to develop in-reach training to increase UN staff capacity to assist countries in HIV programming for sex workers, people who inject drugs, and men who have sex with men; piloted with staff from 20 countries, this capacity-building project includes active participation of organizations of sex workers, people who use drugs, and men who have sex with men. In 63 countries, efforts in numerous countries were supported to develop and implement programmes to scale up provision of HIV prevention, treatment and support services for key populations.

**Key Output 2: Expanded dissemination and support for the use of evidence-informed policies and practices as well as improved coordination and harmonization of approaches among all partners to address the vulnerabilities and needs of most at-risk populations.**

52. Among 80 countries responding, 60 accessed UNAIDS guidance on men who have sex with men, and 40 countries made use of guidance on migrant populations. More than 50 countries used UNAIDS policy guidance on HIV and sex work, while the Joint Programme collaborated with partners in 58 countries to disseminate evidence-based guidance on programming for people in prisons, people who inject drugs, and individuals vulnerable to human trafficking. The Joint Programme developed peer education manuals in five languages to inform the development and implementation of HIV programmes in the Asia-Pacific region for men who have sex with men.

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

**Indicators for Principal Outcome 7**

1. Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

**Baseline:** 40% of males and 38% of females aged 15-24 had accurate and comprehensive knowledge in 2007  
*(Data source: 2008 UNGASS report)*

**Target:** 95% by 2010 (UNGASS 2001)

**Results:** 2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*Significant improvements have been recorded in the level of comprehensive knowledge among young people. Between 1999 and 2008, 17 countries recorded increases of 10 percentage points or more in young women and 5 countries recorded similar increases in young men. However, only three countries have achieved over 50% in both young women and young men.*

2. Percentage of schools that provided life skills-based HIV education in the last academic year

**Baseline:** Less than 40% of schools provided life skills-based HIV education in 2007  
*(Data source: 2008 UNGASS report)*

**Target:** No global target; country-specific targets only

**Results:** 2008-2009 data will be available in November 2010 in line with UNGASS reporting schedule

*Education attainment and school attendance among young people 15-24 years old is highly correlated with HIV risk, particularly for young women. Pooled DHS data reveal that young women still attending primary, secondary or higher education have much lower rates of HIV than girls who have dropped out of school,*

**3. Number of countries in conflict/ emergency affected and prone regions that have integrated and implemented HIV programmes for populations of humanitarian concern (PoHC)**

Baseline:	14 of 30 countries (47%) affected by conflict/humanitarian and emergency situations in 2008 had national AIDS plans that included actions to address HIV in humanitarian settings <i>(Data source: 2008 UNAIDS country reports)</i>
Target:	100% of affected countries
Results:	20 of 30 countries (67%) had national AIDS plans that included that included actions to address HIV in humanitarian settings <i>(Data source: 2009 UNAIDS country reports)</i>

*The sustained efforts of the UN system-wide work programme for HIV in emergencies (hosted by the UNAIDS Secretariat) contributed to achieving this indicator, by bringing together 10 UN organizations in order to strengthen the integration of HIV into humanitarian responses (and vice versa), and include PoHC into national AIDS plans and programmes.*

**Key Output 1: Strengthened capacities at country level to prevent HIV among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking.**

53. According to 90 countries surveyed, 58 reported that their national AIDS strategy or annual action plan includes programmes to address violence against women. UNAIDS supported gender assessments in 45 countries, as well as the design, implementation and evaluation of HIV prevention, treatment, care and support services for women and girls in 62 countries. Support was provided for the development of safe mobility toolkits in 24 countries, technical support regarding programming to address gender-based violence was delivered in 92 countries, and support was provided in 68 countries regarding integration of efforts to address sexual or gender-based violence.

**Mobilizing the UN system to combat violence against women and girls**

In Swaziland, the UNAIDS Country Coordinator facilitated broad-based collaboration among Cosponsors to generate strategic information and follow-up advocacy and technical support to eliminate violence against women. Other countries in Eastern and Southern Africa are looking to the Swaziland experience to examine ways to improve UN system coordination and coherence in this Priority Area.

**Key Output 2: Enhanced capacities at country level to implement effective policies and programmes to prevent infections among young people, including young people most at risk of HIV in line with treatment, care and support.**

54. The Joint Programme provided technical support for HIV programming for young people in 113 countries,

**Preventing HIV among young people in Zambia**

With support from UNFPA, a national youth campaign in Zambia – ‘Helping Each Other Act Responsibly Together’ (HEART) in Zambia – promoted safer sex behaviour among 10-24-year olds in and out of school. The campaign included youth-oriented print materials (comic books, leaflets, posters, T-shirts) as well as programmes on national television and radio. National artists served as role models in the campaign. The programme recruited representatives of young people from all nine provinces of Zambia to participate in a Youth Advisory Group, which was trained in focus group discussions, data analysis and interpretation, message development and campaign design. John Hopkins University provided technical oversight to the project.

including 87 in which support specifically focused on young people most at risk. In 60 countries, support was provided for the implementation of HIV prevention and other programmes that expressly addressed risk factors for vulnerable adolescents and young people.

55. The Joint Programme focused considerable efforts on school-based initiatives. Capacity-building support with respect to HIV and education was delivered in 57 countries. Support for community- and school-based prevention and awareness efforts, including among transport workers was provided in 14 countries.

***Key Output 3: Strengthened capacities at country level to provide protection, care and support for children affected by HIV/AIDS.***

56. The Joint Programme provided a diverse range of support for HIV-related programming for children affected by AIDS in 70 countries in seven regions, including systems strengthening for care and social protection, psychosocial support for home-based care, and integration of children-focused programming in national AIDS strategies. In 60 countries, support was provided for programmes and policies for protection, care and support for children affected in humanitarian settings. Technical support was provided for children-focused programming including orphans and vulnerable children and their caregivers in 30 countries.

***Key Output 4: Strengthened capacities and coordinated approaches of government and humanitarian actors to implement internationally accepted policies and standards, and effective and sustainable multisectoral HIV and AIDS programmes for populations of humanitarian concern, including for food insecure households, migrants and mobile populations, and uniformed groups.***

57. HIV and AIDS strategic plans in African countries with at least 10,000 refugees and internally displaced people addressed these populations in 52% and 43% countries respectively. When including countries with less than 10,000 refugees, over 60% of strategic plans included refugees.
58. The Joint Programme supported 79 countries to implement HIV programming for populations affected by emergency or conflict and for surrounding host communities. In collaboration with diverse partners, the Joint Programme supported programming for uniformed personnel in 46 countries. The Joint Programme addressed HIV-related issues pertaining to mobility and migration in 24 countries, and technical support on food-related issues in humanitarian settings was provided in 21 countries.

## IV. Achievements by agency

59. To support achievement of the seven Principal Outcomes and corresponding Key Outputs, the 2008-2009 Unified Budget and Workplan assigned specific activities to individual Cosponsors and the UNAIDS Secretariat. In addition, the Unified Budget and Workplan also identified joint, interagency activities in support of the seven Principal Outcomes. For each member of the Joint Programme, the Unified Budget and Workplan specified broad activities of work in support of collective UNAIDS aims. This section highlights key accomplishments for each member of the Joint Programme, and should not therefore be seen as a comprehensive picture. Expenditures are presented by Broad Activity and include UBW country-level resources.

### **Office of the United Nations High Commissioner for Refugees**

60. UNHCR undertook 10 broad activities under the 2008-2009 Unified Budget and Workplan.

UNHCR Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$6,400,000	\$1,346,213	\$7,215,000	\$14,961,213

***Broad Activity 1: Advocacy for increased resources and mainstreaming conflict affected and displaced populations into national HIV and AIDS policies, strategic plans and programmes and donor proposals.***

61. UNHCR mobilized resources to address HIV-related needs among conflict-affected and displaced populations in more than 20 countries, making use of resources from the UBW, OPEC Fund for International Development, the Global Fund, the Great Lakes Initiative on AIDS, the Intergovernmental Authority for Development, and the Merck Foundation. Brief action sheets were prepared in priority countries to support and facilitate advocacy work by UN Joint Teams.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO3	\$45,000	\$25,000	\$50,000	\$120,000

***Broad Activity 2: Coordination and collaboration with UNAIDS Cosponsors, other UN agencies, governments, humanitarian organizations, civil society, subregional/ regional initiatives, other relevant coordination and planning systems, and the beneficiaries to effectively address HIV and AIDS among people of concern to UNHCR.***

62. UNHCR participated in 97% of UN Theme Groups in countries with UNHCR offices; participated in a review of the Inter-Agency Standing Committee's guidelines on HIV interventions in emergency settings; worked with the UNAIDS Secretariat and WHO to prepare a policy brief on HIV and internally displaced persons, and participated in the articulation of policy guidance on various aspects

of HIV care in humanitarian settings, such as provider-initiated HIV testing and counselling in health facilities for refugees, IDPs and other forcibly displaced populations, infant feeding and HIV for refugee and other displaced situations, HIV and sex work in humanitarian settings, and clinical management of rape. UNHCR worked with other UNAIDS partners to strengthen HIV integration into the humanitarian response.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$30,000	\$0	\$160,000	\$190,000

***Broad Activity 3: Implementation of an HIV information system and conducting of standardized assessments, biological and behavioural surveillance, monitoring and evaluations, and programmatic research in conflict-affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.***

63. The Health Information System was updated with comprehensive information on HIV prevention, treatment and care indicators and expanded from 10 countries in 2007 to 18 in 2009. Assessments of HIV and internally displaced persons were coordinated in eight countries, behavioural surveillance was supported in four countries, and national sentinel surveillances were supported in 4 countries. UNHCR developed a strategic framework to address HIV among mobile males in refugee camps in Thailand.

**Basing HIV programming on reliable information**

UNHCR, together with the US Centers for Disease Control and Prevention, evaluated the HIV Information System in six countries. Results were used to continue improving surveillance methodologies, refine indicators and standard operating procedures, and continue developing computerised and paper-based components of the system.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO2	\$200,000	\$4,034	\$500,000	\$704,034

***Broad Activity 4: Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and/or implement and expand HIV workplace programmes.***

64. Workplace programmes are functional in 50 countries, including 30 that participate in UN Cares. UNHCR funded HIV workplace programmes in 10 countries, targeting UNHCR staff members and those of implementing partners; trained facilitators in each of the 50 UNHCR operations with HIV workplace programmes; developed on-line monitoring and reporting tools were established to track adherence to 10 minimum workplace standards; and conducted targeted missions in four countries to assess workplace information and services in remote locations.



Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO9	\$50,000	\$0	\$70,000	\$120,000

***Broad Activity 5: Advocacy for HIV-related protection and a rights-based approach for people of concern to UNHCR to be included in HIV policy, proposals and programmes at all levels and to have a non-discriminatory access to comprehensive HIV and AIDS response packages.***

65. UNHCR incorporated HIV as a recognized priority in the agency's 2008-2009 Global Strategic Objectives; released a guidance note on refugee claims relating to sexual orientation and gender identity; provided stigma reduction training to refugee communities in Namibia and South Africa; supported rapid assessments of HIV outreach to sex workers and their clients in Kenya and Tanzania; expanded HIV/AIDS programmes targeting sex workers and their clients in Ethiopia, Djibouti, Uganda and in Kenya; implemented targeted stigma reduction programmes in five countries; trained 35 religious and community leaders on stigma and discrimination in West Africa; advocated for legislative changes to prevent mandatory HIV testing in European countries; conducted a pilot training in five Afghan refugee villages on Human Rights and HIV; intensified HIV prevention services for populations most at risk in Asia, including programmes focused on men who have sex with men in Bangladesh and on sex workers in Nepal; supported HIV/AIDS prevention and response for sex workers in Costa Rica, Ecuador and in Panama; trained 69 persons as community facilitators on HIV / AIDS, SGBV, sexual and reproductive health Rights in Venezuela; and trained 35 religious and community leaders on stigma and discrimination in West Africa.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO1	\$100,000	\$10,000	\$35,000	\$145,000

***Broad Activity 6: Promotion, support and coordination of sexual and gender violence response activities within HIV and AIDS programmes in conflict, post-conflict and displacement settings and support programmes for women, girls and boys to reduce their vulnerabilities and risk behaviours to HIV.***

66. UNHCR developed an e-learning programme on clinical management of rape in collaboration with WHO and UNFPA, and provided training on the clinical management of rape to 450 health care workers and more than 600 community leaders in Kenya and for 30 health workers from refugee camps in seven countries in Asia. Surveys indicate that social, medical and legal services for rape survivors are available in more than 95% of refugee camps. UNHCR trained 77 persons in Chad, Djibouti, Ethiopia, Kenya, Somalia, Tanzania and Uganda to implement HIV/AIDS interventions for sex workers. All UNHCR operations have developed standard operating procedures to address sexual or gender-based violence, and the majority of the operations have implemented specific programmes to reduce stigma and discrimination.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO1	\$550,000	\$65,000	\$1,200,000	\$1,815,000

***Broad Activity 7: Development and dissemination of culturally/linguistically appropriate HIV and AIDS information education communication materials, with particular focus on HIV, and sexual and reproductive health for people of concern to UNHCR.***

67. Surveys indicate that HIV-related information, education and communication materials are available in all UNHCR operations. HIV information has been integrated into standardized refugee returnee packages. UNHCR also produced multi-lingual HIV fact sheets for refugees and asylum seekers in Eastern Europe, and established IEC database of regional materials on HIV and related areas in Asia.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO2	\$150,000	\$242,179	\$0	\$392,179

***Broad Activity 8: Provision of technical support to youth and children, including separated and unaccompanied children and orphans, on basic rights awareness and life-skills training to reduce their vulnerabilities to HIV and identify displaced children made vulnerable by HIV and AIDS to provide necessary support and work towards a durable solution.***

68. UNHCR supported the provision of prevention services for young people in 60 countries and collaborated with UNFPA to provide access to male and female condoms in refugee programmes in 75 countries. In collaboration with partners, UNHCR developed and disseminated briefing guides on HIV and young people in humanitarian settings in Africa and Asia. UNHCR worked with UNFPA and UNICEF to support peer education and other youth-focused community mobilization efforts in Southern Africa. In cooperation with WFP, UNHCR worked to combat hunger, malnutrition, anaemia and micronutrient deficiencies among children in Africa, Asia and the Middle East and North Africa. HIV initiatives focused on young people were initiated and implemented in several countries in Latin America and the Caribbean, including Colombia, Costa Rica, Ecuador, Panama and Venezuela.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO3	\$250,000	\$150,000	\$300,000	\$700,000

**Broad Activity 9: Support and coordination of integrated and comprehensive HIV and AIDS response programmes for emergency affected populations (refugees, internally displaced persons and other people of concern) and the surrounding communities according to the phase of the emergency and the type of the HIV epidemic guided by the IASC Guidelines on HIV Interventions in Emergencies.**

69. Integrated HIV prevention, treatment, care and support programmes were implemented in a wide range of complex situations, including settings in Burundi, Central African Republic, Chad, Democratic Republic of Congo, Republic of Congo and Rwanda, based on the agency's five-year Strategic Plan for HIV/AIDS 2008-2012. Monitoring indicates that refugees' access to HIV-related services has improved in settings where such services are available in the host community, with access to antiretroviral treatment increasing from 44% in 2007 to 87% in 2009 and access to PMTCT increasing from 57% to 75% over the same period. UNHCR reports that all refugee camps have implemented universal precautions and ensured access to safe blood supplies, and supported HIV/AIDS programmes in returnee areas in 8 countries in Africa and in Afghanistan. Strategic planning, programme implementation and normative guidance focused on a broad range of issues, including HIV among populations most at risk, reduction of alcohol and other substances in conflict-affected and displaced populations, and behavioural surveillance.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$2,200,000	\$750,000	\$4,250,000	\$7,200,000

**Broad Activity 10: Provision of technical assistance to implementing partners and build their capacities to design and implement HIV and AIDS programmes in conflict, post-conflict and displacement settings, and ensure availability of sufficiently trained personnel to coordinate and monitor HIV technical support.**

70. UNHCR provided technical assistance to 87 countries, including 42 in Africa, 14 in Central and East Asia, 11 in Latin America, 15 in Eastern Europe, and five in the Middle East and North Africa. More than 100 missions were undertaken to deliver technical support, including 75 in Africa. Training was provided to more than 140 UNHCR staff, as well as staff of implementing partners, on HIV programming and HIV-related protection in four regions, with focused training addressing such issues as voluntary testing and counselling, HIV and human rights, prevention of sexual and gender-based violence, and peer education.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$2,825,000	\$100,000	\$650,000	\$3,575,000

## United Nations Children's Fund

71. UNICEF undertook ten broad activities under the 2008-2009 Unified Budget and Workplan.

UNICEF Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$20,462,078	\$18,356,006	\$1,069,961	\$39,888,045

### ***Broad Activity 1: Convene the IATT and Global and Regional Partners Forums on children and AIDS to track implementation progress and define recommendations for accelerated scale up around children and AIDS.***

72. The 4th Global Partners Forum on children affected by AIDS (Dublin, October 2008) generated unprecedented global consensus regarding a firm evidence base on children-focused HIV programmes and policies. In particular, the Forum generated strong agreement that efforts to address the needs of children affected by HIV should focus on strengthening systems to protect all vulnerable children. Momentum from the Forum generated immediate results, including implementation of child-sensitive social protection strategies in 12 countries in Eastern and Southern Africa. By 2009, UNICEF was supporting social protection initiatives that had a direct impact on children affected by AIDS in 29 countries, of which 20 are either implementing cash transfer programmes or undertaking feasibility surveys for such schemes.

73. UNICEF continued to play a central role in advocacy and global partners' commitment to PMTCT and paediatric AIDS. The April 2009 UNICEF/WHO-led Inter-Agency Task Team meeting on prevention of HIV infection in pregnant women, mothers and their children reached an agreement on how to accelerate progress on the 2010 UNGASS targets, prioritization of country level actions and an in-depth analysis of bottlenecks hindering progress in countries.

74. While regional IATT processes were underway only in the Asia and Pacific region in 2008, robust regional dialogue, advocacy and strategic planning were taking place in multiple regions by the end of the biennium.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO2	\$971,949	\$871,910	\$50,823	\$1,894,682

### ***Broad Activity 2: Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.***

75. UNICEF intensified efforts to build and support strong programmatic partnerships on children and AIDS in 2008-2009. Support was provided for the mobilization of US\$ 23 million in new funding for children-supported services in Brazil, in part as a result of impact evaluations sponsored by UNICEF. UNICEF worked to harmonize children-focused support provided by multiple donors in Eastern and Southern Africa and undertook advocacy and resource mobilization missions to numerous donor capitals to promote agreement on resources required to respond

effectively to the epidemic's impact on children. UNICEF supported the Global Fund's 19th Board decision to reprogramme PMTCT funds in more than 20 countries that account for more than 85 per cent of global mother-to-child transmission, and the organization is working at country, regional and global levels to assist in this reprogramming effort. A new joint partnership initiative signed with the US Centres for Disease Control and Prevention in 2009 will enable UNICEF to strengthen its technical and financial support to PMTCT programmes in 14 high-burden countries funded by PEPFAR.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO3	\$705,942	\$633,282	\$36,914	\$1,376,138

***Broad Activity 3: Contribute to advocacy, promotion and technical assistance through harmonized interagency approaches with Government and partners to ensure that comprehensive national plans support a mix of evidence based interventions to prevent HIV among adolescent up to the age of 18, including prioritized attention to especially vulnerable and most-at-risk adolescents.***

76. In 2008, UNICEF, UNESCO and other Cosponsors supported a major meeting in Mexico City of health and education ministers from Latin America and the Caribbean, which resulted in pledges of support for multisectoral strategy for comprehensive school-based sexuality education. Focused technical support led to the integration of prevention interventions for most-at-risk adolescents in national AIDS strategies of seven different European countries, and advocacy focused on the revision of legislation in Eastern Europe and Central Asia regarding parental consent for HIV testing of adolescents. In Eastern and Southern Africa, 120 technical assistance missions aimed to strengthen prevention programming for young people, with particular emphasis on the needs of especially vulnerable adolescents. In 2009, the UNICEF Regional Office in Eastern and Southern Africa led an initiative to accelerate HIV prevention programming to reach all girls ages 15–17 with a model effort to improve knowledge, clarify values and attitudes and raise risk perceptions through training facilitated by older female peer educators with support from trained service providers and teachers from the local community. This work is under way in Malawi, with similar initiatives in Botswana, Lesotho, Namibia, Swaziland and Tanzania.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO4	\$3,785,487	\$3,395,861	\$197,943	\$7,379,291

***Broad Activity 4: Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.***

77. In terms of building the evidence base and monitoring programme implementation, in 2009 UNICEF merged the PMTCT and Paediatric HIV Report Card into the UNAIDS/WHO/UNICEF joint assessment tool for the health sector's response to the AIDS epidemic. The report card exercise was essential for establishing regular coordination within the UN and among United States Government colleagues around indicator and data standardization. Also in 2009,

UNICEF led the organization of Global Experts' Consultations on PMTCT Impact Assessment and Operational Research on PMTCT and paediatric HIV care, support and treatment and costing to inform the global research agenda in the field. Support was provided for technical assistance to seven countries in Eastern Europe to strengthen data collection and analysis regarding children and AIDS. UNICEF supported five additional countries in the region to design a framework for monitoring and evaluation of interventions for most-at-risk adolescents. In collaboration with the Task Team, in September 2009 UNICEF issued the *Guidance Document on Developing and Operationalizing a National Monitoring and Evaluation System for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. This document draws on lessons learned from various countries on developing harmonized, participatory and nationally owned systems to monitor and evaluate the national response for orphans and vulnerable children.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO1	\$1,023,103	\$917,800	\$53,498	\$1,994,401

***Broad Activity 5: Contribute to advocacy and technical assistance to generate data on age, sex and other specific background characteristics on HIV risk behaviours and vulnerabilities among adolescents up to the age of 18, as part of national, regional and global monitoring and evaluation systems.***

78. UNICEF supported the collection and analysis of trend data regarding universal

**Generating strategic information on HIV and adolescents**

With support from UNICEF, Bhutan completed its first assessment of risk behaviours among adolescents and young people. National education ministries joined with other stakeholders in Malawi, Namibia and Tanzania to evaluate HIV knowledge among girls in secondary schools, using the results to generate programme improvement standards. In collaboration with the European Union and WHO, UNICEF supported the Harm Reduction Eurasian Network in assessing young people's drug-using behaviours.

access targets for young people, making particular use of household survey data. A working group of the expanded Inter-Agency Task Team for young people most at risk supported two global meetings on most-at-risk adolescents, which generated agreement for joint work to improve data disaggregation and increase support for efforts to strengthen

analytic capacity in countries. Advocacy and technical support focused on integration of indicators on most-at-risk adolescents in HIV monitoring and evaluation systems in several countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO1	\$2,649,839	\$2,377,103	\$138,560	\$5,165,502

**Broad Activity 6: Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditure on children and AIDS.**

79. The “Unite for Children, Unite against AIDS” campaign has emphasized expenditure tracking in its advocacy. In Eastern Europe and Central Asia, UNICEF has undertaken “child-friendly budget” assessments to grade efforts to address the HIV-related needs of children. UNICEF has strategized with the Global Fund and UNAIDS on ways to improve data disaggregation by age and sex. Internal automated reports are now routinely created to permit tracking of expenditures on children and AIDS on an ongoing basis.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO2	\$327,393	\$293,696	\$17,119	\$638,208

**Broad Activity 7: Provision of financial and material support, as well as technical assistance for acceleration of PMTCT implementation at the national level including the development of supportive policies and costed, evidence-informed scale up plans, capacity development in the form of training of health care workers and direct support for management capacity at country level. (joint activity with WHO)**

80. UNICEF joined with other UNAIDS partners and national authorities to launch a joint initiative for the elimination of mother-to-child transmission of HIV and syphilis in Latin America and the Caribbean, which has led to agreement on specific goals for 2015. Joint missions with WHO informed elaboration of components for prevention of mother-to-child transmission in numerous funding proposals to the Global Fund. In 2009, UNICEF supported integrated PMTCT scale-up plans for 12 countries in Eastern and Southern Africa and paediatric care and treatment scale-up plans in 13. The UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and partners in 2009 elevated global policy dialogue on the controversial and often forgotten issues related to pregnancy and HIV among women who are injecting drug users. In the same year, UNICEF undertook a review of successful models of service provision (including work supported by UNICEF in Ukraine for drug-dependent pregnant women) and developed a policy on service provision for the region’s pregnant HIV-positive injecting drug users. With the WHO/PAHO Region ambitious targets for 2015 have been set for the reduction of incidence of MTCT of HIV (to less than 5%) and incidence of congenital syphilis (to less than 0.5 cases per 1000 live births).

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO2	\$2,854,459	\$2,560,663	\$149,260	\$5,564,382

**Broad Activity 8: In collaboration with relevant partners, contribute to financial support and technical assistance for strengthened capacity to ensure appropriate and integrated approaches to care and treatment for pregnant women, HIV infected women, and HIV-exposed and infected children, as well as support for capacity development and adoption of policies promoting paediatric HIV care and treatment.**

81. In Eastern Europe and Central Asia, UNICEF advocated for the integration of paediatric HIV services into general health settings. In collaboration with WHO and partners, UNICEF worked with the UNAIDS Estimates, Modelling and Projections Reference Group to review epidemiological assumptions for estimating the number of children needing treatment, resulting in recalculated estimates. UNICEF led a joint review of paediatric HIV care and prevention of mother-to-child transmission in five African countries in 2009, leading to development of programme acceleration plans. In Eastern and Southern Africa, UNICEF intensified its support to high-burden countries to alter clinical practices to facilitate earlier initiation of antiretroviral therapy in children.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO3	\$1,902,973	\$1,707,109	\$99,506	\$3,709,588

**Broad Activity 9: Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of pregnant women living with HIV and their children. This includes supporting the development of procurement and supply management plans and capacity building as well as advocating for more appropriate formulations for PMTCT and paediatric HIV and adaptation of tools and instruments to assist in strengthening procurement and supply management (PSM).**

82. UNICEF supported the UN Secretary-General's meeting in 2008 with 17 pharmaceutical and diagnostic companies, which resulted in commitments by CEOs to make further investments in research and development of new HIV-related medications that are suitable for resource-limited settings and safe and accessible for children, adolescents, adults and pregnant women. UNICEF supported and collaborated with the US President's Emergency Plan for AIDS Relief on new paediatric formulations. To support the implementation of the revised WHO PMTCT guidelines, UNICEF in consultation with a range of partners and recipient countries, started initial research on packaging and content of the Mother-Baby Packs. This innovative simple and affordable packaging will facilitate the delivery of antiretroviral drugs, cotrimoxazole and other supplies in antenatal and delivery care settings. UNICEF brokered a partnership with the Clinton Foundation in Kyrgyzstan to promote price reductions for antiretroviral drugs, including paediatric formulations.

83. UNICEF collaborated with UNITAID on measures to finance commodities and diagnostics for more comprehensive and effective programming, including US\$ 50 million in funding for nine countries plus nutritional components (valued at \$5 million) for four countries. The UNICEF West and Central Africa Regional Office has created momentum and strong partnerships around procurement and supply management – ensuring the efficient flow of AIDS commodities from point of purchase outside the country, across borders, to clinics and into the hands of clients.



84. In 2009, UNICEF's procurement of AIDS-related commodities totalled \$101.2 million for the year (for more than 70 countries), a 47 per cent increase over 2008; 81 per cent of the total was for antiretrovirals, 12 per cent for rapid test-kits for HIV and sexually transmitted infections and 7 per cent for early infant diagnostics. Procurements for the Democratic Republic of the Congo, Ethiopia and Malawi represented 50 per cent of the total.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO6	\$951,486	\$853,554	\$49,753	\$1,854,793

***Broad Activity 10: Advocacy and provision of tools and technical assistance to develop and monitor policies, the implementation of costed, evidence - informed scale-up plans for children affected by AIDS.***

85. UNICEF is providing extensive support to develop strategies and policies for orphans and vulnerable children, including a Guidance Document for developing and managing associated monitoring and evaluation systems. Technical support was provided to national policy development on OVC in 15 countries in East and Southern Africa, and 18 out of 24 countries in West and Central Africa had a strategy. UNICEF also helped Nepal and Pakistan to scale up district level programmes and support for national guidance around care and support for children affected by AIDS. UNICEF provided technical support in the development of the UN Guidelines on Alternative Care – approved by the UN General Assembly in 2009. In addition, UNICEF along with the Better Care Network, supported the first African meeting on family based care in 2009 (Nairobi, Kenya).

86. In Latin America and the Caribbean, UNICEF prioritized the inclusion of vulnerable children in national protection frameworks, and was involved in the development of innovative conditional cash transfer schemes in several countries. For example, UNICEF advocated for the new Caribbean Regional Strategic Framework on HIV and AIDS to address the need to reduce the vulnerability of children orphaned due to AIDS and better support children living with HIV. UNICEF also supported the initiative to amend the Paraguayan AIDS law presented in Congress to include the protection of children affected by AIDS.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO3	\$5,289,447	\$4,745,028	\$276,585	\$10,311,060

## World Food Programme

87. WFP undertook 10 broad activities under the 2008-2009 Unified Budget and Workplan.

WFP Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$7,000,000	\$10,230,586	\$2,200,000	\$19,430,586

**Broad Activity 1: Advocacy and technical assistance to mobilize resources for food and nutrition security as an essential element of the AIDS response by working with key civil society and national partners at all levels.**

88. WFP supported roll-out of activities under programmes funded in Round 7 by the Global Fund and aided integration of nutrition in Round 8 proposals. In Round 9, 13 of 31 grants submitted from countries in Eastern and Southern Africa with WFP support were approved, with 11 of the rejected applications eligible for re-submission on Round 10. WFP also influenced PEPFAR guidelines on food and nutrition support, confirming new grants for Ethiopia, Mozambique and Rwanda. WFP engaged with partners to support procurement, handling and quality assurance in food-by-prescription programmes. In One UN pilot countries, WFP assumed a leadership role on food and nutrition issues. Advocacy by WFP facilitated resource mobilization for the provision of nutrition and food support, as well as planning for operational research regarding a food-based pilot programme in Honduras.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO3	\$1,307,800	\$274,379	\$23,780	\$1,605,959

**Broad Activity 2: Advocacy and technical assistance to include costed, evidence-based HIV food and nutrition programmes in National AIDS Strategies, Action Plans and Poverty Reduction Plans by working with governments and key stakeholders.**

89. WFP support facilitated alignment of diverse food and nutrition interventions with national strategies, including assistance in the Latin America and Caribbean region to ensure the integration of food and nutrition in national AIDS strategies. WFP provided technical and operational support for development of national strategies and intervention protocols in 30 African countries. Support was provided to an advocacy workshop in Asia on guidelines on the nutritional management of people living with HIV.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO2	\$1,274,990	\$277,329	\$20,530	\$1,572,849

**Broad Activity 3: Coordination with stakeholders to develop and integrate monitoring systems into food and nutrition components of care, treatment and support programmes in order to identify cost-effective best practices.**

90. Introduction of vulnerability profiling exercises in Mozambique, Namibia and Zambia contributed to greater alignment and coordination between national monitoring and evaluation systems and food assistance programme monitoring. In Djibouti, WFP developed a new monitoring system in collaboration with country-level stakeholders, and support was provided for implementation of an electronic distribution mechanism in Zambia to reduce burdens associated with data collection and analysis. New indicators were tested in several countries pertaining to direct food security and nutrition interventions, and WFP engaged in discussions with several African countries to integrate nutrition-related information in national patient information systems. Overall, WFP provided technical assistance to almost 30 countries to integrate food and nutrition monitoring tools with national monitoring and evaluation frameworks

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO1	\$1,059,413	\$273,744	\$19,299	\$1,352,456

**Broad Activity 4: Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefitting patients and their families.**

91. WFP implemented a broad range of food and nutrition interventions to support programmes for prevention of mother-to-child transmission in nine countries in sub-Saharan Africa. Support was provided for the launching of a consultative process in Kenya to explore food-related implications of new WHO guidelines for introduction of antiretroviral therapy among clients in antenatal settings. WFP provided food and nutrition support to pregnant women on antiretrovirals in Sudan, and technical support was delivered to all six countries implementing prevention services in antenatal settings in West Africa. WFP provided technical assistance and advocacy for the provision of nutrition and food support in Latin American and the Caribbean.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO2	\$129,441	\$270,459	\$104,477	\$504,377

**Broad Activity 5: Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.**

92. Support was provided for the provision of nutrition and food in care and treatment programmes in over 40 countries including antiretroviral treatment programmes in 13 African countries. Research on the role of food and nutrition in treatment programmes was supported in Kenya and Rwanda. WFP supported programme reviews and provided health-related technical guidance in seven countries in Africa. A client vulnerability assessment among antiretroviral patients in Mozambique confirmed widespread malnutrition and food insecurity among individuals initiating therapy. In Cambodia, WFP joined with partners to establish

an inter-organizational task team to prepare counselling materials on HIV, food and nutrition. In Latin America, WFP aided development of national HIV and nutrition protocols for care and treatment.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO3	\$1,471,361	\$3,685,333	\$1,241,578	\$6,398,272

**Broad Activity 6: Technical assistance and programmes for nutrition and food support in HIV and TB programmes.**

93. WFP assisted integration of nutrition and food support in TB/HIV activities in five Asian countries. In Africa, the provisions of nutrition and/or food support were implemented in 14 countries. In 2008-2009, WFP provided more than 3,700 metric tons of food for more than 200,000 patients enrolled in TB treatment in Sudan.

**Food and treatment adherence**

WFP-supported research in Zambia, published in *Epidemiology and Social Science* in October 2008, found that food and nutrition support improved adherence among patients on antiretroviral therapy.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO5	\$1,124,080	\$565,879	\$186,695	\$1,876,654

**Broad Activity 7: Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support.**

94. WFP's programme implementation guidance stipulates specific efforts to address gender disparities through engagement of women's groups in community-focused interventions and preferred registration of women as recipients of household food rations. In Zimbabwe, special trainings focused on increasing the involvement of male caregivers in home-based programmes, while food distributions sites in Ethiopia were used for community conversations on gender issues. Technical support was provided to 10 countries in West Africa, including integration of activities to address HIV-related gender dimensions for pregnant and lactating women. All WFP activities in Asia, as well as in Latin America and the Caribbean, incorporate gender considerations in the development of food and nutrition interventions in HIV care and support.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO4	\$84,809	\$345,426	\$9,914	\$440,149

**Broad Activity 8: Scaling-up HIV awareness and prevention in food and nutrition support programmes among young people.**

95. North Star Alliance works to extend HIV services and primary health care to transport workers, sex workers and corridor communities. It is supported by TNT, UNAIDS, ITF and ORTEC and unites more than 60 regional, national and local

partners. The Alliance doubled the number of drop-in wellness centres in 2009. As of December 2009 there were 14 wellness centres in 11 countries in east and southern Africa. Initial plans were developed to expand into West Africa in coordination with the Abidjan-Lagos Corridor Organization and the World Bank.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO2	\$116,940	\$362,179	\$9,600	\$488,719

***Broad Activity 9: Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV and AIDS.***

96. In Mozambique and other countries, WFP participated in national consultation processes to ensure integration of food assistance in national plans of action for children orphaned or made vulnerable by AIDS. WFP implemented children-focused support programmes in 30 countries with 9 countries in Eastern and Southern Africa, taking steps to align its efforts with those of other national partners. In five African countries, support was provided for sustainable livelihood interventions in agricultural sectors. In Sudan, WFP supported 728 households that include orphans.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO3	\$265,258	\$3,585,879	\$565,410	\$4,416,547

***Broad Activity 10: Integration of HIV nutrition into all WFP emergency responses through the use of specialized vulnerability assessment tools to guide the targeting and programming of food and nutrition support for affected children, people on antiretroviral therapy (ART), people living with HIV and their families.***

97. WFP relief programmes continued to mainstream HIV-related considerations in line with guidelines of the Inter-Agency Standing Committee (IASC). WFP supported revision of global IASC guidelines and assisted integration of food and nutrition support and HIV in humanitarian assistance in Ethiopia and Kenya. In the Democratic Republic of Congo, specific efforts were made to link food assistance to programmes for HIV stigma and reduction and for victims of sexual violence.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$165,908	\$589,979	\$18,717	\$774,604

## United Nations Development Programme

98. UNDP undertook 11 broad activities under the 2008-2009 Unified Budget and Workplan.

UNDP Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$13,760,000	\$6,147,116	\$19,397,659	\$39,304,775

**Broad Activity 1: Implementation of leadership programmes and capacity building for groups and networks of people living with HIV, civil society and community-based organizations to strengthen partnerships, organizational capacity, and engagement in AIDS response.**

99. Support was provided to local and national groups of people living with HIV from 70 countries. Such activities were aided by policy guidance on working effectively with networks of people living with HIV and other civil society groups. Capacity-building and financial support was provided to 43 community-based organizations in 37 countries in association with international and regional AIDS conferences.

**Contributing to the success of the  
Global Fund to Fight AIDS, Tuberculosis and  
Malaria**

As the principal recipient for Global Fund grants in 34 countries between 2003 and 2008, UNDP contributed to community outreach to more than 20 million people, HIV testing and counselling services for 3.5 million people, antiretroviral treatment for more than 100,000 individuals, the delivery of support services to more than 90,000 orphans, distribution of 280 million condoms, and the detection and treatment of nearly 600,000 TB cases.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO4	\$2,212,172	\$1,798,606	\$528,781	\$4,539,559

**Broad Activity 2: Advocacy and support through the Resident Coordinator System for establishment and strengthened functioning of joint UN teams on AIDS at country level and joint programmes of support.**

100. The Resident Coordinator system supported the establishment and successful functioning of Joint UN Teams on AIDS. Direct support was provided to 40 UNDP country offices to promote effective participation in Joint UN Teams and support development of Joint Programmes of Support. Seven inter-agency regional trainings on human rights and gender for Joint Team members were supported. In collaboration with UNFPA and the UNAIDS Secretariat, UNDP conducted joint in-reach training for UN staff to respond to the HIV-related needs of men who have sex with men, people who inject drugs, and sex workers.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$838,771	\$125,345	\$143,769	\$1,107,885

***Broad Activity 3: Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.***

101. UNDP supported national authorities in 60 countries to strengthen governance and coordination of the national response. Assessments in 20 countries in West and Central Africa strengthened leadership and governance of national AIDS responses and harmonization of donor funding. UNDP collaborated with partners to support strategic planning to countries in Asia and worked in more than 40 countries to build the capacities of districts, municipalities, civil society and community-based programmes to implement HIV programmes.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO1	\$565,136	\$13,284	\$1,859,526	\$2,437,946

***Broad Activity 4: Development of technical guidance and tools and provision of technical support for integrating AIDS priorities into national development and MDG plans, poverty reduction strategies and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes (including through joint PRSP mainstreaming programme with World Bank and UNAIDS Secretariat.)***

102. Global and regional support was provided to 63 countries to facilitate mainstreaming of HIV into national and sector development plans and processes. Focused support in 23 countries aided integration of HIV into PRSPs. A report with ASEAN on HIV and mobility was launched, and support was provided to 15 Pacific countries to integrate HIV into MDG costing frameworks. In seven countries, UNDP strengthened the AIDS response in disarmament, demobilization and integration. UNDP also developed a practical guidance on note on HIV mainstreaming in post-conflict situations.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO2	\$2,241,501	\$773,442	\$2,122,984	\$5,137,927

***Broad Activity 5: Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.***

103. UNDP intensified its efforts to support implementation of grants approved by the Global Fund. Capacity-building activities helped strengthen national capacity in financial management, monitoring and evaluation, and procurement and supply chain management. UNDP collaborated with the Global Fund to disseminate best practices and lessons learnt with respect to the management and implementation of Global Fund grants. UNDP participated in monitoring and evaluation

workshops in all 26 countries where UNDP is the Principal Recipient for Global Fund grants.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO3	\$0	\$0	\$8,634,650	\$8,634,650

***Broad Activity 6: Advisory services and provision of technical support to develop methodologies conduct studies and implement strategies to assess and mitigate socioeconomic impacts of AIDS.***

104. Support was provided for socioeconomic impact studies in 22 countries. A review of 70 socioeconomic impact assessment studies was undertaken, with the aim of developing improved strategies for translating assessment findings into effective impact mitigation initiatives. UNDP developed and piloted in four Asian countries a methodology to analyze the epidemic's impact at the household level. A study on poverty and HIV in Bolivia was used to facilitate policy dialogue on impact mitigation activities.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO5	\$824,352	\$123,172	\$775,341	\$1,722,865

***Broad Activity 7: Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines.***

105. UNDP supported 75 countries in building capacity to adopt enabling trade and health policies and legislation. In collaboration with WHO, UNDP supported capacity development in nine sub-Saharan African countries and 10 Francophone countries on intellectual property and public health. UNDP/WHO trainings for patent examiners in 22 countries promoted examination of pharmaceutical patents from a public health perspective. UNDP provided technical advice and capacity development to support TRIPS flexibilities into national legislation in 44 countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO7	\$1,248,973	\$12,209	\$568,863	\$1,830,045

***Broad Activity 8: Advocacy, policy support and development of normative and strategic guidance, to strengthen coherent and coordinated UN action in the area of HIV-related human rights and gender programming.***

106. UNDP supported 62 countries to promote gender-responsive and rights-based AIDS policies and programmes. UNDP led the global process to forge consensus on the 'UNAIDS Action Framework on Women, Girls, Gender Equality and HIV' and the 'UNAIDS Action Framework for Universal Access for Men who have Sex with Men and Transgender People'. In collaboration with other UN partners, UNDP supported 10 countries to develop action plans to address key barriers and gaps and to accelerate progress towards universal access for



women and girls. UNDP collaborated with the UNAIDS Secretariat to convene and support the UNAIDS Reference Group on HIV and Human Rights and the International Task Team on Travel Restrictions. Support was provided for development of a collaborative toolkit on HIV-related legal services and for development of joint guidelines for monitoring and evaluation for men who have sex with men and HIV interventions.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO1	\$502,267	\$475,130	\$1,111,541	\$2,088,938

***Broad Activity 9: Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, civil society organizations (CSOs), media, women’s groups, the private sector and religious leaders to address HIV-related stigma and discrimination.***

107. UNDP supported multi-stakeholder partnerships in 50 countries to address stigma and discrimination. Assistance to 33 countries focused on addressing HIV among men who have sex with men in national strategies and Global Fund proposals. In the Caribbean and South Asia, UNDP supported development of multi-country HIV projects focused on men who have sex with men and transgender populations. UNDP supported participation by civil society representatives from 19 countries in a six-week capacity-building course on behaviour change, resulting in region-wide initiatives to provide outreach services to populations most at risk. HIV training was provided to media professionals from 15 countries across the Asia and Arab region.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO2	\$2,339,416	\$304,169	\$1,313,549	\$3,957,134

***Broad Activity 10: Advisory services and support for undertaking legislative reviews and reform, promoting enforcement of laws that protect HIV-related rights and equality of women, and strengthening links between parliamentary, judicial and law enforcement structures.***

108. In concert with Joint UN Teams, UNDP supported more than 30 countries to create enabling environments, including undertaking audits of national legal frameworks and supporting access to justice for people living with HIV. In seven South Asian countries, UNDP assessed laws relating to women’s inheritance and property rights, sex work, and trafficking. In collaboration with partners, UNDP produced and disseminated an HIV handbook for parliamentarians and also supported creation of a human rights database. UNDP facilitated the development of an Arab parliamentary convention on the rights of people living with HIV and supported the Inter-American Parliamentary Group in conducting a comparative analysis of HIV legislation in Latin America and the Caribbean.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO3	\$1,604,282	\$766,301	\$1,552,230	\$3,922,813

**Broad Activity 11: Advocacy, advisory services and technical support for planning and implementation of strategies to address gender dimensions of AIDS, reduce vulnerability of women and girls, mitigate impact, and strengthen networks of men and boys working to address gender and AIDS.**

109. Normative guidance and technical support were provided to 42 countries on integrating gender into national AIDS plans, and on integrating AIDS into national gender plans. Guidance on essential HIV-related actions for women and girls was produced in English, French and Spanish. UNDP worked to strengthen nine regional mechanisms in five regions to support local and regional expertise to assist countries in addressing the epidemic's gender dimensions. UNDP trained 4,000 religious leaders from 19 countries in the Arab region on HIV, gender and human rights, ultimately reaching 100,000 religious leaders through the programme. In collaboration with UNIFEM, UNDP launched a regional technical mechanism on women, gender and HIV. Joint research on HIV transmission in intimate partnerships was conducted in 15 countries. UNDP led an interagency initiative to strengthen 9 regional mechanisms (civil society and UN agencies) so they can contribute to integrating gender into national AIDS strategies

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
<b>PO5/KO4</b>	\$1,383,129	\$1,755,458	\$786,425	\$3,925,012

## United Nations Population Fund

110. UNFPA undertook 11 broad activities under the 2008-2009 Unified Budget and Workplan.

UNFPA Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$18,199,982	\$42,203,996	\$38,496,376	\$98,900,354

***Broad Activity 1: Advocacy and technical assistance for the incorporation of interlinkages of population dynamics and gender equality, sexual and reproductive health, young people's needs and HIV/AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.***

111. UNFPA supported the mid-term review of the national AIDS framework in Zambia, the development and roll-out of the national operational plan on HIV prevention scale-up in Botswana, the inclusion of evidence-based prevention in the new national HIV plan in Zimbabwe, and the development of a regional HIV strategy in the Pacific region. Youth policy and advocacy mechanisms were supported in Bosnia and Herzegovina, Costa Rica and Uruguay. UNFPA also assisted inclusion of sexual and reproductive health issues in Guyana's Poverty Reduction Strategy Paper. In countries such as Peru, UNFPA aided the translation of strategic information into programmes to improve gender equity.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO2	\$687,996	\$1,051,783	\$4,295,811	\$6,035,590

***Broad Activity 2: Support for institutional strengthening and technical capacity building of UNFPA COs, UN country teams, regional and national key population organizations (e.g., youth-serving and youth-led; sex work networks; women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate relevant HIV programmes and services.***

112. UNFPA strengthened institutional and operational capacity and knowledge management of national organizations in five countries. Contributions were made to the Global Fund strategy on sexual minorities and gender orientation, and support was provided to sex worker networks to advocate for increased attention to sex workers' needs by the Global Fund. In the Pacific and other regions, UNFPA advocated for a reduction in stigma and discrimination towards people living with HIV and most-at-risk populations. UNFPA strengthened the human resource capacity in eight governments by placing full-time staff or Y-PEER national fellows in key agencies.

113. Support was provided to establish organizations and networks to serve key populations, such as the creation of young people's networks in 16 districts in Zimbabwe and the establishments of voluntary counselling and testing centres for

most-at-risk populations in Lebanon. UNFPA, with UNODC, UNICEF, UNDP and the UNAIDS Secretariat strengthened the technical capacity of UN staff to address HIV and sex work, including delivering sensitization training to UN staff in Arab states. UNFPA worked closely with regional networks of sex workers and national level sex work organisations to strengthen policy and programme development and implementation. Capacity-building assistance was also provided for numerous foundations and NGOs to work in collaboration with sex workers and sex worker organizations. UNFPA also supported the establishment of a network of people living with HIV in Viet Nam.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO4	\$3,220,966	\$1,126,429	\$3,448,877	\$7,796,272

***Broad Activity 3: Strengthening linkages between sexual and reproductive health and HIV/AIDS by promoting linkages using evidence base, providing technical support to countries, and disseminating guidance tools and promising practices to identify and implement key policy and programme actions, particularly focusing on rights-based sexual and reproductive health of people living with HIV, prevention of mother to child transmission, sexually transmitted infection management, and integrating family planning and HIV.***

114. UNFPA supported the translation and dissemination of its Rapid Assessment Tool for sexual and reproductive health and HIV, as well as a Cochrane Review of evidence regarding relevant linkages between these services. Support to develop and implement national plans to integrate sexual and reproductive health was provided in 12 countries. Capacity-building support for integration of HIV and sexual and reproductive health was delivered in several countries, including to educators, students and service providers in Nigeria and to clinical providers in Turkmenistan.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO1	\$948,787	\$1,179,574	\$2,821,309	\$4,949,670

***Broad Activity 4: Provision of technical support, dissemination of existing and development, as required, of new guidance, and support for capacity building to implement the Global Strategy for Accelerating PMTCT scale up, particularly focusing on a basic package of HIV/AIDS services in maternal healthcare settings, sexual and reproductive health for women living with HIV, and linking maternal health services with other sexual and reproductive health services.***

115. UNFPA provided technical support to 61 countries for programmatic scale-up of PMTCT and service integration including through regional train-the-trainer workshops in five African countries, as well as focused capacity-building exercises in numerous other countries, such as Turkmenistan and Nepal. Support was provided for development and implementation of national strategies for prevention of mother-to-child transmission in such countries as Bangladesh, Cambodia and Nigeria. UNFPA staff from seven countries participated in a regional task force meeting on prevention of mother-to-child transmission in Asia.

116. Reproductive health services for people living with HIV were strengthened in Thailand with UNFPA assistance. UNFPA also disseminated guidance on sexual and reproductive health for people living with HIV and collaborated with national networks of people living with HIV in three African countries to assess service access for pregnant HIV-positive women.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO2	\$228,914	\$321,873	\$1,624,430	\$2,175,217

**Broad Activity 5: Implementation of the Global Condom Initiative to intensify comprehensive condom programming (CCP) for HIV prevention and dual protection with emphasis on: (a) scaling- up female condom programming; (b) strengthening male condom programming; (c) increasing access and use of male and female condoms by women, young people, sex workers and populations in humanitarian settings; (d) building national capacity including through workshops, training of programme managers and service providers, condom branding, mass media campaigns, advocacy, and support for national coordination; (e) support for country level procurement of male and female condoms (MCs and FCs), sexually transmitted infection drugs and diagnostics test kits including through training and support for the implementation of a low cost computer augmented LMIS system and (f) development of monitoring and evaluation (M&E) tools to assess progress and evaluate impact.**

117. UNFPA supported the development and utilization of logistic management tools for condom distribution, including implementing the Reproductive Health Commodity Security Dashboard in 75 countries. Eighty-nine countries reported using the Country Commodity Manager to manage and report central warehouse commodity data, while a separate computerized logistics management system was piloted in five countries. In a variety of forums, UNFPA advocated for greater attention to condom programming. UNFPA was instrumental to the distribution of a record 50 million female condoms in 2009 and supported integration of condom programming in successful Global Fund proposals. UNFPA assessed condom programming in 23 countries in West and Central Africa and supported condom demand generation initiatives in four high-prevalence countries in Southern Africa.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO6	\$5,601,911	\$22,144,585	\$4,394,463	\$32,140,959

**Broad Activity 6: Advocacy and capacity-building to mainstream gender equality into sexual and reproductive health programmes to address women's and girls' vulnerabilities, mitigate the impact of HIV, including gender-based violence, and involve men and boys in HIV prevention programme.**

118. UNFPA collaborated with UN partners to develop the business case on the UNAIDS Outcome Framework Priority Area pertaining to violence against women, and also participated in development of the UNAIDS Action Framework on Women, Girls, Gender Equality and HIV. UNFPA developed and disseminated a variety of advocacy materials and tools and undertook community mobilization and sensitization activities in various countries, including reaching more than 2,000 male and 1,200 female traditional leaders in Zimbabwe. UNFPA supported

systematic implementation of gender norm programming for men and boys in 20 countries. Through research and capacity-building activities, UNFPA promoted improved linkages between HIV programmes and efforts to prevent gender-based violence. UNFPA also increased the capacity of governments and civil society partners on gender mainstreaming. Support for regional faith-based networks reached partners in 58 countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO4	\$675,079	\$2,194,873	\$4,331,203	\$7,201,155

***Broad Activity 7: Advocacy and provision of technical support for implementation of policies and programmes addressing HIV and sex work, including through the greater and meaningful involvement and participation of sex workers as individuals and through their organizations and networks at national, subregional and regional and global levels.***

119. UNFPA strengthened partnership with networks of sex workers in the Asia-Pacific region and engaged in high-level advocacy to promote dissemination of the UNAIDS Guidance Note on HIV and Sex Work. UNFPA supported country-level efforts to strengthen rights-based HIV services for sex workers in a variety of settings in Africa, Asia, the Arab states, and the Caribbean. UNFPA strengthened the technical capacity of sex worker networks in Asia and the Pacific, Latin America and Southeast Europe. Capacity-building approaches by UNFPA included peer education training, development and outreach manuals, and provision of small grants on HIV and sex work in selected countries in multiple regions.

<p><b>Strengthening the HIV response for sex workers in Pakistan</b></p> <p>In May 2009, UNFPA joined with Pakistan's National AIDS Control Programme to host the first-ever national consultation involving female sex workers. Participants reported enormous difficulties in ensuring that their male clients use condoms, recommending stronger efforts to promote access to female condoms. Sex workers also called for increased prioritization for HIV testing services, decriminalization of sex workers, and actions to reduce harassment by law enforcement officials. The consultation resulted in the development of the first national framework on HIV and sex work.</p>
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Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO1	\$1,282,412	\$3,075,822	\$4,022,670	\$8,380,904

***Broad Activity 8: Development, documentation and scale-up of models to strengthen the evidence base to support programming in the context of HIV and sex work.***

120. UNFPA supported development of mapping reports on undocumented migrant sex workers in Europe, as well as a state-of-the-art website service directory for sex workers from 25 countries. In collaboration with UNHCR, UNFPA

developed a draft technical note on HIV and sex work in humanitarian situations, and the two organizations also collaborated in a review of UNFPA activity on HIV and sex work in humanitarian settings in 25 countries. Support was provided for surveys to improve programming in Latin America for sex workers, people in prisons, and persons with sexually transmitted infections. UNFPA supported seven research studies on HIV and sex work in four countries, including a behavioural survey in Oman, legislative review in Lebanon, and a study of men who have sex with men in Rwanda.

121.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO2	\$557,092	\$1,415,182	\$1,865,651	\$3,837,925

***Broad Activity 9: Conduct advocacy to raise awareness of the ‘feminization’ of the epidemic, support policy dialogue to catalyse action, provide technical support, and disseminate/develop guidance and good practices to reduce vulnerability of women and girls, mitigate impact, and empower women and girls, including reducing barriers to utilization of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas.***

122. UNFPA collaborated with partners to refine indicators on gender-based violence and HIV in conflict settings in Sierra Leone and Uganda. UNFPA served as lead UN agency for the UN Secretary-General’s campaign on violence against women, facilitating the establishment of a network of men’s leaders to combat gender-based violence. UNFPA broadened partnerships with new constituencies and collaborated in the initiation of a multi-stakeholder, four-country pilot initiative to address sexual violence against girls. Support was provided for implementation of the domestic violence act in Zimbabwe, including capacity-building support to the national gender machinery to coordinate violence prevention at the district level. UNFPA joined with UNIFEM to implement the joint programme for the accelerated abandonment of female genital mutilation/cutting, intensifying advocacy on this issue.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO1	\$1,361,230	\$2,392,951	\$2,849,827	\$6,604,008

***Broad Activity 10: Increased access to comprehensive SRH/HIV information and education, skills and services for young people in and out of school, especially the vulnerable and most at-risk through: effective coordination mechanisms at global, regional and country levels; mapping, data collection and use for the design, implementation, monitoring and evaluation of programmes; capacity building, development of policy and programme guidance tools; and support and advocacy for youth involvement and participation.***

123. The UNFPA-led Inter-Agency Task Team on Young People and HIV prioritized most-at-risk adolescents in 2008-2009, clarifying the UN division of labour in this area and translating and disseminating global guidance. UNFPA supported development of the ‘Love, Life and HIV’ project, a multi-media advocacy tool to address stigma and discrimination towards young people.

UNFPA intensified its support for the collection and dissemination of strategic information and for advocacy relating to the needs of young people. UNFPA provided capacity-building training to young people from 27 countries. Joint technical support worked to improve national responses for young people in five Asian countries. UNFPA assistance increased young people's access to sexual and reproductive health services in countries such as Zambia, where support was provided for youth-friendly health services and peer education. UNFPA supported the scale-up of the Youth Peer Education Network in Kazakhstan and reached more than 5,000 young people through peer education in Bosnia and Herzegovina. School-based sexuality education and HIV prevention was implemented with UNFPA assistance in Uzbekistan.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO2	\$3,198,005	\$6,222,983	\$6,993,330	\$16,414,318

***Broad Activity 11: Integration of comprehensive sexual and reproductive health and HIV services, including prevention and response to gender based violence into emergency preparedness, humanitarian response, transition and recovery with emphasis on prevention of HIV and sexual violence among high risk groups affected by continuing crises such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations.***

124. UNFPA participated in advocacy efforts and inter-agency forums to mobilize resources for strengthened and integration services for reproductive health, prevention of gender-based violence, and HIV among mobilized personnel and women associated with the armed forces, supporting programmatic implementation in eight countries. UNFPA collaborated with UNHCR to facilitate access to essential reproductive health commodities among internally displaced persons and refugee populations in 24 countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$437,590	\$1,077,941	\$1,848,805	\$3,364,336



## United Nations Office on Drugs and Crime

125. UNODC undertook 10 broad activities under the 2008-2009 Unified Budget and Workplan.

UNODC Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$9,500,000	\$46,379,892	\$8,607,079	\$64,486,971

**Broad Activity 1: Provision of technical assistance to relevant government agencies, including, health, law enforcement, judiciary and social services, and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking (PVHT) and prisoners in the development and implementation of HIV/AIDS policies and programmes.**

126. UNODC provided technical support to more than 65 countries, including financial and technical assistance to civil society organizations for provision of opioid substitution therapy, involvement of people who inject drugs in implementation and evaluation of harm reduction programmes, and advocacy for inclusion of drug user representatives in national and regional policy and strategic planning bodies. UNODC contributed to successful establishment of the Asia Network of People who Use Drugs and assisted Country Coordinating Mechanisms in the development and submission of proposals to the Global Fund. UNODC assisted in inclusion of former and current prisoners in policy development, programming and studies, and supported their participation in national technical working groups in several African countries. UNODC organized a regional consultation on HIV in prison settings in Latin America and the Caribbean.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO4	\$1,045,000	\$5,101,788	\$946,779	\$7,093,567

**Broad Activity 2: In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools, and provision of technical support in strengthening the capacity of countries to scale up joint HIV and TB planning, training, and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV related tuberculosis in prison, drug dependence treatment and immigration detention settings.**

127. In collaboration with WHO and the UNAID Secretariat, UNODC developed and widely disseminated a technical paper on collaborative HIV/TB services for people who inject drugs, translating the document into multiple languages. UNODC organized sessions at major international meetings to increase awareness of HIV/TB co-infection, including 13 priority action steps needed to expand universal access to HIV and TB prevention, treatment and care services. UNODC helped conduct needs assessment, provided training and technical assistance for civil society and government partners in several countries,

including assisting with the integration of HIV/TB prison-based services in HIV and development planning instruments in six African countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO5	\$760,000	\$3,710,391	\$688,566	\$5,158,957

**Broad Activity 3: Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT) in line with human rights treaties and other related international standards.**

**Scaling up harm reduction services in Romania**

UNODC and partners have provided capacity-building support for harm reduction services to eight governmental and 10 non-governmental entities in Romania. The assistance has coincided with notable gains in access to harm reduction services. The number of people reached by needle and syringe programmes increased from 19% (n = 4,560) at the end of 2007 to 35% (n = 8,400) in December 2009, and the number of patients in opioid substitution treatment rose from 3.3% (n = 805) in December 2007 to 7% (n = 1,526) at the end of 2009.

128. UNODC advocacy contributed to the Pakistan government's approval of opioid substitution therapy. UNODC launched numerous projects and technical assistance initiatives in Central Asia. In India, Nepal and other countries, UNODC advocated for measures to address the needs of women in national strategies and operational plans. UNODC supported rights-based, gender-sensitive approaches to HIV in prison settings in 13 countries, organized an assessment mission for law enforcement personnel in China, and created a network of health care, drug use and HIV prevention services for people living on the street in Brazil.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO1	\$820,800	\$4,007,223	\$743,652	\$5,571,675

**Broad Activity 4: Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking (PVHT).**

129. UNODC strengthened the capacity of civil society groups in 40 countries through trainings and focused technical support. These included efforts to address the needs of minority drug users in Viet Nam, anti-stigma trainings in numerous countries, and advocacy for the needs of people vulnerable to human trafficking in Romania. UNODC conducted an assessment of HIV and drug use prevention and treatment in prisons in Argentina, sponsored a seminar on alternatives to imprisonment in Uruguay, and provided anti-stigma training to media experts in Iran.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO2	\$666,900	\$3,255,868	\$604,217	\$4,526,985

**Broad Activity 5: Legal and policy reviews as they relate to prisons settings, injecting drug users, and people vulnerable to human trafficking (PVHT), and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities.**

130. UNODC helped develop legislation, policies and strategies in 37 countries, including six comprehensive legislative reviews in Central Asia. Results of these reviews were presented in international forums and have led in three countries to legislative amendments. Legislative reviews helped accelerate harm reduction programming in 15 Asian countries. UNODC organized high-level tours for officials in numerous countries to acquaint them with best practices on HIV in prison settings.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO3	\$564,300	\$2,754,966	\$511,260	\$3,830,526

**Broad Activity 6: Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drugs users, or living in prisons, or vulnerable to human trafficking (PVHT).**

131. UNODC worked with WHO and the UNAIDS Secretariat to develop a policy brief on voluntary testing in prisons. An analysis of occupational standards in the judiciary, law enforcement and criminal justice settings in six countries in Central Asia was conducted. UNODC collaborated with the Indian Ocean Commission to establish a regional advocacy network on HIV in prisons. In Indonesia, UNODC initiated a policy dialogue to engage members of the parliament, government, civil society and other stakeholders on issues relating to harm reduction. Training and technical assistance efforts in 11 countries build capacity for implementation of rights-based HIV programmes in prisons and community-based initiatives for people who inject drugs.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO5	\$513,000	\$2,504,514	\$464,782	\$3,482,296

**Broad Activity 7: Provision of support and technical assistance to countries for resource mobilization, establishment of multisectoral working groups, assessment of programmatic needs and capacity building towards the development, implementation and monitoring of effective HIV/AIDS prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking (PVHT).**

132. Support and technical assistance in more than 50 countries facilitated programmatic scale-up. UNODC launched a project to establish HIV prevention and care services for injecting refugees in Afghanistan, Pakistan and Iran, as well as four case management programmes in female prisons in the Russian Federation. Government authorities in Bangladesh approved a pilot programme for opioid substitution therapy following years of advocacy by UNODC. Twenty-one countries were assisted in preparing Global Fund and other funding proposals.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO1	\$4,468,800	\$21,817,101	\$4,048,770	\$30,334,671

**Broad Activity 8: In collaboration with relevant national and international partners, including civil society organizations, develop, adapt, and disseminate evidence-based guidelines and best practices related to HIV/AIDS prevention and care for injecting drug users, people vulnerable to human trafficking (PVHT) and in prison settings.**

133. UNODC collaborated with WHO and the UNAIDS Secretariat in developing guidance on setting targets for universal access to HIV prevention, treatment, care and support for people who inject drugs. UNODC organized a regional workshop in Central Asia to guide and inform national target-setting exercises. Study tours for law enforcement officers and national officials from several countries were organized.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO2	\$91,200	\$445,247	\$82,628	\$619,075

**Broad Activity 9: Development and dissemination of a Safe Mobility Toolkit for mobile and migrant populations, especially people vulnerable to human trafficking (PVHT); gender-responsive operational tools and guidelines which address the needs of female injecting drug users, and women and young girls living in prison settings; and the provision of technical assistance to government and civil societies for their implementation.**

134. Toolkits, training materials and technical support activities in numerous countries specifically addressed the needs of women and girls who use drugs, live in prison settings, and/or are vulnerable to human trafficking. For example, a six-module toolkit on harm reduction in India specifically addressed women's needs, while UNODC also launched interventions for female drug users and female prisoners in Afghanistan, Nepal and Pakistan. UNODC helped develop an updated toolkit to combat human trafficking and vulnerability to HIV/AIDS,

disseminated the toolkit in more than 80 countries, and provided related capacity-building training in six Central Asian countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO1	\$195,429	\$954,101	\$177,060	\$1,326,590

***Broad Activity 10: In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV/AIDS and the workplace, for uniformed groups, including law enforcement, prisons, border guards and immigration detention centre staff.***

135. UNODC trained prison staff and law enforcement personnel in numerous countries, including 150 police officers trained in implementation of a drug referral programme in the Russian Federation. Study tours and regional workshops were conducted in several countries. UNODC organized a policy development workshop on HIV in prisons in Kenya and advocated in several African countries for inclusion of HIV prevention programmes in prisons. UNODC sensitized prison staff in India regarding prisoners' rights to equitable access to HIV prevention, treatment and care services.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$374,571	\$1,828,693	\$339,365	\$2,542,629

## **International Labour Organization**

136. ILO undertook 10 broad activities under the 2008-2009 Unified Budget and Workplan.

ILO Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$9,606,316	\$17,911,887	\$8,059,315	\$35,577,518

***Broad Activity 1: Advisory services, policy guidance and technical support for ILO constituents (ministries of labour, employers' and workers') to enable them to play an active role in national AIDS planning and programme implementation, ensuring full involvement of people living with HIV.***

137. ILO provided policy guidance and technical support in 70 countries, building the capacity of labour ministries, employers' and workers' associations, and people living with HIV. Guidance on good practices in the private sector was provided to the Pan-African Employers Federation and the International Trade Union Confederation, and the Pan Caribbean and Pan African Business Coalitions against HIV/AIDS. In 26 countries, including two "One UN" pilot countries, ILO supported stronger private sector contributions to national AIDS responses. Capacity-building assistance was provided to networks of people living with HIV in 21 countries. ILO supported the development of workplace programmatic components in 23 successful applications to the Global Fund.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO2	\$1,075,591	\$1,267,999	\$1,007,263	\$3,350,853

***Broad Activity 2: Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.***

138. Thirty-one countries were supported to strengthen the world-of-work components in national AIDS strategies. ILO supported the development of operational plans in 36 countries, including three One UN pilot countries. Technical support for the review of national AIDS plans was provided in 15 countries. ILO also completed a 30-country study on the degree to which world-of-work activities have been integrated in national AIDS strategies, eventually leading to an ILO guidance note to accelerate efforts in this regard. ILO trained 100 ILO constituents and eight ILO staff from numerous regions on development of national strategic plans.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO1	\$1,133,121	\$1,516,845	\$1,084,515	\$3,734,481

***Broad Activity 3: Integration of HIV in Decent Work Country Programmes, including the development and implementation of sector specific policies and programmes, as appropriate, and an outreach strategy for the informal economy.***

139. ILO supported 54 countries with respect to inclusion of HIV into ILO's Decent Work Programmes. Support was provided to more than 35 countries for HIV policy development with the participation of employers, workers and people living with HIV. ILO aided 10 countries in integrating HIV into Poverty Reduction Strategy Papers. Eighteen countries were assisted on sector-specific HIV prevention and impact mitigation activities in the informal economy.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO2	\$1,334,483	\$2,932,056	\$1,344,995	\$5,611,534

***Broad Activity 4: Policies, mechanisms and technical support to develop coping strategies for workers affected by HIV and their families, including income generation, (re)training, the extension of micro-finance and health insurance, and protection against child labour.***

140. A major document produced by ILO on the global economic crisis identified HIV workplace programmes as a key response. Together with other UN agencies, ILO is leading efforts to develop a document on the "social protection floor", including an explanation of how this approach will benefit people living with HIV. ILO supported partners in 17 countries to develop social protection schemes, income generation and employment activities for affected or vulnerable workers. HIV/AIDS was also mainstreamed into initiatives to combat child labour.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO5	\$922,657	\$1,342,179	\$815,302	\$3,080,138

***Broad Activity 5: Gathering and analysis of labour and employment data to clarify the impact of AIDS on the world of work and the national economy, in collaboration with UNAIDS.***

141. ILO supported programmatic research on the epidemic's impact in the world of work at global, regional and national levels and with a focus on specific economic sectors. For example, ILO supported a study of the impact of the financial crisis on HIV programmes in 10 countries in Africa. ILO and UNICEF undertook a joint study into HIV risk and impact assessments among child migrant workers in Thailand. Studies of knowledge, attitudes and practices were supported in more than 10 countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO2	\$521,097	\$311,779	\$351,303	\$1,184,179

**Broad Activity 6: Policy guidance and technical support to strengthen human resources for health, including health workers' access to prevention, care and treatment, with a particular focus on workplace policies, occupational health services, training and retention issues.**

142. ILO worked with WHO to disseminate guidelines on post-exposure prophylaxis in more than 10 countries and supported translation of joint ILO/WHO guidelines on health services into multiple languages. ILO began developing policy guidelines on improving health care workers' access to HIV and TB prevention, treatment and care services. ILO and WHO provided training for members of the nurses association of the Southern African Development Corporation. In nine countries, ILO partnered with WHO to provide technical support to strengthen human resources for health. In China and Uganda, ILO and WHO supported associations of people living with HIV and health workers to reduce stigma and discrimination.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO8	\$406,473	\$1,219,913	\$409,796	\$2,036,182

**Broad Activity 7: Policy guidance, tools and technical support to employers, workers and ministries of labour for the planning and implementation of comprehensive, gender-aware and sustainable workplace programmes, building on existing structures such as occupational safety and health committees and including voluntary confidential counselling and testing, prevention of mother to-child transmission (PMTCT) and TB treatments as appropriate.**

143. Seventy countries implemented workplace programmes in more than 660 enterprises with ILO support, including through Occupational Health and Safety structures and general wellness programmes for workers. Eighteen countries were supported with prevention and impact mitigation activities in the informal economy. ILO undertook numerous efforts to address the epidemic's gender dimensions, including support for micro-enterprise development for women and for private sector women's associations. Translations of the ILO Code of Practice were supported in 23 languages. ILO supported efforts to address HIV/TB co-infection through joint normative guidance with WHO, development of a step-by-step guide for service integration, and regional capacity-building exercises. Two thousand, seven hundred and eighty women and men were referred to PMTCT services through partnerships with service providers in 4 African countries

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO9	\$2,074,419	\$6,063,424	\$1,234,181	\$9,372,024

**Broad Activity 8: Policy and technical support to ministries of labour and their authorities — in collaboration with employers and workers — to ensure that labour laws and policies include HIV, protect rights, combat discrimination and violence, and promote workplace programmes.**

144. ILO drafted an international labour standard on HIV/AIDS, with the aim of promoting efforts to strengthen HIV prevention. Activities associated with



development of the international standard included extensive surveys of country stakeholders, as well as consultations and briefings with diverse partners. ILO assisted 30 countries in developing or revising laws and policies on stigma and discrimination and addressing gender issues. Support was provided to more than 30 countries in the drafting or revising of national HIV and labour legislation.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO1	\$1,051,223	\$859,856	\$576,693	\$2,487,772

**Broad Activity 9: Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.**

145. ILO developed a judicial training manual on HIV and disability in the world of work. Capacity-building assistance was provided in more than 50 countries to strengthen the human rights and gender competencies of governments, employers and worker organizations. More than 1,700 labour inspectors in 33 countries received training regarding HIV-related worker protections, as did 182 labour judges in nine countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO5	\$601,509	\$1,406,035	\$551,889	\$2,559,433

**Broad Activity 10: Collaboration with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers which protect their rights, recognize gender differences, and ensure their access to prevention and treatment services.**

146. ILO produced policy briefs and toolkits to support country-level action. A

global partnership with the UNAIDS Secretariat and other partners focused on scaling up service access for mobile workers in the maritime sector. Support was provided to 11 countries for comprehensive gender-sensitive policies, and four country-level studies were undertaken with partners to assess HIV risk and vulnerabilities of migrant workers in two regions. ILO supported 10 countries to implement initiatives for mobile populations. In China, ILO supported mainstreaming of HIV into vocational school curricula in 1000 vocational schools across nine provinces, training over 2000 teachers in delivering participatory training on HIV, STIs and reproductive health to prospective migrant workers.

<b>Tea and condoms in Malawi</b>
In southern Malawi, Satemwa Tea Estate employs 2,900 men and women, many of whom are migrant workers. Multiple unprotected sexual partnerships are common, often in exchange for money, and the impact of AIDS can be seen in high levels of absenteeism. With support from ILO, the company implemented an HIV workplace policy that included comprehensive peer education, voluntary testing and counselling, and increased access to services to prevent mother-to-child transmission, undertaken in collaboration with local clinics. The initiative achieved clear results. Demand for HIV-related services rose from 6% of workers to 18%. Condom use also increased, with such an increase in demand that the local clinic reported condom shortages for the first time.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$485,743	\$991,801	\$683,378	\$2,160,922

## **United Nations Educational, Scientific and Cultural Organization**

147. UNESCO undertook eight broad activities under the 2008-2009 Unified Budget and Workplan.

UNESCO Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$10,060,598	\$6,111,682	\$5,621,986	\$21,794,266

### ***Broad Activity 1: Building political commitment and advocating for comprehensive education responses to HIV and AIDS that are fully integrated into national action plans.***

148. UNESCO supported the development of national HIV and AIDS and education strategies and action plans in 15 countries. Support was provided to numerous high-level events, including multiple satellite sessions and skills building workshops at the Mexico City International AIDS Conference, the First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean, and the UN High-Level Meeting on HIV & AIDS. UNESCO collaborated with partners, including SADC on mainstreaming in-school care and support interventions in seven countries in Southern Africa.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO2	\$691,666	\$420,178	\$386,512	\$1,498,356

### ***Broad Activity 2: Strengthening coordinated action among education stakeholders at all levels through key interagency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.***

149. Support was strengthened for HIV programming and strategic planning in response to regional needs assessments in multiple regions. Regional capacity-building workshops benefited ministry staff, civil society counterparts and UN partners and strengthened cooperation between countries, including between Brazil and PALOP countries for the development of national plans. UNESCO coordinated the work of the Inter-Agency Task Team on Education and facilitated global- and country- level research to address HIV and education issues, including teachers and HIV and AIDS, most-at-risk young people and equity and inclusion. UNESCO technical support facilitated national consultations and needs assessments in nine countries, leading in Kenya to integration of HIV in a sector-wide programme following the EDUCAIDS approach that increased the visibility of the Ministry of Education in the national response.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$1,597,120	\$970,229	\$892,490	\$3,459,839

**Broad Activity 3: Promotion and support for implementation of broad multisectoral approaches to national HIV and AIDS programming that assure sufficient resources and attention to education and related sectors within overall development efforts.**

150. UNESCO reviewed HIV policies with government officials in five countries to ensure cultural appropriateness. In Kenya and Rwanda, UNESCO tested a methodological tool to review municipal-level policies and practices with respect to stigma and discrimination. Training modules and e-learning tools were developed for journalists and UN practitioners on culturally appropriate approaches to HIV. In Cuba, UNESCO undertook sensitivity training for 100 culture professionals, while more than 400 educational and art professionals were reached in Eastern Europe and Central Asia. HIV training was provided for science and engineering lecturers in several African countries, and a training curriculum was piloted at seven Nigerian universities. UNESCO trained 24 radio professionals in China and facilitated development of three pilot episodes of a gender-sensitive radio drama.

**Promoting evidence-based sexuality education**

In December 2009, UNESCO published the *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*, in partnership with UNFPA, UNICEF, WHO and the UNAIDS Secretariat. Based on a rigorous review of current evidence on sexuality education programmes, the International Technical Guidance establishes new international benchmarks for standards in sexuality education, applicable for programming in generalized, low-level and concentrated epidemics alike.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO5	\$389,848	\$236,828	\$217,852	\$844,528

**Broad Activity 4: Development and dissemination of evidence-based policies and practices in education on HIV prevention, treatment, care and support by strengthened and broadly inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV.**

151. Materials were disseminated to 196 countries to improve the quality of educational approaches on HIV. These included EDUCAIDS resource packs in seven languages, a toolkit for HIV mainstreaming in the education sector, technical guidance on sexuality education, and seven country monographs on teacher management in an HIV and AIDS context. A consolidated clearinghouse on education and HIV and AIDS was launched in English, French, Spanish and Portuguese. UNESCO supported a new network of HIV-positive teachers in Senegal, as well as a web forum on teachers and HIV that attracted 450 participants from 80 countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO2	\$2,502,574	\$1,520,281	\$1,398,469	\$5,421,324

***Broad Activity 5: Capacity development in designing, implementing and assessing efficient and rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support.***

152. UNESCO strengthened the capacity of more than 400 broadcasters and journalists to improve coverage of HIV issues, through trainings, workshops and materials dissemination and reached over 2,000 Ministry of Education staff to improve the quality of school-based comprehensive sexuality education in 45 countries. HIV toolkits for sustainable island living and development were developed by youth-led projects in 11 countries. A separate toolkit intended for use in the Russian Federation focused on stigma and discrimination. UNESCO supported district-level implementation for education sector coordination in Kenya and Uganda, as well as roll-out of district- and provincial-level education sector workplace policies in Mozambique.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO8	\$2,904,998	\$1,764,748	\$1,623,348	\$6,293,094

***Broad Activity 6: Strengthen rights-based, gender- responsive and culturally appropriate educational, health and information services, particularly for most at-risk populations, with a particular aim of reducing stigma and discrimination.***

153. UNESCO studies in eight countries encourage stronger action on stigma and discrimination and children orphaned or made vulnerable by AIDS. Advocacy for reduced stigma and discrimination for HIV positive teachers led to a commitment in Senegal to reinstate teachers that had lost their jobs due to HIV. Testimonials from people living with HIV in Antigua and Barbuda were published for use in schools, while the broadcasting of radio diaries in Burundi and Rwanda led to the creation of an association to organize community-level campaigns. In Brazil and Senegal, UNESCO collaborated in the production of HIV-relevant films and, in Thailand, in the development of a major national exhibition to teach adolescents about healthy sexuality. Support for sector strategy frameworks in China aimed to extend the reach of HIV education to under-served populations. UNESCO aided the National AIDS Secretariat of Suriname to design culturally sensitive HIV prevention education for the Maroon community.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO2	\$892,878	\$542,412	\$498,951	\$1,934,241

***Broad Activity 7: Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalized and excluded populations, and to programmes that address specific vulnerabilities.***

154. UNESCO supported global efforts to develop a joint strategy for men who have sex with men and transgender people. Assistance was provided for development of a comprehensive service package for men who have sex with men and transgender populations in Asia and the Pacific. Peer education reference materials for men who have sex with men were adapted to Khmer and Nepali, helping empower local networks to take action and change community norms. UNESCO has collaborated in the establishment of a network of men who have sex with men in the Russian Federation.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO2	\$691,666	\$420,178	\$386,512	\$1,498,356

***Broad Activity 8: Implementation support for comprehensive national HIV and AIDS education programmes tailored to the gender specific needs of groups of young people within the framework of universal access.***

155. UNESCO established the Global Advisory Group on sex, relationships and HIV/STI education to guide UNESCO's programme and provide strong leadership for sex, relationships and HIV education. UNESCO also contributed to the 'UNAIDS Action Framework on Women, Girls, Gender Equality and HIV' and to the UNAIDS business case on violence against women and girls. Training was provided to representatives of 30 national human rights institutions from the Caucasus and Central Europe. UNESCO developed numerous implementation support tools, including an audiovisual kit for use in all 27 states of Brazil. Support was provided for implementation of Peru's Comprehensive Sex Education Programme, which helped guide UNESCO's programme and provided strong leadership for sex, relationships and HIV education; this included a report to map the needs of vulnerable young people, and the development of school guidelines and classroom instructions for STI, HIV & AIDS prevention, teacher handbooks and a training guide for parents.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO2	\$389,848	\$236,828	\$217,852	\$844,528

## World Health Organization

156. WHO undertook 13 broad activities under the 2008-2009 Unified Budget and Workplan.

WHO Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$25,910,820	\$30,139,600	\$28,914,701	\$84,965,121

**Broad Activity 1: Advocacy and provision of normative guidance, strategic information and technical support to strengthen the health sector's contribution to scaling up HIV/AIDS prevention, treatment and care towards universal access.**

157. WHO launched a broad range of global policies and guidelines, as well as strategic information reports, relating to the health sector response. An essential piece is the guide that addresses priority health interventions for HIV. WHO also produced annual progress reports documenting the scaling up of priority HIV/AIDS interventions in the health sector, along with UNICEF and the UNAIDS Secretariat. In late 2009, WHO released new recommendations for treatment, prevention and infant feeding in the context of HIV, based on the latest scientific evidence. WHO collaborated with partners in the production of numerous joint guidelines, including new guidelines on HIV interventions in humanitarian emergency settings. Summary reports from the Global Price Reporting Mechanism were published, and extensive support was provided for a range of international conferences and high-level meetings.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO1	\$580,482	\$1,052,360	\$1,390,130	\$3,022,972

**Broad Activity 2: Development of technical guidance and costing tools and provision of technical support for sustainable financing of HIV/AIDS services in the health sector.**

158. WHO worked towards developing guidelines for strategic and operational planning for the health sector response to HIV. In 2008-2009, WHO intensified its efforts to build national capacity for strategic planning of health sector responses. WHO developed a five-day training course for estimating global resources needs for HIV and worked closely with the UNAIDS Secretariat to ensure complementarity between National AIDS Spending Assessments and National Health Accounts. WHO provided technical support to more than 55 countries for developing proposals for Round 8 of the Global Fund and for 60 countries for Round 9, organizing peer reviews to enhance the quality of WHO-supported proposals. Regional workshops and other in-country or regional technical assistance efforts aimed to strengthen the proposal development and submission process. WHO worked with partners to ensure inclusion and costing of health sector interventions in multisectoral AIDS plans. At the regional level, WHO

developed evaluation methodologies and supported strategic reviews to improve health sector approaches to HIV.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO2	\$580,482	\$926,077	\$1,112,104	\$2,618,663

***Broad Activity 3: Conduct and report on global surveillance of HIV, related risk behaviours, sexually transmitted infections, and HIV drug resistance and toxicity; estimate the resource needs of the health sector's response; monitor and report on progress on the health sector's contribution to scaling up towards universal access; and assist countries to strengthen capacity for operational research, surveillance of HIV, and monitoring and evaluation of the health sector's response to the epidemic.***

159. In addition to annual progress reports on national responses, WHO published a resource guide for triangulation of data sources for decision-making based on case-studies and country support (Botswana and Malawi). WHO worked with the UNAIDS Secretariat to update guidance documents for second-generation surveillance. Technical support to numerous countries focused on improving surveillance and HIV information systems, including surveillance of HIV drug resistance. In the European region, WHO supported release of a surveillance that summarized epidemiological trends in 53 countries. WHO published a series of scientific papers derived from findings of the WHO HIV Resistance Laboratory Network. With support from the Bill & Melinda Gates Foundation, WHO launched a pharmacovigilance project and established an online global database on antiretroviral toxicities. Support was provided for the establishment of a regional HIV knowledge hub in Iran, which carried out regional trainings on key aspects of HIV surveillance and estimation, and the on-going capacity-building of countries through regional training hubs (Eastern Europe, Africa and Asia).

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO2	\$4,743,740	\$2,736,137	\$3,428,987	\$10,908,864

***Broad Activity 4: Stimulate, facilitate and coordinate biomedical, sociobehavioural and operational HIV/AIDS research relevant to the health sector response; monitor, analyse and report on major new research directions and findings; and provide advice on policy and programmatic implications of such research, including research on new prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis.***

160. WHO authored a paper in *The Lancet* that modelled the long-term effects of universal voluntary testing and immediate initiation antiretroviral therapy. To identify key research issues related to antiretroviral therapy as prevention, WHO organized a consultation in 2009 of more than 100 international experts.

161. WHO collaborated with the UNAIDS Secretariat to develop a research agenda on male circumcision, and guidance was provided on indicators for male circumcision programmes in the formal health care system. WHO also worked with partners to develop a consensus statement on addressing knowledge gaps



in the public health approach to delivering antiretroviral treatment and care. Generic tools for operational research on HIV were developed, focusing on HIV testing and counselling, stigma and discrimination, adherence to antiretroviral therapy, and HIV prevention in the context of scale-up antiretroviral therapy. WHO supported research teams in eight countries to carry out operational research and epidemiological studies. WHO also worked to stimulate additional research in a number of areas, including simplified clinical and laboratory monitoring, validation of diagnostic algorithms for infant diagnosis, and monitoring of antiretroviral treatment sites to detect factors associated with emergence of drug resistance.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO3	\$2,321,925	\$2,104,721	\$1,946,182	\$6,372,828

***Broad Activity 5: Development of technical guidance and tools and provision of technical support for health interventions to prevent transmission of HIV, including prevention of sexual transmission and condom standards and quality assurance, treatment and control of sexually transmitted infections, prevention for people living with HIV/AIDS, safe blood supplies, prevention of transmission in health care settings, and implementation of new HIV prevention technologies, including male circumcision.***

162. WHO united in a single, user-friendly web site the technical guidelines for implementing the full array of priority HIV interventions in the health sector. Normative guidance was produced on such issues as post-exposure prophylaxis in health settings and scaling up male circumcision programmes. Thirteen priority countries in sub-Saharan Africa used WHO technical guidelines to inform planning and implementation of circumcision programmes. Other guidelines addressed such issues as management of anorectal infections in men who have sex with men, linking HIV programmes with sexual and reproductive health programmes, managing and controlling sexually transmitted infections, and monitoring antimicrobial resistance.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO1	\$2,808,802	\$5,051,330	\$3,336,312	\$11,196,444

**Broad Activity 6: Advocacy and development of technical guidance and tools for the prevention of mother to child transmission (PMTCT) through synthesizing evidence, identifying research priorities and collating global level service delivery statistics - and support for countries' efforts to foster national level coordination and planning, provision of training materials for capacity building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate PMTCT interventions. (joint activity with UNICEF).**

163. Major gains in coverage of services to prevent mother-to-child transmission were reported in 2008-2009, with four African countries having already achieved universal access targets. WHO published a range of global and regional guides on implementing programmes to prevent mother-to-child transmission, undertook country missions to assist countries in overcoming barriers to scale-up, and revised its global guidelines in late 2009. In late 2009, WHO was finalizing guidelines to monitor and evaluate scale-up of PMTCT.

<b>A new HIV strategy for Kenya</b>
While focusing on developing clear, evidence-based normative guidance and strengthening strategic information, WHO also provides extensive support to countries to translate evidence into effective national action. In Kenya, WHO assisted national authorities in developing health sector components of a new HIV strategy for 2009-2013.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO2	\$2,515,419	\$2,441,476	\$2,224,208	\$7,181,103

**Broad Activity 7: Synthesis of evidence, development of technical guidance and tools, and provision of technical support for scaling up antiretroviral therapy, improving HIV/AIDS care, and managing opportunistic infections for children and adults living with HIV/AIDS, strengthening laboratory capacity for monitoring treatment, and monitoring, evaluating and reporting on progress in the scale up of treatment and care.**

164. Extensive new guidance on paediatric treatment and care was produced, including a list of ideal and priority infant- and paediatric-friendly first-line antiretroviral products for therapeutic and preventive interventions. Materials on service integration in connection with Integrated Management of Adolescent and Adult Illness (IMAI) were produced. WHO technical support helped accelerate the scale-up and quality of antiretroviral programmes in all regions. At the regional level, WHO published new guidance to inform treatment programmes, reviewed guidelines to ensure their alignment with international standards, and addressed specific needs, such as diagnosis of fungal infections and management of co-morbidities.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO3	\$4,717,595	\$5,893,218	\$5,745,870	\$16,356,683

***Broad Activity 8: Synthesis of evidence, technical guidance and provision of technical support for the development and implementation of integrated policies and tools on HIV counselling and testing, including client and provider-initiated testing and counselling for adults, children and families, development of quality HIV diagnostics.***

165. In late 2009, WHO was finalizing guidelines to monitor and evaluate scale-up of HIV testing and counselling, with particular focus on provider-initiated HIV testing and counselling. Sharp increases in HIV testing and the number of HIV testing sites were reported in 2008-2009. WHO coordinated a multi-site study of HIV testing and counselling in four African countries. Regional guidance and toolkits were produced to inform programme planning for HIV testing and counselling programmes.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO4	\$3,676,382	\$3,998,969	\$3,892,363	\$11,567,714

***Broad Activity 9: Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV and tuberculosis services.***

166. WHO launched the “three I’s” initiative focusing on intensified case finding, isoniazid preventive therapy, and TB infection control for people living with HIV. WHO supported 30 African countries to develop roadmaps to scale up collaborative HIV/TB activities, a regional strategic framework on HIV/TB was developed in Southeast Asia, and technical guidance and training tools of collaborative HIV/TB activities were generated and disseminated in the Americas. In the Americas, WHO organized a regional consultation on managing HIV/TB co-infection in prison settings.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO5	\$967,468	\$1,515,399	\$1,204,779	\$3,687,646

***Broad Activity 10: Provision of normative guidelines, quality standards including prequalification of HIV medicines and diagnostics, strategic information and technical support to strengthen national procurement and supply management systems.***

167. WHO continued to host the AIDS Medicines and Diagnostic Service, providing capacity building, technical assistance, coordinated procurement planning, global price reporting and forecasting. In association with the UNAIDS Secretariat, WHO also continued to host a market intelligence system to monitor use of antiretrovirals in low- and middle-income countries. During the biennium, WHO generated six quarterly reports through the Global Price Reporting Mechanism. Following up on the UN Secretary-General’s meeting with pharmaceutical and diagnostic companies, WHO and the UNAIDS Secretariat met with company representatives to discuss antiretroviral forecasting and improving paediatric and second-line antiretroviral options. Assessments of procurement and supply mechanisms were conducted in numerous countries, including 24 in sub-Saharan Africa.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO6	\$773,975	\$1,052,360	\$1,112,104	\$2,938,439

**Broad Activity 11: Provision of normative guidance and technical support to enable countries to make full use of the flexibilities in the TRIPS agreement, and to promote wider access to affordable HIV commodities, including HIV medicines and diagnostics.**

168. WHO developed a guide for the application and granting of compulsory licenses and authorization of government use of pharmaceutical patents. Technical support by WHO assisted countries in making maximum use of flexibilities available under international trade and intellectual property rules, including through review of national policy and legal frameworks. WHO continued to actively participate in the WTO series of regional workshops on TRIPS issues and collaborated with WTO in developing a training module on TRIPS and public health.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO7	\$483,734	\$420,944	\$741,403	\$1,646,081

**Broad Activity 12: Advocacy and provision of normative guidance, strategic information and technical support to strengthen human resources for health for the scaling up of HIV/AIDS prevention, treatment and care towards universal access, including a focus on HIV prevention, treatment and care for health workers, health workforce planning, certification and training of health workers, retention of health workers and expanding the health workforce through task-shifting.**

169. WHO launched global recommendations and guidelines for task-shifting in health settings. In 2008, reports from 93 countries indicated that 53% had developed policies to address human resource shortages through task-shifting, with 63% in sub-Saharan Africa having such strategies in place. WHO supported a six-country workshop on HIV-related human resource planning and supported the Latin American Association of Nursing Schools to include HIV in its curricula.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO8	\$897,328	\$2,188,910	\$1,853,506	\$4,939,744

**Broad Activity 13: Synthesis of evidence, provision of policy guidance, development of normative tools and guidelines and provision of technical support for strengthening of health services to deliver effective HIV prevention, treatment and care and sexually transmitted infection services for injecting drug users (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.**

170. WHO developed versions of the IMAI HIV care guidelines for use with people who inject drugs. In collaboration with UNODC and the UNAIDS Secretariat, WHO produced technical guidance for countries in target-setting for universal

access for injecting drug users. Support was provided for the scale-up of opioid substitution programmes in a number of countries, including through technical guidance, technical support, and support for programme costing.

171. WHO supported implementation of a 100% condom approach to prevent HIV transmission among sex workers and their clients. For countries in the Asia and Pacific regions, WHO produced a toolkit to support development of more effective programmes for sex workers. WHO regional offices collaborated in developing a monitoring framework for health sector interventions for sex workers. Support was provided for a desk review of HIV prevention in sex work settings in the African regions, as well as for country missions in Burkina Faso, Côte d'Ivoire, and Swaziland.

172. WHO conducted a global consultation on men who have sex with men in 2008, with the aim of identifying the role of the health sector in responding to HIV epidemics in this population. Support was provided for regional consultations to address specific epidemiological, programmatic and human rights issues related to the expansion of high-quality health services for men who have sex with men and specific regional guidance was already developed for the Latin America/ Caribbean and Asia regions.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO1	\$843,488	\$757,699	\$926,753	\$2,527,940

## World Bank

173. The World Bank undertook 10 broad activities under the 2008-2009 Unified Budget and Workplan.

World Bank Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$12,356,628	\$14,227,000	\$21,181,000	\$47,764,628

**Broad Activity 1: Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including mainstreaming AIDS in key sectors, (ii) improving financial management and disbursement, and (iii) providing policy advice, technical and financial support at all levels including the public and private sector and in civil society.**

174. The World Bank supported HIV mainstreaming in key sectors, with particular focus on enhancing prevention efforts by engaging health and relevant non-health sectors in the HIV response. Technical support was provided to education sectors in Bangladesh, Bhutan, India, and Sri Lanka, as well as the transportation sector in Honduras and throughout the Caribbean. New innovative financing mechanisms were launched, including the establishment of a mainstreaming fund to finance analytical work in the transport, education, and energy sectors. The Bank invested in strategies to enhance financial management disbursement, including an expenditure tracking study in China.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO1	\$1,906,000	\$2,200,000	\$3,056,000	\$7,162,000

**Broad Activity 2: Advocacy, technical support, policy advice and capacity building to countries for the development of prioritized, costed and evidence-based national AIDS strategies and action plans.**

175. The AIDS Strategy and Action Plan Service (ASAP) supported the development of 18 AIDS strategies and 22 action plans, undertook 45 costing exercises, and peer-reviewed 17 draft national strategies. Collaboration with the Global Fund and the International Partnership for Health was formalized to support development of the attributes for National Strategy Applications.

### AIDS Strategy and Action Plan Service (ASAP): Evaluation findings

In 2008-2009, ASAP (housed at the World Bank) provided focused assistance to 58 countries to develop, review or revise national AIDS strategies, with the aim of enhancing the evidence basis, focusing and effectiveness of national responses. An evaluation of the programme found that ASAP had exceeded targeted deliverables, provided support that was "flexible and responsive to country needs, facilitated the engagement of other UNAIDS Cosponsors, and made a positive difference in the soundness of national AIDS strategies".

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO1	\$2,000,000	\$6,783,000	\$3,635,000	\$12,418,000

***Broad Activity 3: Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programmes.***

176. World Bank teams worked with partners to design monitoring and evaluation systems that align with country epidemics and measure key indicators. Thirty-five national AIDS authorities were supported to improve their national monitoring and evaluation systems, and 26 community-based organizations and policy-makers were trained in monitoring and evaluation. The Bank designed a composite of resources on monitoring and evaluation and made it available on the web. Population-based surveillance was completed in Indonesia and Papua New Guinea, and bio-behavioural surveillance was conducted in Lebanon, Malaysia and the Philippines. In partnership with Global AIDS Monitoring and Evaluation Team, the World Bank supported the design and implementation of monitoring and evaluation systems in Brazil, the Caribbean, and Central America.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO1	\$2,041,000	\$406,000	\$1,361,000	\$3,808,000

***Broad Activity 4: Development of tools and guidelines, and training to integrate AIDS into broader planning and budgetary processes including costing manual for PRSPs, guidelines for integrating HIV in MTEFs (includes the joint initiative on integrating AIDS in PRSPs in partnership with UNDP and the UNAIDS Secretariat).***

177. With UNDP and the UNAIDS Secretariat, the World Bank participated in a technical review meeting of the joint PRSP initiative with the 14 programme countries to review and assess programmatic implementation and results achieved. Technical support was provided for PRSP preparation in 11 African countries. The Bank supported integration of AIDS in development planning in South Asia through the launch of a new regional publication.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO2	\$740,628	\$181,000	\$1,770,000	\$2,691,628

***Broad Activity 5: Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with the Global Fund, PEPFAR and others.***

178. In eight African countries, the World Bank participated in joint annual reviews of national AIDS programmes. Following up on the Memorandum of Understanding between UNAIDS and the Global Fund, the Bank initiated discussions on a collaborative agreement with the Global Fund. Other steps were taken to enhance donor coordination and harmonization, including an annual

stakeholder consultation, support to the US government's Annual Implementers Meeting, and participation in the Global Fund's partnership forum.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO3	\$340,000	\$617,000	\$710,000	\$1,667,000

***Broad Activity 6: Contributing to improved knowledge about HIV/AIDS prevention, care and treatment through programme and policy research and epidemiological synthesis.***

179. The World Bank published and disseminated 11 studies, including seven epidemiological syntheses covering 26 countries. Support was provided for a knowledge, attitudes and practices study of transport workers in Georgia, as well as for a case study on strategy development in Honduras. Further work is completed or underway in Barbados, Georgia, Indonesia, Thailand and Central Asia. The Bank initiated an analysis of the impact of the food crisis on antiretroviral treatment programmes in Haiti and released a review of Bangladesh's national HIV response.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO5	\$2,077,000	\$787,000	\$2,901,000	\$5,765,000

***Broad Activity 7: Development of harmonized capacity building approaches to support partner coordination and accountability (11 components of a fully functional HIV M&E system and results scorecard).***

180. The 12 components of a fully functional HIV monitoring and evaluation system were modified and endorsed by the Monitoring and Evaluation Reference Group to further simplify and harmonize monitoring evaluation design and assessment tools. Monitoring and evaluation results led to the restructuring of 11 Multi-country AIDS Programme projects to include more realistic objectives and indicators.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO1	\$867,000	\$1,414,000	\$2,086,000	\$4,367,000

***Broad Activity 8: Support efforts to scale up access to essential HIV prevention services including those for vulnerable and marginalized populations through analytical work, review of public expenditures and ensuring that obstacles to prevention services are addressed in national development agendas and Bank lending programs.***

181. The World Bank supported the International AIDS Vaccine Initiative through its Development Grant Facility. The Bank also undertook studies to better understand methods for scaling up sex work interventions in Indonesia and Papua New Guinea. Support was provided for development of an Indigenous Peoples Development Plan in Guyana. The Bank also issued guidelines for



integrated prevention and care for key vulnerable groups in the Middle East and North Africa region.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO1	\$607,000	\$1,082,000	\$2,775,000	\$4,464,000

**Broad Activity 9: Support efforts to scale up access for AIDS treatment and care services including development of innovative strategies through analytical work, review of public expenditures and ensuring that obstacles to treatment and care services are addressed in national development agendas and Bank lending programs.**

182. World Bank lending programmes in Latin America and the Caribbean have been designed to support the scale-up of access to AIDS treatment and care services, with innovative approaches such as working with non-health ministries. The Bank prioritized efforts to integrate HIV into priority health and nutrition programmes, including supporting four country assessments to review the integration of HIV and TB programmes, technical support for development of a regional health and TB control programme, and stronger internal engagement in maternal health and malaria programmes. Support was provided for ongoing studies on mortality, morbidity and quality of life in households with people living with AIDS.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO3	\$1,180,000	\$411,000	\$2,137,000	\$3,728,000

**Broad Activity 10: Provision of workshops, knowledge generation and dissemination to improve procurement and supply chain management of AIDS medicines and diagnostics in partnership with UNICEF and the Global Fund/PEPFAR/WB procurement working group.**

183. The World Bank provided technical support to strengthen supply chain systems in 19 countries and in one sub-region. An MOU with UNICEF strengthened efforts to enhance joint procurement, and a separate MOU with UNFPA is currently being negotiated. The World Bank joined with key partners in providing technical support to the Coordinated Procurement Planning Initiative.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO6	\$598,000	\$346,000	\$750,000	\$1,694,000

## UNAIDS Secretariat

184. The UNAIDS Secretariat undertook 11 broad activities under the 2008-2009 Unified Budget and Workplan.

UNAIDS Secretariat Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$191,668,000	\$0	\$0	\$191,668,000

***Broad Activity 1: Coordinated development of policies and guidance responding to the evolving demands of the AIDS epidemic, development of scenarios of and options for a long-term response to AIDS, including specific responsibility for overall policy and coordination on prevention.***

185. The Secretariat provided sustained leadership at high-level meetings, such as the International AIDS Conference and the UN High Level Meeting on HIV/AIDS. The UNAIDS Executive Director launched the UNAIDS Outcome Framework 2009-2011, which was approved by the Committee of Cosponsoring Organizations and the Programme Coordinating Board. UNAIDS supported the aids2031 initiative, which aims to articulate an agenda for a long-term, sustainable response to the epidemic. The *2008 Report on the global AIDS epidemic and AIDS*

### **Supporting improved coordination and coherence in the UN system's response**

The Secretariat convenes innovative platforms to facilitate joint strategizing and work planning within the Joint Programme. In the Asia and Pacific region, for example, the Secretariat worked with UNODC, WHO and UNICEF to identify resource gaps for harm reduction services, prepare a draft joint regional UN strategy on harm reduction, and review compulsory drug treatment centres in the region. Joint work in the region with respect to men who have sex with men has been coordinated with UNESCO, UNDP, WHO and the International Organization for Migration.

*Outlook 09* provided strategic information on the epidemic. The UNAIDS website disseminated policy analysis, data developments and technical guidance for a worldwide audience. The Secretariat intensified its prevention leadership by articulating the concept of "combination prevention" and promoting improved programmatic efforts to address the epidemic's social drivers. Additional HIV prevention programme reviews were conducted in 26 countries.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO1	\$30,894,716	\$0	\$0	\$30,894,716

**Broad Activity 2: Advocacy and mobilization of political commitment for a targeted, comprehensive AIDS response integrated with other relevant programmes within the framework of UN reform and effectively utilizing the work of the Special Envoys of the Secretary General on AIDS.**

186. High-level advocacy missions promoted stronger political, financial and programmatic commitment on AIDS. The Secretariat coordinated UN input to the 2008 UN High Level Meeting on AIDS. Advocacy highlights included the call by the UN General Assembly for the virtual elimination of mother-to-child transmission by 2015. High-level UNAIDS campaigns – such as “Uniting the World Against AIDS”, highlighting footballers Adebayor and Ballack – raised global awareness. Regional successes included the Mexico Declaration on Sexuality Education, the publication of the reports of the Commission on AIDS in Asia and the Pacific, and the agreement with the Association of Southeast Asian Nations to produce a regional report in 2010 on progress towards global HIV targets. Country fact sheets on universal access were developed for 30 countries and proved to be an effective advocacy tool. UNAIDS provided extensive support to UN Special Envoys on AIDS, who worked across diverse regions to address specific priority issues in the response, including stigma and discrimination in Latin America and the Caribbean, access to harm reduction services in Eastern Europe and Central Asia, gender issues in Africa, and women’s reproductive rights and empowerment in Asia and the Pacific.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO2	\$34,557,674	\$0	\$0	\$34,557,674

**Broad Activity 3: Convening of innovative partnerships, promotion of multisectoral approaches to AIDS and support for mobilizing resources and the building of sustainable management, advocacy and service delivery capacity for, and with, non-state actors.**

187. UNAIDS provided technical support to more than 80 countries and seven regional entities, helping generate US\$ 1.2 billion in funding through the Global Fund. The Secretariat prioritized work with a wide range of civil society organizations, with a particular focus on networks of people living with HIV and faith-based networks. A joint report analyzed the impact of the financial and economic crisis on the HIV response. The Secretariat implemented two rounds of the Special Youth Programme, helping fellows build leadership and technical capacity to contribute more effectively to their country’s national AIDS response.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO4	\$39,497,112	\$0	\$0	\$39,497,112

**Broad Activity 4: Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.**

188. UNAIDS was actively engaged in supporting the “One UN” programme, including the production of a guidance paper for UNAIDS Country Coordinators on engaging and participating in this initiative. Programmes of support were developed in 10 countries. In Asia and the Pacific, Joint UN Teams worked to

revise and align their programmes with the recommendations of the Commission on AIDS in Asia and the Pacific. Joint Team retreats for strategic planning and workplan development were held in five countries in East and Southern Africa. A regional review of progress towards universal access was undertaken in the Commonwealth of Independent States.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$19,409,497	\$0	\$0	\$19,409,497

***Broad Activity 5: Guidance and support to strengthen capacity of national AIDS responses to scale up towards universal access targets; harmonization and alignment of donor funding to national priorities and implementation of other GTT recommendations at country level.***

189. The Secretariat intensified its work to strengthen collaboration between HIV and TB programmes. In West and Central Africa, a consultative framework was established among national AIDS programmes to share experience and address obstacles in scaling up towards universal access. The first comprehensive review of national AIDS programmes in the Middle East and North Africa was undertaken, and technical monitoring and evaluation capacities of civil society organizations were strengthened in 17 Latin American countries. Capacity-building initiatives enhanced strategic planning capabilities of national AIDS programme managers in Eastern Europe and Central Asia.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO3	\$29,876,000	\$0	\$0	\$29,876,000

***Broad Activity 6: Harmonization of global and country indicators, guidelines and tools and support to countries and regions for the development of data collection, analysis, and dissemination systems that include both monitoring of progress and evaluation of impact.***

190. The third round of country progress reports were received in January 2008 from 153 countries, informing developing of the *2008 Global report on the AIDS epidemic*. An online reporting tool was developed to facilitate reporting in 2009. Standardized training on international reporting was delivered in all regions. For training modules on monitoring and evaluation, fundamentals were developed for use in 2010 capacity-building exercises. An online indicator registry was launched in March 2009, with more than 800 users. The third version of the Country Response Information System was launched in February 2009.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO1	\$8,412,937	\$0	\$0	\$8,412,937

**Broad Activity 7: Building capacity of countries for estimates and projections of HIV and AIDS, for resource needs estimation and for tracking of AIDS financial flows; improvement of related analytic tools; technical support for the collection, analysis and dissemination of data; improved access to information on trends of the AIDS epidemic, its impact, national responses, on resource needs and national needs and national, regional and global spending for AIDS.**

191. Global resource needs estimates and expected outcomes were developed for 134 countries, with estimates summarized in a 2009 report. National AIDS Spending Assessments were implemented in 32 countries, including 20 for the first time. Thirty-four issues of *HIV This Week* were published. Two meetings were conducted for the Economics Reference Group, which released five economic policy briefs. A highly visible regional analysis of the epidemic in the Caribbean was launched and widely disseminated.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO3/KO2	\$5,973,063	\$0	\$0	\$5,973,063

**Broad Activity 8: Support leadership and advocacy on human rights and gender equality in the global AIDS response, and development of human rights-based and gender-responsive policies and programmes, including the costing of necessary programmatic actions, mobilization of required resources, and increased capacity to track progress.**

192. The International Task Team on HIV-related Travel Restrictions published its findings and recommendations, which were jointly accepted by the Global Fund Board and the UNAIDS Programme Coordinating Board. A groundbreaking meeting on HIV and the law was held for 30 high-level judges from

<p><b>Leadership to remove HIV-related travel restrictions</b></p> <p>UNAIDS spearheaded the establishment of the International Task Team on HIV-Related Travel Restrictions. After reviewing available information, the Task Team issued a report that summarized existing laws and policies and provided an evidence-based analysis of why such restrictions are both discriminatory and counterproductive. The Task Team called on all countries with such laws to review and eliminate them. During the biennium, encouraging progress was seen, as countries such as the Czech Republic, South Africa, and USA took steps to eliminate their respective bans on entry by people living with HIV.</p>
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15 countries in sub-Saharan Africa, leading to the adoption of a Statement of Principles on HIV and the Judiciary. Working with the Global Network of People Living with HIV, the Secretariat supported 30 countries to roll out the People Living with Stigma Index. The Global Coalition on Women and AIDS launched a new website and published an analysis of gender policies and the financing environment of the Global Fund, PEPFAR and the World Bank.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO1	\$7,118,000	\$0	\$0	\$7,118,000

**Broad Activity 9: Promotion, monitoring and analysis of implementation of policy and programmatic actions to scale up HIV prevention, treatment, care and support for men who have sex with men; and effective policies, partnerships and best practices in addressing the vulnerability of most at risk populations.**

193. A new guidance note on HIV and sex work was produced, led by UNFPA, after two years of development and consultation, setting forth a three-pronged rights-based strategy. The Secretariat collaborated with UNDP to produce an action framework for men who have sex with men, and a paper submitted UNODC on harm reduction was endorsed by the Programme Coordinating Board. Support was provided to the Asia Pacific Coalition on Male Sexual Health, and the UNAIDS Executive Director launched the Ashodaya Academy in Karnataka, the first regional HIV training centre run entirely by sex workers. Technical and financial support was provided for the first Asian consultation on HIV and drug use. Thirty-seven epidemiologists from 20 countries in Eastern Europe and Central Asia improved their competencies in the design of studies to estimate the size of most-at-risk populations. Technical and financial support was provided for the first national conference of gay, lesbian, bisexual, transvestite and transgender people in Brazil. The Secretariat supported the first-ever vulnerability assessment for men who have sex with men in Egypt, and support was also provided to the first regional conference on harm reduction in the Middle East and North Africa.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO6/KO2	\$6,526,000	\$0	\$0	\$6,526,000

**Broad Activity 10: Promotion, monitoring and analysis of implementation of policy and programmatic actions to address vulnerability of women, gender inequality, involvement of men and boys, and other issues related to the feminization of the AIDS epidemic.**

194. Thirty-five countries received Programme Acceleration Funding through the gender window to advance work on women and girls in the context of national AIDS strategies. Catalytic funding from the Global Coalition on Women and AIDS supported work in 22 countries. The Secretariat convened a technical consultation on the intersection of HIV and violence against women. An analysis of strategic information on women and girls was published in a supplement of the interdisciplinary journal *JAIDS* in November 2009.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO1	\$4,591,487	\$0	\$0	\$4,591,487

**Broad Activity 11: Establish and maintain policy guidance, technical assistance mechanisms and M&E systems to effectively address HIV among uniformed services and armed personnel, and other issues related to AIDS and security.**

195. The Secretariat provided ongoing support to the Global Task Force on Uniformed Services and AIDS Structure. UNAIDS briefed members of the UN Security Council on implementation of Resolution 1308 regarding HIV and international peacekeeping operations. The Cooperation Framework with the UN Department of Peacekeeping Operations was revised and resources mobilized to support the development of an HIV policy from stand-alone forces of the African Union. The Secretariat undertook an analysis of national HIV policies for the military in 16 countries. Guidelines by the Inter-Agency Standing Committee in implementation of HIV interventions in humanitarian settings were finalized and field-tested in Kenya, Myanmar and Sudan.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$4,811,514	\$0	\$0	\$4,811,514

## Interagency Activities

196. Interagency activities focused on 11 broad activities under the 2008-2009 Unified Budget and Workplan.

Interagency Activities Total	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
	\$155,488,000	\$0	\$0	\$155,488,000

**Broad Activity 1: Interagency action on key strategic issues, the International AIDS Conference (including the Global Report on AIDS), and the 2008 UN General Assembly comprehensive review of the realization of the 2001 Declaration of Commitment on HIV/AIDS.**

197. Strategic support was provided for UN engagement at the International AIDS Conference in Mexico City in 2008. Support was provided for preparation, launch and dissemination of the *2008 Report on the global AIDS epidemic* and the *2009 AIDS epidemic update*. Joint efforts supported the UN General Assembly's comprehensive review of the realization of the Declaration of Commitment on HIV/AIDS, which included participation by the President of the General Assembly, the UN Secretary-General, six Heads of State or Government, and more than 80 Ministers.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO1	\$6,262,485	\$0	\$0	\$6,262,485

**Broad Activity 2: Collective UN action in the framework of UN reform, to provide an enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.**

198. Numerous regional efforts promoted intensified action on AIDS. Civil society representatives and people living with HIV participated in the Asia-Pacific Civil Society Preparatory Forum for UNGASS Review and a forum convened by the Caribbean Business Coalition. Support was provided for strategic and operational HIV plans by the Southern Africa Development Community. UNAIDS helped established the horizontal technical cooperation group in Latin America and the Caribbean, and a Memorandum of

### Engaging the private sector in Mozambique

The UN Theme Group on AIDS in 2009 supported the establishment of an HIV monitoring and evaluation system for private sector activities in Mozambique. By the end of the year, 250 cooperatives with more than 48,000 members, as well as 50 small- and medium-size companies were using the system to track the private sector engagement in the country's HIV response.



Understanding was executed with the African Development Bank to maintain HIV on its agenda and to support regional initiatives.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO2	\$1,897,426	\$0	\$0	\$1,897,426

***Broad Activity 3: Effective and coordinated action by UNAIDS and the broader UN system, including through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.***

199. UNAIDS country offices functioned in 89 countries, providing a broad range of assistance to coordinate and facilitate support to national responses. Numerous guidance documents were developed for UNAIDS Country Coordinators and for Joint UN Teams, addressing such topics as the One UN process, communication strategies, joint reviews, and performance assessment tools. Support was provided for the “Champions for an HIV-free Generation,” a group of former African presidents and other influential personalities who are advocating for a renewed and revitalized response from regional leaders. Extensive technical support was provided for the “Preventing Through Education” Mexico Declaration, approved during the first meeting of health and education ministers on HIV. New guidelines on comprehensive sexuality education were launched and widely promoted, complemented by numerous efforts to build an evidence base on comprehensive sexuality education. New guidelines for antiretroviral treatment and prevention of mother-to-child transmission were issued and promoted, and a technical working group on HIV care and treatment was established in concert with other partners in the field. Extensive inter-agency support was provided for expansion of access to opioid substitution therapy, including meetings, advocacy and technical assistance.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$39,401,046	\$0	\$0	\$39,401,046

***Broad Activity 4: Support and facilitation of a joint response to AIDS at country level especially through the UN Theme Groups on HIV/AIDS, joint UN teams on AIDS and UN joint programmes of support on AIDS and strengthening the links among stakeholders, including through implementation of the country support funding, using the comparative advantages of Programme Acceleration Funds (PAF), and Programme Support Funds (PSF).***

200. UN Theme Groups and Joint UN Teams on AIDS continued to work to improve the coordination of UN support for national responses. Programme Acceleration Funds were dedicated to funding activities within Joint UN Programmes of Support and were instrumental in boosting the implementation of Joint UN programming. Programme Support Funds were used by UNAIDS Country Coordinators to advocate for common UN agenda items to support national responses.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$29,551,208	\$0	\$0	\$29,551,208

**Broad Activity 5: Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.**

201. UNAIDS has successfully hosted and supported the capacity of people living with HIV within the UN system through its ongoing support of UN Plus, the workplace advocacy group for staff living with HIV. A full-time UN Plus coordinator for East Africa was recruited in 2009, and new UN Plus initiatives included the development of an e-workspace to allow discussion among members.

UN Cares: a progress report
In 2008, the UN Secretary-General launched "UN Cares", the UN system's programme on HIV in the workplace. Surveys in 2009 show encouraging progress in implementation across the UN system of the 10 minimum "UN Cares" standards. In 2009, a new booklet for UN workers and their families was produced in 25 languages, and filming for a new video was started. "UN Cares" has resulted in the delivery of HIV training to thousands of UN staff, building system-wide capacity on the basics of HIV in the workplace.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO1/KO5	\$8,562,834	\$0	\$0	\$8,562,834

**Broad Activity 6: Support to joint review processes and efforts to improve institutional design and functions of the national AIDS authorities for improved management, coordination, planning, alignment, scaling up, monitoring and evaluation of national AIDS responses, including through the use of improved tools for data management (Country Response Information System).**

202. Numerous UNAIDS Cosponsors participated in the work of the AIDS Strategy and Action Plan service. ASAP designed and disseminated numerous tools, including a financial crisis impact assessment, lessons learnt through efforts to improve strategic HIV plans, an activity-based costing tool, and a guide to operational planning. ASAP offered capacity-building workshops for national partners in Europe, the Middle East and North Africa.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO1	\$24,657,250	\$0	\$0	\$24,657,250

**Broad Activity 7: Technical support to national partners, through joint UN teams on AIDS, Technical Support Facilities and the Global Implementation Support Team and the Technical Assistance Funds, to overcome critical obstacles in scaling up comprehensive AIDS programmes and in securing funding, including through the Global Fund, World Bank, and other funding mechanisms.**

203. Technical Support Facilities (TSFs) provided more than 15,000 days of technical assistance in 2008-2009. Technical support sharpened the focus of national strategic plans in relation to Outcome Framework priorities in 15 countries. More than 500 national consultants were trained on monitoring and evaluation, strategic planning, costing and Global Fund issues. The Global Implementation Support Team (GIST) identified key bottlenecks in grant implementation and evolved into a discussion and coordination forum of like-minded providers of technical support.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO2/KO3	\$33,137,750	\$0	\$0	\$33,137,750

**Broad Activity 8: Effective and coordinated action by UNAIDS and broader UN system to advocate, to forge partnerships and to mobilize resources and technical support for scaling-up programmatic actions on prevention of mother-to-child transmission of HIV.**

204. The Inter-Agency Task Team on HIV prevention in pregnant women, mothers and their children supported planning, coordination, follow-up and continuity of IATT joint technical support to countries. In 2009, the IATT began to pilot a model of closer interagency collaboration in two priority countries – Côte d'Ivoire and the Democratic Republic of Congo. Joint technical missions and support were conducted in numerous countries to accelerate scale-up of services to prevent mother-to-child transmission and paediatric HIV care, treatment and support.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO4/KO2	\$2,130,000	\$0	\$0	\$2,130,000

**Broad Activity 9: Support joint UN work to stimulate and support programmatic action on human rights and gender equality, especially in relation to most at-risk populations, identify and build leadership capacity and forge partnerships on human rights and gender across sectors.**

205. The Joint Programme collaborated to generate consensus on the new Action Framework for Women, Girls, Gender Equality and HIV. A roadmap was produced for assessing national AIDS responses, and the capacity of nine regional mechanisms in five regions was strengthened to build local and regional expertise to assist countries in addressing the epidemic's gender dimensions. UNAIDS conducted a systematic review of evidence on effective interventions to address violence against women and HIV and hosted a meeting on effective strategies to reduce violence against women. The UNAIDS Reference Group on HIV and Human Rights provided input into work in numerous areas, including access to justice.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO2	\$5,684,135	\$0	\$0	\$5,684,135

***Broad Activity 10: Collective UN action to support populations most at-risk to HIV infection, including provision of technical support towards identified needs of capacity building, e.g. on resource mobilization, management and advocacy, to enable full engagement of these populations in AIDS responses.***

206. In-reach training was undertaken to build the capacity of UN staff at country-level to address the HIV-related needs of sex workers, people who inject drugs, and men who have sex with men. UNDOC provided lead support for the Reference Group to the UN on HIV and Injecting Drug Use, an independent body of 24 experts from 20 countries. A joint UN approach focused on reducing HIV/STI transmission and improving the sexual health of men who have sex with men in Asia and the Pacific. An inter-agency framework on men who have sex with men and transgender people was finalized and regionally adapted for Latin America and the Caribbean.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO5/KO3	\$3,094,866	\$0	\$0	\$3,094,866

***Broad Activity 11: Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.***

207. UNAIDS provided technical support to the HIV Network of Military Forces in West and Central Africa, which was launched in 2009. Technical support aided defence ministries in the Commonwealth of Independent States, the South African Development Community, and Latin America. A regional network was established in the Asia-Pacific region to convene senior police officers from 14 countries, with activities including a regional meeting and study tour.

208. UNAIDS jointly worked with other partners to develop and field test a guidance package on integration of HIV in humanitarian planning and responses. A training on the guidance package was conducted for participants from five countries in the Asia-Pacific region. A regional strategy on integrating HIV into emergency preparedness and contingency planning was developed for Eastern and Southern Africa. An extensive consultation by an all-region UNAIDS working group on "HIV and People on the Move" included a thematic discussion at the 24th Programme Coordinating Board.

Linkage to Results	Expenditures			
	Core	Supplemental	Global/Regional Resources	Total
PO7/KO4	\$1,109,000	\$0	\$0	\$1,109,000

## V. Role of Programme Acceleration Funds in UNAIDS achievements

209. Programme Acceleration Funds (PAFs) were designed to assist the UN System play a catalytic and facilitating role in advancing the scope, scale and effectiveness of a country's response to the AIDS epidemic. PAFs have been part of UNAIDS support to country level efforts since the 2000–2001 budgetary biennium and are now a well-established mechanism among UNAIDS Cosponsors and partners at country level.

210. By December 2009, 96% of the available amount of core PAF (\$15.9 million) allocated for 2008-2009 had been approved by UN Theme Groups and Joint UN Teams on AIDS to be distributed to 199 projects in 110 countries, with most funds being channelled through the Resident Coordinator System. The geographical distribution is as follows

**Table: Breakdown of PAF allocations and obligations for 2008-2009 by region**

Regions	Allocated (US\$)	Obligated (US\$)	Countries submitting proposals	Projects reviewed & approved
Asia & the Pacific	3,200,000	3,137,322	17	49
East & Southern Africa	3,750,000	3,598,632	19	41
West & Central Africa	3,425,000	3,666,101	22	42
Middle East & North Africa	725,000	603,000	8	8
Caribbean	1,200,000	800,785	6	10
Europe & Central Asia	2,300,000	2,270,025	21	27
Latin America	1,300,000	1,237,899	17	22
<b>Total</b>	<b>15,900,000</b>	<b>15,313,764</b>	<b>110</b>	<b>199</b>

211. For the 2008-2009 biennium, activities funded by PAFs were in line with one or more of the five cross-cutting functions of the Joint Programme, as defined by the PCB and in line with UNAIDS 2008–2009 priorities. Priority was given to catalytic activities addressing the following issues:

- assisting country-led processes to implement road maps and to review and report on Universal Access to prevention, treatment, care and support;
- promoting the achievement of the “Three Ones”, i.e. One National Action Framework, One National AIDS Authority and One Monitoring and Evaluation Framework;
- supporting implementation of the recommendations of the Global Task Team, including the Technical Support Division of Labour;
- supporting the increased use of strategic information by gaining knowledge of the epidemic and responding to it;
- supporting the intensification of evidence-informed HIV prevention strategies;
- supporting innovative advocacy efforts including national AIDS campaigns in the context of the World AIDS Campaign;
- targeting thematic and programme areas that represent important gaps in a country's overall response, especially vulnerable groups and sensitive and/or

neglected issues, such as sex work, injecting drug use and men who have sex with men;

- promoting the greater involvement of people living with HIV/AIDS;
- addressing the growing feminization of the epidemic and the specific vulnerability of women to HIV;
- civil society empowerment and partnership.

212. The table below shows global spending in all regions in different PAF categories, with programme interventions for vulnerable groups and the trend towards an increased focus on strategic information to “Know your Epidemic” being the next highest areas of spending after the “Three Ones” and Universal Access. It is also worth noting that PAF resources were also used to support activities for youth, prisoners, refugees and migrants as well as the armed forces.

**Table: Breakdown of PAF obligations for 2008-2009 by category**

Criteria	Percentage of total	Total (US\$)
Towards Universal Access	18.2%	2,791,313
Three Ones	16.8%	2,565,310
Key vulnerable groups	11.3%	1,731,893
Strategic Information	10.8%	1,648,151
Civil Society and Partnerships	9.9%	1,521,997
PLHIV and GIPA	8.7%	1,337,984
Feminization and Gender	6.4%	977,001
Other <sup>1</sup>	6.0%	913,562
Advocacy & World AIDS Campaign	3.6%	557,425
Monitoring and Evaluation	2.8%	434,608
Joint Teams and GTT Recommendations	2.7%	416,608
Administrative Costs	2.7%	417,912
<b>Total</b>	<b>100%</b>	<b>15,313,764</b>

213. The distribution of funds is calculated by dividing the total dollar amount of the proposal by the number of criteria (most projects tackle several criteria and there is no exact allocation per criterion). In addition, Universal Access-related activities also target specific groups, including civil society, PLHA, women, and vulnerable populations.

214. Activities that were part of annual workplans within joint UN programmes of support and that adhere to the priority areas identified above were funded through PAFs. Some examples of activities funded during the biennium were:

- In Cambodia, PAFs were used to support a project aimed at strengthening a linked response for prevention, care and treatment of HIV/AIDS and reproductive health with the larger goal of scaling up towards Universal Access in the Kiriwong operational district. Activities undertaken included a joint workshop as well as further training sessions for health care staff and CBOs in the district. Health care centres were provided with materials and support to provide HIV related services to pregnant women, mothers and

<sup>1</sup> Includes populations such as migrants, prisoners, hotel workers, youth (e.g. scouts, schoolchildren) and uniformed services (e.g. soldiers, private security firms).

children. A monitoring and evaluation system was put in place, including a patient tracking system for follow up of HIV-infected pregnant women and their babies. This led to improved access to HIV testing, treatment and care services, as well as to reproductive health services and contributed to overall health systems strengthening.

- In Haiti, PAFs supported the undertaking of an analysis of existing HIV prevention communication materials, and the publication of official Ministry of Health VCT norms and their dissemination through health centres at national level. Furthermore, funds were used to support the Ministry of Health in implementation of standardized nutritional guidelines for infant and child nutrition in relation to HIV infection. For this purpose, 5,000 copies of the guidelines were produced for dissemination in different departments.
- In Rwanda, PAFs were used to support empowering refugee camp committees and other key stakeholders to respond to Sexual and Gender-Based Violence- and HIV-related risks, covering four refugee camps in the country. Funds were also requested for capacity building to scale up HIV prevention among sex workers.
- In Ukraine, PAFs were used to build capacity of Regional Coordination Councils, local government officials, public and private institutions, civil society organizations and other stakeholders in effective planning, managing, financial resource allocation, as well as monitoring and evaluation of HIV/AIDS activities. This included, among others, such activities as setting up a forum for stakeholders involved at sub-national level, organizing training workshops, developing methodological guidelines for HIV/AIDS programming at local level and carrying response analysis and needs assessment of HIV/AIDS in selected regions.

215. PAF Committees are now functional in all regions and reviewing country proposals, with regular meetings that involve regular participation by Cosponsors. Relationships with UNDP have also been strengthened at all levels with regard to management of funds; and UN Theme Groups are playing a larger role in monitoring projects.

216. The quality of PAF proposals, and effective implementation of PAF projects, has improved as a result of fully functional regional committees that include participation across the Joint Programme. The establishment of Joint UN Teams and development of Joint Programmes on AIDS is also key. Through a constant learning process, PAF mechanisms are becoming a more efficient channel for transferring funds at the country level.

## VI. Achievements in the Eight “One UN” countries

217. The 20th PCB (June 2007) requested UNAIDS to report “what is being spent on HIV/AIDS at country level in the ‘One UN’ pilot countries in support of the national response” as well as “to measure how UNAIDS work contributes to strengthening the One UN pilots”<sup>2</sup>.
218. To respond to this request, a selection of key activities undertaken by the Joint Programme within the ‘One UN’ Pilots – in Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Viet Nam – are listed below by country, each with a summary of estimated expenditure collated from returns from Cosponsors and the Secretariat. Note that these figures are indicative and in some cases do not include input from all Cosponsors and/or the Secretariat.
219. Table 1 (page 102) shows the broad areas of work undertaken by UNAIDS in countries, and is based on country and Cosponsor reports against indicators, complementing the individual country narratives.
220. In four of the pilot countries (Mozambique, Rwanda, Tanzania and Viet Nam), the joint programme of support was used as a model for developing the One Programme, and in some instances the joint UN team was used as a model for developing an institutional framework for the pilot.
221. It should also be noted that a review of the UNAIDS One UN target countries was presented to the PCB in June 2009. ([http://data.unaids.org/pub/InformationNote/2009/20090526\\_one\\_un\\_country\\_pilots\\_final\\_911\\_en.pdf](http://data.unaids.org/pub/InformationNote/2009/20090526_one_un_country_pilots_final_911_en.pdf)). The key recommendations were that the Joint Programme strengthen its involvement in the Delivering as One (DaO) agenda, ensure lessons learnt were shared across UNAIDS, and document transaction costs relating to the AIDS component of DaO).

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<sup>2</sup> Decisions 7.5 and 7.6



## Albania

222. UNHCR and UNFPA conducted a sub-regional workshop in South-Eastern Europe on HIV vulnerability among internally displaced people, refugees and Roma to build national capacity. Fifty-five government, NGO and UN staff representatives from Albania and other five countries in the region were sensitized on HIV prevention and treatment programmes for populations who sell or exchange sex.
223. UNICEF supported the integration of evidence-based HIV prevention interventions for most-at-risk adolescents into the National AIDS Strategy and Operational Plan (along with AIDS strategies and plans in five other countries in the region). UNICEF also provided technical assistance to strengthen baseline data collection and analysis around children and AIDS.
224. As part of a regional project on sex workers, UNFPA led the Joint UN Team in Albania to support a national mapping exercise that contributed to the national STI Surveillance System. The data showed that more than 7 in 10 sex workers had good knowledge of HIV and STIs, and 74% reported using condoms in their last sexual encounter. However, even though service providers acknowledged that sex workers need services, they were not generally targeted; and most sex workers indicated they do not access services as a result of fear of stigma and discrimination.
225. ILO provided technical support to help develop labour rights, employment conditions, social protection and social dialogue.
226. UNAIDS provided technical support to the development of the National Strategy and Implementation Plan, which was used to drive UN interventions on HIV and AIDS. This included work with the National AIDS Programme and other government institutions to revalidate the government's Universal Access targets and prepare the annual workplan.
227. A Joint Programme study estimating the size of IDU and MSM populations supported decision making and evaluations in the country.
228. Technical assistance was provided to the national team of experts preparing the Albanian Round Nine Global Fund application.
229. Support around awareness raising and advocacy was provided to the 2009 World AIDS Day campaign.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Albania</b>	89,010	77,900	10,658	177,568	918,685	1,096,253

## **Cape Verde**

230. UNICEF supported the implementation of activities targeting orphans and vulnerable children, including children affected by HIV.
231. UNFPA mobilized the Youth Centers throughout the country on reproductive health and prevention of HIV-related interventions.
232. UNODC generated evidence to respond to HIV and drug use in prison settings.
233. UNESCO organized a workshop for Portuguese-speaking African countries with Brazil, hosted by Cape Verde, to exchange experience and technical expertise for developing education sector plans and policies, and to strengthen cooperation on HIV & AIDS.
234. As part of a project on the use of cultural heritage to mitigate the impact of HIV and AIDS in African schools, UNESCO reviewed socio-cultural prevention activities specific to the country, and made recommendations on culturally-informed interventions designed to promote safe behaviour.
235. WHO provided technical support to improve training, quality control and upgrading of equipment for laboratories carrying out HIV diagnostic and follow-up of persons living with HIV receiving ARVs.
236. The UNAIDS Secretariat supported a national HIV prevention review, including a 'Know Your Epidemic/Know Your Response' analysis.
237. The UNAIDS Secretariat supported the review of the existing legal framework on HIV to be in compliance with a Human Rights based approach.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Cape Verde</b>	73,591	51,827	128,595	254,013	-	254,013

## ***Mozambique***

238. UNHCR established a PMTCT programme at Marratane refugee camp in 2008, ensured that both PMTCT and ART were available for refugees and host communities, supported HIV support groups through income generating activities, and provided training on stigma reduction targeting religious leaders.
239. UNHCR and UNFPA funded a programme called “Geracao Biz” and expanded it to include a refugee camp in which young people were trained as lay counsellors.
240. WFP supported Mozambique’s successful Global Fund proposals in Round 8 and 9. Mozambique was the only approved proposal from this region with food and nutrition activities to improve the nutritional status of PLHIV.
241. WFP also facilitated the implementation of a costing review, initiated a targeted vulnerability profiling exercise and reviewed cash and voucher alternatives on behalf of the care and treatment stakeholders group to explore greater integration of food assistance services with national sectoral systems.
242. UNDP funded the production of manuals on mainstreaming and worked with HIV networks, Civil Society Organizations, and youth organizations for the mainstreaming of HIV/AIDS in their plans and programmes and the development of HIV workplace policies.
243. UNFPA supported a drop-in centre and four outreach centres to serve key populations along the highway between Harare and the border with Mozambique.
244. UNODC established a national technical working group on HIV in prison settings involving organizations of former prisoners, and promoted the inclusion of HIV/TB services for prison settings in the UNDAF and Joint Plan on AIDS. This led to the establishment of an HIV/TB/STI Policy for prison staff and prisoners. UNODC also supported government officials to elaborate the law for PLHIV to address stigma and discrimination, in particular in relation to prison settings.
245. A SIDA-funded HIV prevention and impact mitigation project in the informal economy was undertaken by ILO. The mid-term review noted that the project helped to advance the situation of people infected and affected by HIV by heightening awareness about HIV, putting it on workplace agendas, as well as supporting the development of tools and guidelines. ILO also supported HIV mainstreaming in the national plan of transport sector.
246. To respond to the HIV and AIDS epidemic, ILO provided support to home-based care programmes; trained 4 labour judges to strengthen law and policy implementation capacity; promoted human rights protection; worked with national business coalitions and leadership campaigns; and trained 55 labour inspectors to secure the effective implementation of legal provisions for workers’ protection vis-à-vis HIV and AIDS.
247. An evaluation of an ILO/UNESCO pilot project in Inhambane Province developing HIV workplace policies found that the policy had resulted in improved referral services, increased voluntary testing of teachers, and increased support to infected personnel.

248. UNESCO provided training for 350 teacher trainers from all 26 teacher training institutions with the aim of improving the quality of school-based HIV and AIDS comprehensive sexuality education.
249. WHO trained national staff on the use of 12 core indicators for monitoring the performance of national procurement and supply management systems of essential medicines (including antiretrovirals); the indicators were then field tested and validated.
250. The World Bank undertook two studies: one on mortality, morbidity and quality of life in households with AIDS patients; and the other on the determinants of ARV treatment adherence.
251. The UNAIDS Secretariat supported a national HIV prevention review, including a 'Know Your Epidemic/Know Your Response' analysis.
252. UNAIDS supported the 'Champions for an HIV-free Generation', a group of former African presidents and other influential personalities, who are advocating for a revitalized response to HIV and AIDS from regional leaders. The Champions visited Mozambique in February 2009.
253. Programme Acceleration Funds (PAF) supported a variety of activities, including building the capacity of an Association of Women living with HIV in Mozambique to help integrate work with PLHA into the national response to HIV and AIDS.
254. A Joint UN PMTCT mission review with UNICEF, WFP and WHO was conducted in 2008 which identified challenges and bottlenecks and provided guidance. WHO provided intensified support for the expansion of PMTCT services in Mozambique and eight other sub-Saharan countries.
255. The UN Team on AIDS supported the establishment of a monitoring and evaluation system for the private sector's response to HIV and AIDS, which at the end of 2009 was used by 250 cooperatives with over 48,000 members and 50 small and medium size companies in five provinces.
256. The Joint UN Team also provided technical support to develop the National AIDS Strategy.
257. A 'Friends of UN Plus' Chapter was launched in Mozambique, incorporating a visit of a UN Plus team that conducted staff awareness sessions.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Mozambique</b>	2,515,467	2,453,069	1,163,065	6,131,601	67,663,316	73,794,917

## **Pakistan**

258. For Pakistan and four other focus countries, UNHCR adapted training materials and a manual on the integration of HIV into humanitarian situations for the region, and developed national action plans. UNHCR also conducted a pilot training in five Afghan refugee villages in Pakistan to build the capacities of refugees in basic human rights (especially women's and children's rights) and build awareness of HIV and AIDS.
259. UNICEF helped generate evidence and develop tools for service providers working with most at risk adolescents. Technical Assistance was also provided to scale up district-level HIV programmes and provide national guidance on care and support for children affected by AIDS.
260. A UNDP report on 'HIV vulnerabilities of Asian migrant women in Arab states' ([http://www.undp.org.bd/info/pub/HIV%20vulnerabilities%20faced%20by%20women%20migrants\\_BGD.pdf](http://www.undp.org.bd/info/pub/HIV%20vulnerabilities%20faced%20by%20women%20migrants_BGD.pdf)) looked at four countries of origin (Bangladesh, Pakistan, Philippines and Sri Lanka) and three host countries (Bahrain, Lebanon and UAE), demonstrating that a significant number of new HIV cases were returning migrant workers.
261. As part of its approach to meaningfully involve sex workers in the national HIV response, UNFPA worked with the National AIDS Control Programme to hold the first ever national consultation with female sex workers. Less than a quarter of 4,639 female sex workers surveyed reported using condoms consistently, and programming for female condoms remains limited in the country.
262. UNFPA also advocated for the need to provide essential reproductive health, including HIV-related services, with a focus on developing an improved understanding of the gendered needs of vulnerable populations. This included support to national militaries and police forces.
263. UNODC developed a Pakistan country brief. This summarized the legal and policy context, and included information on epidemiology, HIV risk and vulnerability behaviours, the national response, and key indicators. UNODC also undertook a rapid assessment in June 2008 that initiated mapping in 11 cities of female injecting drug users, and led to the establishment of infrastructure with trained staff for service delivery and five drop-in centres.
264. UNODC, in collaboration with UNHCR, also advocated on harm reduction and advocacy for opioid substitution therapy, complemented by a sub-regional project to provide comprehensive HIV services to Afghan refugee drug users in Pakistan.
265. Furthermore, UNODC advocated for the need to address the vulnerability of female prisoners to HIV and drug use, and provide harm reduction services in prisons more widely; began a study on the socio-economic impact of HIV and drug users on spouses of drug users; and supported anti-stigma activities.
266. WHO developed guidance for reviews of HIV testing and counselling and HIV care and treatment programs, which was adapted and used in Pakistan. WHO conducted a review of Intellectual Poverty (IPR) and their effect on access to HIV medicines in Pakistan and conducted a situation analysis on access to ARV medicines

267. The World Bank provided technical support to help ensure that Pakistan's National HIV and AIDS Plan was prioritized, costed and evidence-informed.

268. The Joint Programme undertook an evaluation of potential sites for PMTCT centres, to help scale-up services in Pakistan's concentrated epidemic. The findings helped to inform better linkages between HIV-, health- and social services for public and non-profit agencies.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/ regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Pakistan</b>	1,765,840	1,317,929	0	3,083,769	6,792,040	9,875,809

## **Rwanda**

269. Rwanda was one of four countries (along with Kenya, Malawi and Swaziland) scheduled to prepare their HIV and AIDS strategy for the Global Fund's National Strategy Applications, and the Joint Programme provided a range of technical support to develop a evidence-, results-, and human-rights-based National Strategy Plan. 2010 will be the first year of implementing the Global Fund grant, which will play an important role contributing to the national strategy's aim to halve HIV infections by 2012; significantly reduce morbidity and mortality among people living with HIV; and provide people living with HIV the same opportunities as the general population. A UN-funded study found that donors provide 80% of the HIV budget, and 50% of health expenditures.

UNAIDS also provided considerable inputs into national planning processes, including:

270. UNHCR supported the full integration into the national HIV/AIDS programme and provision of comprehensive HIV/AIDS services, including ART to refugees and their surrounding host communities. At country level, support has been provided through the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Great Lakes Initiative against AIDS regional programme.

271. WFP consulted with the government and reviewed maternal and child health strategies to support integrating nutritional support to PMTCT programmes with the national intervention strategy.

272. UNDP led interagency efforts for the programme 'Universal Access for Women and Girls Now' (in Rwanda and seven other countries) to empower women and girls in the context of gender-sensitive national AIDS responses.

273. ILO provided technical support to strengthen the world of work component in the National AIDS Strategy.

274. UNESCO funded a full-time EDUCAIDS Coordinator to strengthen the national education sector response.

275. The UNAIDS Secretariat supported a national HIV prevention programme review, including two exercises: 'knowing the drivers of the epidemic' and a review of the coverage and effectiveness of the national response. These exercises were followed by a large programme of capacity building on 'results and the human-rights based approach'.

Additionally:

276. UNICEF undertook a usability/suitability test for a Mother-Baby pack in Rwanda (and Malawi and Zambia), which is an innovative simple and affordable package to facilitate the delivery of antiretroviral drugs, cotrimoxazole and other supplies in antenatal and delivery care settings. UNICEF is also supporting the government to conduct a population-based evaluation of HIV prevalence in children up to 15 years old.

277. WFP provided leadership on the provision of nutrition and food support interventions, highlighting strategic and operational priorities and funding needs

and engaging with Food-by-Prescription type programmes. The agency also explored critical aspects for the provision of nutrition and food support of HIV care and treatment programmes; and also supported antiretroviral activities.

278. UNFPA supported a three month national condom promotion mass campaign; developed a framework (with nine other countries) on linking Comprehensive Condom Programming with Male Circumcision programmes; built the capacity of sex work organizations to conduct peer education for sex workers on HIV prevention (in Rwanda and four other African countries); and undertook a study on men who have sex with men in Rwanda.
279. UNESCO evaluated the level of inclusion of HIV and AIDS in school and pre-service teacher education curricula and life skills programmes, leading to a revision of the Rwandan national curriculum.
280. An interagency PMTCT and pediatric treatment and care cost analysis exercise was conducted (in Rwanda and four other countries) to estimate the unit costs of different interventions.
281. The UN Country Team worked with the Ministry of Gender and Family Promotion and civil society organizations to develop multi-stakeholder joint proposals and implement activities as part of the joint programme on violence against women within the Interagency Network on Women and Gender Equality Task Force.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Rwanda</b>	1,665,221	142,039	163,518	1,970,779	5,470,717	7,441,496



## **Tanzania**

282. UNHCR conducted rapid assessments to identify the extent of outreach, and provided technical and funding support, to HIV programmes to sex workers and their clients in refugee camps and the surrounding communities. At the end of 2009, UNHCR ensured that refugees in Tanzania have full access to a whole range of HIV services including ART, prophylaxis and treatment of opportunistic infection, and HIV testing services.
283. An evaluation by UNICEF examined the HIV knowledge of adolescent girls in secondary schools to assess the impact of HIV prevention interventions, contributing to programme improvements. UNICEF also commissioned an in-depth analysis of Demographic and Health Survey data in five countries including Tanzania, providing disaggregated age and sex data around trends of HIV prevalence, sexual behaviours, HIV testing, condom use and relational behaviours. The study found significant association between a young woman's HIV status and the number and age of her sexual partners, and has helped advocate for a more focused approach around addressing risk and vulnerability for adolescent girls.
284. WFP worked with USAID to strengthen local supply systems for provision of specialized food products to health sector-based programmes (in Tanzania, Uganda and Zambia). Furthermore, WFP supported a food fortification programme to create common understanding of linkages and priority actions; supported PMTCT clients in a broader support programme for PLHIV; and supported HIV and tuberculosis activities.
285. WFP also found that where food assistance was linked to school based activities (in Tanzania along with Ethiopia, Malawi and Swaziland), school attendance increased, and enrolment and learning effectiveness rose.
286. UNDP led interagency efforts for the programme 'Universal Access for Women and Girls Now' (in Tanzania and seven other countries) to empower women and girls in the context of gender-sensitive national AIDS responses.
287. On the occasion of the 60th anniversary of the Universal Declaration of Human Rights, a UNFPA publication highlighted national initiatives to promote and protect human rights (with case studies from six countries including Tanzania). UNFPA also initiated a multi-stakeholder four-country pilot initiative (in Tanzania, Papua New Guinea, Swaziland and Thailand) to address sexual violence against girls.
288. Doctors, clinical officers and nurses from all HIV/AIDS care and treatment clinics on family planning information and services were trained by UNFPA on integrating family planning services in HIV/AIDS Care and Treatment clinics; and 15 service providers from five hospitals were trained to provide family planning counseling and services in the care and treatment clinics.
289. ILO's CoopAfrica programme empowered informal sector workers to reduce HIV-related risks and vulnerabilities, through combining skills training and entrepreneurship development (including training 95 master trainers), and providing access to quality HIV prevention, treatment and care services.

290. To respond to the HIV and AIDS epidemic, ILO also trained 5 labour judges to strengthen law and policy implementation capacity; worked with national business coalitions and leadership campaigns; provided support to PLHIV and their networks to play an active role in national HIV and AIDS planning; trained 30 labour inspectors to secure the effective implementation of legal provisions for workers' protection vis-à-vis HIV and AIDS; provided technical support to help develop labour rights, employment conditions, social protection and social dialogue; and worked with cooperatives to identify sector-specific HIV prevention and mitigation activities.
291. ILO also supported an impact analysis undertaken by CoopAFRICA on 'The Kilimanjaro Native Cooperative Union scholarship programme for children made vulnerable by AIDS'.
292. WHO trained national staff on the use of 12 core indicators for monitoring the performance of national procurement and supply management systems of essential medicines (including antiretrovirals); the indicators were then field tested and validated. WHO also provided technical support in strengthening the implementation of TB/HIV collaborative activities which resulted in significant increase in testing of notified TB cases for HIV; and supported the development of research proposal prepared in collaboration with the George Washington University Law School, Creative and Innovation Economic Centre on entrepreneurship, innovation and organization strategies for HIV and AIDS prevention and treatment.
293. A global UNAIDS report analyzed the impact of the financial and economic crisis on the HIV response, including 61 countries and 457 CSOs, and led to the creation of an 'early warning system' to monitor current and anticipated changes in HIV prevention and treatment programmes. Tanzania was one of 14 countries providing a case study.
294. Tanzania is one of only four countries in Africa (along with Botswana, Namibia and Swaziland) that have reached universal access targets for PMTCT.
295. Interagency activities providing technical support to help tuberculosis patients with HIV/AIDS integrate with related care and support programmes in nine Sub-Saharan countries including Tanzania.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/ regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Tanzania</b>	1,934,279	216,052	142,846	2,293,177	12,519,576	14,812,753

## **Uruguay**

296. UNICEF carried out evaluations on access to PMTCT services and integration of HIV services in Uruguay and five other Latin American countries.
297. UNDP strengthened the capacity of the Foundation for Studies on Women (covering Uruguay and four other countries in southern Latin America) to build local and regional expertise to better address the gender dimensions of HIV at the national level.
298. UNFPA supported the National Adolescent Health Program of the Public Health Ministry to develop health policies for adolescents and youth to design and publish a comprehensive Guide of Adolescent Health Care.
299. UNODC held a seminar on development of projects/programmes on HIV and drug use prevention and treatment and alternatives to imprisonment, and supported the situation analysis of 'HIV/AIDS among incarcerated people in Uruguay 2005-2009'.
300. UNAIDS Secretariat undertook a study on gay, lesbian, bisexual, transvestites and transgender people (in Uruguay and Argentina and Chile) which fed into the development of the National Strategic Plan.
301. The Joint Programme strengthened national capacity to expand and utilize the evidence base to support the regional programme that aims to introduce comprehensive sexuality education. Uruguay, along with four other countries in the region, has established a good model for sexuality education.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/ regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Uruguay</b>	168,061	53,645	33,022	254,728	138,369	393,097

## ***Viet Nam***

302. The Joint UN Team on HIV (particularly UNFPA and the UNAIDS Secretariat) provided support to establish the Vietnam Network of People Living with HIV (VNP+).
303. UNFPA convened a subgroup of the UN Joint Team on HIV on Sex Work (UNFPA, UNICEF, UNODC, WHO and the UNAIDS Secretariat) to address the needs of sex workers and their clients, and supported sex workers to contribute to policy dialogue around the review of the Ordinance on Prostitution Prevention.
304. In Vietnam (and Cambodia, China and Indonesia), UNDP developed a methodology to analyze the socio-economic impact of HIV at the household level, which was implemented in partnership with the national government and local institutions.
305. An UNODC project was conducted in Vietnam (and seven other countries in the region) on strengthening comprehensive HIV/AIDS prevention and care for drug users in custodial and community settings. An evaluation found that the project had contributed to revising the drug control law. UNODC also provided training to prison staff and law enforcement officers in Vietnam.
306. UNODC also contributed to a legal and policy evaluation of five countries supported by UNAIDS including Vietnam.
307. ILO provided technical support to help develop labour rights, employment conditions, social protection and social dialogue.
308. WHO provided capacity building support through normative guidelines, meetings, on-site technical support (country reviews and missions) to expand prevention, treatment and care intervention for HIV/AIDS and STIs especially to the most-at-risk populations (MARPs). The focus of support was on IDU interventions; HIV testing and counselling; ART access; STI prevention and control prevention of parent-to-child transmission (PPTCT); and enhancing TB-HIV collaboration and sexual and reproductive health services linkages and strengthening strategic information.
309. WHO and the UNAIDS Secretariat jointly supported implementation of the National M&E Framework and strengthening of the M&E system, focusing on data analysis and use for HIV care and treatment, and on harm reduction service monitoring.
310. Vietnam was successfully awarded the first dual track Global Fund HIV and AIDS grant in Round 9. The Joint UN Team on HIV (particularly UNICEF, UNODC, WHO and the UNAIDS Secretariat) worked together with government and civil society partners, using the Round 8 process to create an understanding of the need for a dual track proposal. Expected results over five years include the scale up of needle and syringe program and condom coverage, the implementation of methadone maintenance therapy in 18 priority provinces, and the provision of treatment to over 23,000 PLHIV ( including in selected prisons for the first time). Civil society implementers will increase outreach services to IDUs, female sex workers, MSM and the primary sexual partners of IDUs and PLHIV, and provide community- and home-based care and support.

311. The Education sub-group of the Joint UN Team on HIV was recognized by the BBC Trust Fund as an example of global best practice in coordinating HIV efforts in the education sector. UNESCO, UNICEF and UNFPA are leading efforts in this area. Achievements to date included supporting the establishment of a central coordinating mechanism in the Ministry of Education and Training; development of a comprehensive approach to technical assistance; and coordinating UN support to the sector. PAFs received by the sub group have been a catalyst for working in this area.
312. The introduction and promotion of an 'Asia-Pacific operational framework for linking HIV/STI services with reproductive, adolescent, maternal, newborn and child health services' was supported by members of the UN Joint Team (in particular UNICEF, UNFPA, WHO and the UNAIDS Secretariat). As a result, national guidelines linking HIV/STI and reproductive health were drafted. The UN Joint Team on HIV also supported drafting of a number of other new national guidelines, including on testing and counselling in health care settings, and mandatory HIV testing as stipulated in the Decree on HIV.
313. Significant efforts were made by members of the UN Joint Team on HIV to support policy changes and scale up prevention services during the biennium. This resulted in the government expanding the scope of the National Strategic Plan to include condom promotion and MSM programmes. UNODC, WHO and the UNAIDS Secretariat supported a significant policy shift introducing methadone maintenance therapy; the initial pilot was expanded within two provinces and to a third province, and the National Committee on HIV, Drugs and Prostitution Prevention and Control announced it would expand to an additional seven new provinces and set an initial coverage target of 80,000 IDUs.

<i>Estimated expenditure 2008-2009 in US\$</i>	<b>Core</b>	<b>Supplemental</b>	<b>Cosponsors global/regional resources</b>	<b>UBW Total</b>	<b>Cosponsors country-level resources</b>	<b>Grand Total</b>
<b>Viet Nam</b>	1,996,780	108,040	53,948	2,158,768	6,173,350	8,332,118

**Table 1: Areas of work supported by the Joint Programme in 2008 or 2009, from data collated from UNAIDS country surveys and Cosponsor reports**

No	Key Output Indicator	Albania	Cape Verde	Mozambique	Pakistan	Rwanda	Tanzania	Uruguay	Vietnam
1	High level events, major forums on AIDS in priority areas conducted with UNAIDS support that resulted in recommendations and declarations						X		X
2	Donor and partners forums on AIDS resource mobilization convened			X		X	X		
3	Local and national groups of people living with HIV and community based organizations are supported by UNAIDS with technical guidance, resource mobilization advice and training and extent of this support.				X	X	X		X
4	"One UN" pilot countries where the Joint UN Programmes of Support on AIDS are integrated into "One UN" operations, i.e. into "One Programme" and "One Budget"			X		X	X		X
5	Joint Programmes on AIDS in operation, i.e. used as basis for joint planning, resource mobilization, implementation assessment and reporting.						X		X
6	Countries supported to conduct joint reviews of AIDS action plans implementation				X	X	X		X
7	Countries supported for HIV integration into Poverty Reduction Strategy Papers, national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans			X	X	X	X		X
8	Countries where the involvement of most-at-risk populations into the development of National Strategic Frameworks and inclusion of their needs was supported by UNAIDS.				X				X
9	Countries supported to strengthen their capacity on provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies-disaggregated by agency and by area of support.	X			X		X		X
10	Countries supported to develop and implement PMTCT guidelines and strategies for scale up of PMTCT			X	X	X	X		X
11	Countries that scale up joint HIV and TB planning, training, procurement and delivery of harmonized HIV and TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis with the support from UNAIDS						X		

No	Key Output Indicator	Albania	Cape Verde	Mozambique	Pakistan	Rwanda	Tanzania	Uruguay	Vietnam
12	Countries supported through Joint missions to review PMTCT and paediatric HIV care and treatment programmes-disaggregated by agency.			X					
13	Countries supported to scale up testing and counselling (with informed consent and confidentiality assured) through a rights-based approach.			X			X		
14	Countries with sound strategic plans for the workforce, including policies and management practices on incentives, regulation and retention, with attention to specific issues raised by AIDS that were developed with UNAIDS support-disaggregated by agency.			X					
15	Countries supported to prioritize targeted actions to address stigma and discrimination and other human rights of most-at-risk populations in national AIDS plans, sector strategies or plans- disaggregated by agencies.			X					X
16	Countries supported to conduct gender assessments of national AIDS plans and/or integrate gender equality and the needs of women			X	X	X	X	X	
17	Countries where technical support is provided on the promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes-			X	X	X	X		X
18	Countries supported to review, change and implement legislation and policies for equitable access to HIV prevention, treatment, care and support services and commodities			X	X	X	X		X
19	Countries supported to develop and/or implement programmes to scale up provision of HIV prevention, treatment, care and support services to people engaging in injecting drug use, sex between men, sex work, including in prison settings	X	X		X	X			X
20	Joint Programmes on AIDS in operation, i.e. used as basis for joint planning, resource mobilization, implementation assessment and reporting.					X			X
21	Countries that develop and implement programmes specifically focusing on addressing the risk factors of especially vulnerable adolescents with the support from UNAIDS, disaggregated by agency, by subject area, e.g. education programmes, behaviour communication, food support			X					
22	Countries supported to strengthen national M&E capacities			X		X	X		X
23	UNAIDS Global reports, AIDS epidemic fact sheets, estimates and projections produced.						X		
24	Countries supported to scale up testing and counselling (with informed consent and confidentiality assured) through a rights-based approach.					X			

No	Key Output Indicator	Albania	Cape Verde	Mozambique	Pakistan	Rwanda	Tanzania	Uruguay	Vietnam
25	Countries supported to adopt enabling policy, legislation and TRIPs flexibilities- disaggregated by agencies.		X			X	X		
26	Countries with sound strategic plans for the workforce, including policies and management practices on incentives, regulation and retention, with attention to specific issues raised by AIDS that were developed with UNAIDS support-		X			X			
27	Countries supported to prioritize targeted actions to address stigma and discrimination and other human rights of most-at-risk populations in national AIDS plans, sector strategies or plans.					X	X		
28	Countries supported to provide protection, care and support for children affected by HIV or AIDS.		X	X			X		X
29	Countries that are supported to integrate emergency affected and the surrounding host communities in their National AIDS policies, programmes and strategic plans and implemented specific activities for them according to the IASC Guidelines for AIDS interventions in emergency settings—disaggregated by agencies, by subject area.			X	X	X	X		
30	Countries that have included gender-based violence responses in their AIDS Strategic Plans and implement them with the support from UNAIDS, one or several Cosponsors and the Secretariat.					X			
31	Countries that develop and implement programmes specifically focusing on addressing the risk factors of especially vulnerable adolescents with the support from UNAIDS, disaggregated by agency, by subject area, e.g. education programmes, behaviour communication, food support					X			X
32	Countries that develop and implement programmes specifically focusing on addressing the risk factors of specially vulnerable adolescents with the support from UNAIDS, disaggregated by agency, by subject area, e.g. education programmes, behaviour communication, food support						X		
33	Supported country socioeconomic studies, assessments of AIDS impact: a. at national level; b. at sector level; c. at community level								X



## VII. Conclusion

314. This report reflects the Joint Programme's ongoing commitment to improve accountability, transparency and results-based management. Lessons learnt from 2008-2009 informed development of the current Unified Budget and Workplan. Consistent with the recommendations of the Second Independent Evaluation, UNAIDS is taking additional steps to simplify and streamline its budgeting and planning instruments.

315. During the biennium, the Joint Programme launched a new Outcome Framework that calls for focused action to achieve results across 10 priority areas. These priority areas represent the core of what is required to achieve results in the HIV response. They are also forming the nucleus for a new UNAIDS strategy that will further improve the Joint Programme's effectiveness, strategic focus, and management for results.