



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.6
Issue date: 25 May 2015

THIRTY- SIXTH MEETING

Date: 30 June – 2 July 2015

Venue: Executive Board Room, WHO, Geneva

Agenda item 4.1

**UNAIDS Unified Budget, Results and Accountability Framework
2012–2015**

UNAIDS Performance Monitoring Report 2014

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2014 Highlights (*UNAIDS/PCB(36)/15.7*)

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

Cost implications of decisions: None

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ACRONYMS

ACAME	Association Africaine des Centrales d'Achats des Medicaments Essentiel
AfriCASO	African Council of AIDS Service Organizations
AMShE ^R	African Men for Sexual Health and Rights
APN+	Asia Pacific Network of People Living with HIV
ASAP	AIDS Strategy and Action Plan
ASEAN	Association of Southeast Asian Nations
ART	Antiretroviral Therapy
ARVs	Antiretroviral Drugs
ASLM	African Society for Laboratory Medicine
AU	African Union
BPfA	Beijing Platform for Action
BRICS	Brazil, Russia, India, China and South Africa
CADO	Conference on Antiretroviral Dose Optimization
CARIMIS	Caribbean Men's Internet Survey
CCO	Committee of Cosponsoring Organizations
CDC	Center for Disease Control and Prevention
CEB	Chief Executives Board
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEWG	Cosponsor Evaluation Working Group
CHAI	Clinton Health Access Initiative
COWLHA	Coalition of Women Living with AIDS
CSE	Comprehensive Sexuality Education
CSW	Commission on the Status of Women
DAI	Diagnostics Access Initiative
DOL	Division of Labour
EAC	East African Community
ECCAS	Economic Community of Central African States
ECOM	Eurasian Coalition on Male Health
ECOWAS	Economic Community of West African States
ECUO	Eastern Europe and Central Asia Union of PLHIV Organizations
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother to Child Transmission
ERG	Economic Reference Group
ESIA	Environmental and Social Impact Assessment
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
FbP	Food-by-Prescription
FCTC	Framework Convention on Tobacco Control
FDCs	Follicular Dendritic Cells
GAVI	Global Alliance for Vaccines and Immunisation
GARPR	Global AIDS Response Progress Report
GBV	Gender-Based Violence
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
GPRM	Global Price Reporting Mechanism for HIV/AIDS medicines and diagnostics
GCC	Gulf Cooperation Council
HAART	Highly Active Antiretroviral Therapy
HICs	High Impact Countries
HLCM	High Level Committee on Management
HLCP	High Level Committee on Programmes

IAS	International AIDS Society
IATT	Inter-Agency Task Team
ICASA	International Conference on AIDS and STIs in Africa
ICPD	International Conference on Population and Development
ICW	International Community of Women Living with HIV
IDPs	Internally Displaced Persons
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
IPU	Inter-Parliamentary Union
IRRF	Integrated Results and Resources Framework
ISO	International Organization for Standardization
IWRAW AP	International Women's Rights Action Watch Asia Pacific
JIAS	Journal of the International AIDS Society
JPMS	Joint Programme Monitoring System
JURTA	Joint UN Regional Team on AIDS for West and Central Africa
LEAP	Livelihoods Empowerment against Poverty
LGTBI	Lesbian, Gay, Bisexual, Transsexual, Transgender, Transvestite and Intersex People
LMICs	Low- and Middle-Income Countries
MARCH	Maternal, Adolescent, Reproductive and Child Health
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Surveys
MNCH	Maternal Newborn and Child Health
MSM	Men Who Have Sex With Men
NACO	National AIDS Control Organisation
NCB	Narcotics Control Bureau
NCDs	Noncommunicable Diseases
NSPF	National Social Protection Floor
NSP	National Strategic Plan
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
ORAM	Organization for Refugees, Asylum and Migration
OST	Opioid Substitution Therapy
OVC	Orphans and Vulnerable Children
PADO	Paediatric Antiretroviral Drug Optimization
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PEP	Post-Exposure Prophylaxis
PCB	Programme Coordinating Board
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
POC	Point of Care
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
QCPR	Quadrennial Comprehensive Policy Review
RADDHO	Rencontre Africaine pour la Défense des Droits de l'Homme
SADC	Southern African Development Community
SAGE	Social Assurances Grants for Empowerment
SERAT	Sexuality Education Review and Assessment Tool
SGBV	Sexual and Gender-Based Violence
SOPs	Standard Operating Procedures
SPCS	Social Protection, Care and Support

SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
SURE-P	Subsidy Reinvestment and Empowerment Programme
SWAN	Sex Workers' Rights and Advocacy Network
SWIT	Sex Work and HIV Intervention Tool
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TB-DOTS	Tuberculosis–Directly Observed Treatment, Short-course
TDF	Tenofovir Disoproxil Fumarate
TRIPS	Trade-Related Aspects of Intellectual Property Rights
TSFs	Technical Support Facilities
UA	Universal Access
UBRAF	Unified Budget, Results and Accountability Framework
UBW	Unified Budget and Workplan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	UN Conference on Trade and Development
UNCT	United Nations Country Team
UNDAF	United Nations Development Action Framework
UNDG	United Nations Development Group
UNECA	United Nations Economic Commission for Africa
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNGASS	United Nations General Assembly Special Session
UNGEI	United Nations Girls Education Initiative
UNIDO	United Nations Industrial Development Organization
VAW	Violence Against Women
VCT	Voluntary and Confidential HIV Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
WAHO	West African Health Organization
WEDEE	Women's Entrepreneurship and Development and Economic Empowerment

INTRODUCTION

1. The 34th Programme Coordinating Board (PCB) requested UNAIDS to provide a consolidated Performance Monitoring Report at its 36th meeting. The report would capture progress against core indicators as well as expenditures; show the link to outcomes, goals and targets; distinguish Cosponsor, Secretariat and joint results; and, using the Unified Budget, Results and Accountability Framework (UBRAF) structure, showcase country performance.
2. This report presents results at the output level, expenditures and contributions of UNAIDS Cosponsors and Secretariat to the AIDS response. Progress against the revised UBRAF indicators agreed at the 34th PCB meeting is presented, as well as some short case studies. Thematic, regional and country reports available online provide more detailed information.
3. As it is not possible to present all the support provided by the Joint Programme under the UBRAF, the information included is a selection of some of the most significant achievements. As far as possible, achievements have been presented with contributions to outcomes.
4. Reporting is underpinned by annual performance reviews conducted at all levels – global, regional and national – by Cosponsors and the Secretariat. The most recent global annual performance review in April 2015 considered achievements, challenges, lesson learned and key future actions of UNAIDS. This is a key internal accountability mechanism, which directly influences future actions across the Joint Programme and contributes to the reporting to the Programme Coordinating Board (PCB), Cosponsor Boards, the Economic and Social Council, and the UN General Assembly.
5. As the successor to the UNAIDS Unified Budget and Workplan (UBW), the UBRAF is an instrument to maximize the coherence, coordination and impact of the UN's AIDS response, combining the efforts of 11 UN Cosponsors and the Secretariat to catalyse country-level action against AIDS. The UBRAF is based on the UNAIDS 2011-2015 Strategy, with outcomes, outputs and deliverables cascading from strategic goals and global AIDS targets. It is designed to help the Joint Programme frame, deliver and monitor results at country level. It identifies resources for global action, for High Impact Countries (HICs) and for other countries grouped by region. More than half of total UBRAF funds are directed to these countries.
6. Supporting the achievement of the global targets within different national contexts is the foundation of UNAIDS work. At the country level, UN Joint Teams on AIDS are responsible for developing and implementing Joint Programmes of Support, which are aligned to national HIV plans. These form the basis of reporting on the UBRAF. At the regional and global level, UNAIDS focuses on catalyzing processes and driving results where global public goods and coherence are most relevant. Mobilizing partners and marshalling support for better HIV treatment and prevention technologies are challenges that are fundamentally global in scale and scope. Similarly, ensuring the broad array of stakeholders is working towards the same specific objectives within a common framework for targeting investments and measuring results necessarily involves significant coordination and leadership at global and regional levels.

A1: Reducing sexual transmission

Output A1.1.1 Building capacity on HIV prevention programmes for young people

Indicators

Indicator A1.1.1a: UN Joint Team contributed to strengthen national capacity among key stakeholders for the design and implementation of quality, comprehensive age-appropriate sexuality education in policy and curricula [wording of indicator is under discussion among PCB Members].

100% of Joint Teams (N=98) provided support to build national capacity in this area in 2014. Types of support provided were mainly on advocacy, technical assistance and training of key stakeholders.

Indicator A1.1.1b: UN Joint Team contributed to strengthen national capacity for the provision of essential sexual and reproductive health (SRH) services to young people

98% of Joint Teams (N=96) provided support to build national capacity in this area in 2014. Advocacy and technical assistance represented the most significant types of support provided.

Core resource expenditure in 2014

Region	UNHCR	UNICEF	UNFPA	ILO	UNESCO	WHO	World Bank	TOTAL
Global	160 000	501 848	609 876	245 168	478 809	56 580	18 800	2 071 081
HICs	488 614	202 054	725 269	283 373	1 362 908	55 200	115 445	3 232 863
AP	30 200	153 561	-	1 069	205 671	23 000	7 374	420 875
CAR	-	56 575	63 172	-	70 065	5 980	2 906	198 698
EECA	2 000	72 739	82 391	-	183 358	18 400	5 949	364 837
ESA	48 400	227 881	73 025	-	264 789	11 040	13 118	638 253
LA	31 000	87 287	323 061	4 028	149 978	9 200	3 743	608 297
MENA	50 319	56 575	233 454	-	35 724	12 420	3 093	391 585
WCA	36 463	153 561	196 364	33 754	244 540	10 580	14 883	690 145
TOTAL	846 996	1 512 083	2 306 612	567 392	2 995 843	202 400	185 311	8 616 637

Achievements

Organization	Achievement
UNHCR	<p>UNHCR established a Youth Initiative Fund in 2013 to support projects led by young people addressing protection challenges in their communities. By 2014, 16 UNHCR operations were supporting projects on sexual and gender-based violence, peaceful coexistence, education, sexual and reproductive health, and HIV and livelihoods.</p> <p>The fund builds on the capacities and capabilities of young people, providing them with the space and support necessary to work for protection in their communities. The aim is to help them unlock their potential and build life skills that strengthen resilience, enabling a seamless transition to adulthood. This is achieved through three main objectives:</p> <ul style="list-style-type: none"> ● Participation - Young people have genuine opportunities for participation, especially in the area of protection. ● Leadership - Young people learn to use their initiative, evaluate options, make their own decisions and choices, and develop leadership skills. ● Innovation - Young people develop innovative protection solutions to personal, group and community challenges.

Organization	Achievement
UNICEF	<p>In 2014, UNICEF and UNAIDS Secretariat led efforts to develop and mobilize partnerships around <i>All In</i>, a global platform for adolescents. Working with UN partners, civil society, bilateral partners and young people, a strategic framework was launched to guide action to end the HIV epidemic in adolescents. Twenty-five countries will receive intensified support to accelerate reductions in AIDS-related deaths and new HIV infections among adolescents by 2020. Four action areas were defined for joint support: empowering adolescents as agents for social change; sharpening adolescent components of national programmes through improved data collection; using innovative approaches to reach adolescents; and mobilizing advocacy and resources.</p>
WFP	<p>WFP's school feeding platform was used to provide sexual and reproductive health education to help young people, especially girls, make informed choices. The platform improved school attendance in many countries, including Congo, Ghana, Ethiopia, Lesotho, Myanmar, Swaziland and Zambia. Students at WFP-assisted secondary schools in Swaziland, for example, maintained an attendance rate of 97% in 2014. By staying in school longer, young people are less exposed to violence, alcohol, substance abuse, unprotected sex, sexual abuse and teenage pregnancies, all risk factors for HIV and other sexually transmitted infections.</p> <p>A WFP-commissioned evaluation in Swaziland confirmed the benefits of school feeding, including protection from possible sexual exploitation and abuse, through which HIV may be transmitted. In Zambia, WFP, UNICEF and UNFPA are collaborating to invest in adolescent girls' health and good nutrition, using WFP's school feeding interventions as a delivery platform. While the main goal is to prevent stunted growth, providing nutritional support as part of a package may enable them to stay in school longer, delay sexual debut and contribute to the reduction in new HIV infections.</p>
UNFPA	<p>In 2014, HIV prevention for young people including young people from key populations focused on empowerment to access HIV information and education, and take part in policy dialogue.</p> <p>UNFPA helped 63 countries ensure comprehensive sexuality education (CSE) curricula was aligned with international standards, and developed operational guidance for CSE that will shape future efforts for young people in and out of school. UNFPA took innovative approaches to involve adolescents in sexual and reproductive health (SRH) and HIV. In Cambodia, for example, 1 million young people were reached through the <i>Love9</i> social media campaign, which aims to break the taboo of sexual and reproductive health.</p> <p>UNFPA's global advocacy connected SRH and HIV agendas, and put young people at the forefront of the International AIDS Conference in Melbourne, with a youth networking zone called <i>the coolibah</i> enabling young people to speak with leaders in the HIV field.</p> <p>In West Africa, UNFPA promoted the importance of knowing your HIV status in 2014 and supported facilities where nearly 80,000 people were newly tested, most of whom were young people.</p> <p>At the national level, alliances were established with diverse partners to reduce HIV infections in young people. In Ethiopia, for example, 1500 Christian and Muslim religious leaders were mobilized to address their congregations on SRH and HIV.</p>
ILO	<p>Over the past two biennia, 41 countries received support to implement youth-friendly gender-sensitive HIV programmes. The ILO's approach to reducing HIV-related vulnerability among young people is embedded within a broader development approach addressing the determinants of HIV and vulnerability. Building on the ILO global youth consultation in 2013</p>

Organization	Achievement
	<p>and recognizing that unemployment rates for young people are three times higher than those of adults, ILO published <i>Mainstreaming HIV and AIDS in youth employment</i> to guide programmes it supports.</p> <p>In Malawi, ILO partnered with business and civil society organizations to integrate HIV into the Start and Improve Your Business programmes for young women and men. Sex workers learned business skills and received start-up loans, increasing their ability to negotiate for safer sex, empower them to make choices about the work they engage in, and how to manage their business.</p> <p>In Zimbabwe, an integrated approach providing HIV services, entrepreneurial skills and innovative microfinance opportunities led to the number of young women engaging in multiple concurrent partnerships decreasing from 14% to 0%, with knowledge of HIV status rising from 64% to 94%.</p>
UNESCO	<p>The capacity of 21 Eastern and Southern African (ESA) countries was enhanced through the UNESCO-led ESA Ministerial Commitment to scale up comprehensive sexuality education (CSE) and access to services for young people through curricula review and development, analysis of CSE teacher training, and support for community and parental engagement. Achievements include better informed teachers and a CSE programme in Zambia targeting 1 750 000 young people.</p> <p>UNESCO training on integrating HIV-related core indicators into education management information systems helped 27 African countries evaluate the education sector response to HIV.</p> <p>The sexuality education review and assessment tool (SERAT) was revised to cover new topics, including sociocultural sensitivity, legal and policy barriers, and key populations. In the Republic of Moldova, a SERAT assessment will review curriculum in 2015. Inside & Out, the CSE assessment tool for civil society, was applied in five West African countries and 12 Eastern European countries.</p> <p>UNESCO, UNFPA, UNICEF and the Population Council are collaborating on studies in Bhutan, China, India and Thailand to assess CSE implementation in the Asia and the Pacific region.</p>
WHO	<p>In 2014, WHO provided comprehensive guidance on adolescent health with the publication of <i>Health for the world's adolescents: a second chance in a second decade</i>. A list of recommended interventions for delivery at primary and referral level was compiled, including HIV prevention, management and care.</p> <p>WHO also published <i>Core competencies in adolescent health and development for primary care providers</i>, which includes a tool to assess the adolescent health and development component in pre-service education for health-care providers. It features HIV-related knowledge, attitudes and skills necessary to deliver quality services. WHO developed global standards for quality health-care services for adolescents to be published in 2015. The guidance aims to support countries in addressing the worldwide barriers to health care faced by adolescents. It contains eight standards and implementation criteria, an implementation guide and measurement tools to help countries assess progress.</p>
World Bank	<p>The World Bank is a partner in analytical studies on male circumcision that focus on demand creation, cost-effectiveness, return on investment and the impact of age-specific interventions. Through World Bank financing for HIV prevention and programmes that address the social and structural aspects of the epidemic, and through studies to improve how HIV resources are</p>

Organization	Achievement
	<p>allocated, the Bank has provided evidence of the impact of well-targeted programmes, including those for young people.</p> <p>The World Bank focuses on combination prevention through its involvement in social protection research and programmes, which has a significant impact on vulnerable youth. In four countries, World Bank-supported studies have shown how conditional cash transfers can help reduce sexually transmitted infections in young people, particularly young women and girls, potentially reducing HIV risk. In Zimbabwe, the Bank is modelling the impact of combination HIV prevention, including for young people. These efforts have built the capacity of HIV programmers and policy-makers to make targeted decisions on which combination of prevention programmes to implement: that is, for which young people, in which areas.</p>
<p>Secretariat and Joint</p>	<p>In 2014, UNAIDS Secretariat worked with Cosponsors and partners to enable young people to protect themselves from HIV. Such joint efforts included advocacy and policy dialogue, and support for comprehensive services on HIV and sexual and reproductive health.</p> <p>UNAIDS Secretariat, UNFPA, UNESCO and other regional partners brought together youth leaders from seven Eastern Caribbean countries to strengthen their leadership of the AIDS response for young people in their countries.</p> <p>UNAIDS Secretariat, UNICEF, UNFPA, WHO, PEPFAR, the Global Fund, the MTV Staying Alive Foundation and youth movements represented by PACT and Y+ launched the All In platform to drive better results for adolescents by encouraging policy changes and engaging more young people in the effort. UNAIDS Secretariat and UNFPA supported the ACT!2015 initiative through youth-led advocacy campaigns, and organized a youth pre-conference at the 2014 International AIDS Conference.</p> <p>With support from the ILO, UNAIDS Secretariat and the Southern African Development Community, the Swedish International Development Cooperation Agency-funded HIV and Economic Empowerment Project was implemented in six countries at the epicentre of the HIV epidemic. Given economic dependence makes young people vulnerable to HIV, the initiative adopted an economic enhancement approach, including loans to young people.</p> <p>Youth organizations in Algeria, Bulgaria, Kenya, Mexico, Nigeria, the Philippines, South Africa, Thailand, Zambia and Zimbabwe received UNFPA and UNAIDS Secretariat grants to build national alliances and develop national advocacy roadmaps to engage decision-makers post-2015.</p> <p>In West and Central Africa, UNICEF, UNFPA and WHO used the introduction of HPV vaccines for girls to address adolescent health and HIV issues. Cote d'Ivoire, the Gambia, Ghana, Sierra Leone and Senegal were supported to include HIV in preparations for HPV vaccination.</p> <p>UNESCO and UNFPA collectively contributed to scaling up quality, age-appropriate and culturally sensitive sexuality education (CSE) in 97 countries in 2014. Support was provided to countries implementing CSE, capitalizing on mechanisms such as the Eastern and Southern Africa Commitment on CSE and youth-friendly services.</p>

Output A1.2.1 Key populations partnerships in combination prevention towards universal access

Indicator A1.2.1: UN Joint Team contributed to strengthen municipal level comprehensive HIV prevention, treatment and care programmes for and with key populations

95% of Joint Teams (N=99) provided support to strengthen municipal level HIV programmes in 2014.

78% of Joint Teams engaged with organizations led by gay men and other men who have sex with men in the formulation, implementation and monitoring and evaluation of municipal level programmes addressing comprehensive HIV prevention treatment and care. In the same period, 74% of Joint Teams supported sex workers and 35% engaged with organizations for and with transgender people.

Core resource expenditure in 2014

Region	UNICEF	UNDP	UNFPA	ILO	UNESCO	WHO	World Bank	TOTAL
Global	67 639	227 023	380 687	171 618	112 101	239 200	37 171	1 235 439
HICs	26 941	520 463	782 336	114 850	113 576	189 980	231 000	1 979 146
AP	20 475	295 238	741 889	4 844	53 481	94 300	59 036	1 269 263
CAR	7 543	44 179	71 800	-	-	23 000	2 906	149 428
EECA	9 699	123 560	452 094	-	37 558	73 600	44 689	741 200
ESA	30 389	83 397	310 108	-	58 858	27 600	22 975	533 327
LA	11 638	107 201	247 955	13 908	-	23 920	6 348	410 970
MENA	7 543	35 903	58 703	-	-	36 800	21 648	160 597
WCA	20 475	52 392	117 711	11 026	13 358	27 600	29 214	271 776
TOTAL	202 341	1 489 357	3 163 283	316 246	388 933	736 000	454 987	6 751 147

Achievements

Organization	Achievement
UNHCR	<p>In 2014, UNHCR trained 80 staff in country operations across Africa and the Middle East and colleagues from selected partner organizations. With modules on terminology, international law, operational protection, including health and HIV, resettlement and refugee status determination, the focus was on practical guidance. Through the training, which will be rolled out across all UNHCR operations in person or through e-learning modules, UNHCR hopes to ensure:</p> <ul style="list-style-type: none"> UNHCR and partner offices are welcoming, and offer lesbian, gay, bisexual, transsexual, transgender, transvestite and intersex people (LGBTI) safe places. Participants are aware of the responsibility to protect LGBTI persons of concern fleeing persecution because of their sexual orientation or gender identity. Participants are sensitized to the challenges of protecting LGBTI persons of concern, and are able to identify and address them together. Refugee status determination adjudicators are able to identify and assess LGBTI claims in accordance with UNHCR's policies and guidelines and other international standards. The health needs, especially sexual and reproductive health, of LGBTI persons are addressed in a dignified way without stigma or discrimination.
UNICEF	<p>Along with partners, in 2014 UNICEF developed four technical briefs on young key populations to promote better consideration of the provisions for children included within the broad definition of young key populations, ages 10–24 years. UNICEF facilitated the review to</p>

Organization	Achievement
	<p>strengthen the unique considerations relating to children aged 10–17.</p> <p>A UNICEF key considerations document outlines priority child rights/human rights when programming HIV interventions for adolescents from key populations.</p> <p>Once finalized, the technical briefs will be widely disseminated to support advocacy and better programming and coordination. Draft briefs are already being used; the brief on young people who use drugs, for example, will continue to serve as an important interagency reference document for preparations for the UN General Assembly Special Session on Drugs (UNGASS) 2016.</p>
WFP	<p>WFP continued its partnership with the North Star Alliance to expand services along transport corridors through 30 roadside wellness centres in 12 African countries with high numbers of new HIV infections (Botswana, the Democratic Republic of the Congo, the Gambia, Kenya, Malawi, Mozambique, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe). The partnership provides universal access to HIV prevention, treatment, care and support for mobile workers, sex workers and other affected populations. Each centre has trained clinical and outreach teams, and an electronic health passport system that allows patients to access their health records at every clinic in the network. In 2014, a food and nutrition component was incorporated into behavioural change communications outreach, which reached 139 000 people across three regions. Over the year, North Star served more than 226 000 clients and distributed more than 1.29 million condoms.</p> <p>WFP provided emergency food assistance in humanitarian settings to vulnerable and often displaced individuals and their households, including those affected by HIV. This helps prevent coping mechanisms, such as transactional sex, that increase the risk of transmission.</p>
UNDP	<p>UNDP worked with the GFATM, MEASURE Evaluation, UNAIDS Secretariat, WHO and other key partners to support 38 countries prepare for size estimations and programmatic mapping of key populations to enhance national and city-level responses.</p> <p>UNDP worked with WHO and other partners on a number of guidance documents, including: consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations; technical briefs on HIV and young key populations; and, with ILO, a manual on the rights of lesbian, gay, bisexual and transgender workers.</p> <p>A model regional HIV framework for key populations has been developed by the Africa Key Population Experts group and has been put to use by partners in 13 countries. The Southern African Development Community secretariat used the framework to inform its application for the second phase Global Fund grant; the East African Community secretariat used it as a reference in the activity to develop an HIV prevention strategy for transport corridors between member states.</p> <p>Under the Being LGBT in Asia initiative, eight national LGBT and Human Rights dialogues – in Cambodia, China, Indonesia, Mongolia, Nepal, the Philippines, Thailand and Viet Nam – were attended by more than 650 participants from almost 200 community-based organizations together with government officials, faith leaders and private-sector representatives. This led to eight national reports were produced, in English and the national language, documenting the challenges and opportunities faced by LGBT people, which resulted in high levels of media coverage.</p>
UNFPA	<p>Respect for human rights and universal access to sexual and reproductive health (SRH) are at the core of UNFPA's work. In 2014, it helped community networks increase advocacy, policy</p>

Organization	Achievement
	<p>dialogue and demand for services. UNFPA provided support to young key population organizations in nine countries, sex workers in 16 countries, and men who have sex with men and lesbian, gay, bisexual, transgender and intersex people in three countries, as well as women who live with HIV. UNFPA has helped 41 countries have at least one sex worker-led organization engaged in programmes that address their sexual and reproductive health and HIV.</p> <p>UNFPA strengthened key population normative guidance, including through the roll-out of the sex worker implementation tool, with uptake by the Global Fund and the United States President's Emergency Plan for AIDS Relief; <i>The Lancet</i> HIV and sex work series; and an Asia and Pacific curriculum for tailoring global tools for country contexts.</p> <p>UNFPA provided support for better delivery of rights-based services for people living with HIV and key populations via integrated SRH and HIV services (in 18 countries), condom and lubricant programming (18), peer education and mobile outreach (23), health worker sensitization training (five countries), and testing and counselling for HIV and sexually transmitted infections (16).</p>
ILO	<p>During the past two biennia, ILO supported 33 countries, including 22 High Impact Countries, with rights-based HIV programmes for sex workers and clients. Evidence on working conditions, safety and health, and access to health services was generated for sex workers in Cambodia, India, Thailand and Viet Nam. In Cambodia, tailored technical advice from ILO and UNAIDS to entertainment and sex workers forms the new Prakas Guideline 194, which ensures sex workers receive occupational safety and health and working conditions similar to those of other workers, a first in the region.</p> <p>In 2013, the ILO published a handbook for judges and legal professionals that includes a section on the labour rights of lesbian, gay, bisexual and transgender workers. The handbook was used to build capacity in High Impact Countries, including Brazil, where a regional labour court ruled in favour of a worker dismissed because of her HIV status, citing ILO standards on discrimination in employment.</p>
UNESCO	<p>UNESCO enhanced country capacity to address the needs of young key populations in the Asia and Pacific region. The revised NewGen Asia leadership curriculum for young key populations was launched at AIDS 2014 and rolled out in Cambodia, China and Thailand. UNESCO, UNAIDS partners, Save the Children and the Global Network for People Living with HIV published a regional analysis of young key populations in national strategic plans. UNESCO is active in the UNDP/USAID initiative Being LGBT in Asia and is a member of the technical advisory group.</p> <p>Other efforts included work with UNICEF for a handbook on understanding data for young people from key populations, and support for an ACT!2015 regional advocacy workshop to give young key populations a voice to influence the post-2015 development agenda, resulting in an ACT!2015 advocacy agenda and roadmap.</p> <p>In China, Myanmar and Thailand, UNESCO led campaigns to build awareness, capacity and evidence on gay men and other men who have sex with men and transgender populations. UNESCO and Myanmar national authorities conducted the first surveys of young gay men and other men who have sex with men in the country, and UNESCO collaborated with the International HIV Alliance and the Myanmar Youth Stars network on an advanced training module on HIV, sexual and reproductive health and youth leadership.</p>

Organization	Achievement
WHO	<p>WHO developed consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. The guidelines will form the basis for implementation tools for men who have sex with men, and people who inject drugs. A tool for countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations was developed and scheduled for launch in April 2015. A technical update for transgender people and HIV is scheduled to be published in May 2015 and will form the basis for the implementation tool for transgender people. WHO was co-lead on the development of the implementation tools, the health-care interventions and enabling strategies.</p> <p>A bi-regional meeting of the WHO Western Pacific and South-East Asia offices considered the roll-out of the key population guidelines and target-setting tool.</p>
World Bank	<p>The World Bank continues to finance comprehensive, scaled-up HIV prevention programmes for key populations in seven priority countries. It has helped several countries improve their HIV resource allocations to focus on populations and areas most pertinent to the national epidemic; in Sudan, for example, this led to a four-fold increase in resources for key populations.</p> <p>With the UNAIDS Secretariat and partners, the Bank assisted six countries with size estimations and programmatic mapping for tailored responses, and in how to use data to improve the footprint of comprehensive programme scale-up for key populations.</p> <p>The Bank advocated for combination prevention for key populations through academic publications; in one such publication on the economics of treatment as prevention, the effectiveness for key populations was discussed. The Bank also supported a collection of peer-reviewed manuscripts, <i>Achieving HIV impact with sex workers</i>.</p> <p>It is also providing technical assistance to scale up HIV services for female sex workers, including a regional training programme to enhance the capacity of country programme managers and implementers in key population service delivery, including civil society organizations.</p>
Secretariat and Joint	<p>UNAIDS Secretariat has played a central role in ensuring the voices and interests of key populations are brought to the table as part of Country Dialogues that inform development of Concept Notes submitted to the Global Fund. Inclusive participation in planning processes in 44 countries submitting HIV or HIV/TB concept notes in 2014 was facilitated by UNAIDS country and regional teams.</p> <p>In October 2014 UNAIDS Secretariat launched the Caribbean Men's Internet Survey (CARIMIS). This is the region's largest study of gay, bisexual and other men who have sex with men as well as the first such survey to be conducted online. While many respondents experienced homophobic abuse and negative self-perception, others were open about their sexuality and proactive about their sexual health. The study showed great diversity in the sexual identities and behaviour of respondents. It also revealed several commonly held aspirations relating to life, safety and relationships. The research was done by the UNAIDS Caribbean Regional Support Team in collaboration with Sigma Research of the London School of Hygiene & Tropical Medicine and partly supported by USAID.</p> <p>UNAIDS Secretariat facilitated the establishment of the sex work advisory group chaired by UNDP, UNFPA and the Network of Sex Work Projects. The group provides strategic guidance to the United Nations and partners on global policy and programmatic and data requirements.</p> <p>A core function of the Joint Programme is to act as a global hub for data on HIV. To this end,</p>

Organization	Achievement
	<p>UNFPA, UNAIDS Secretariat and partners supported a study on violence against sex workers in Indonesia, Myanmar, Nepal and Sri Lanka, examining police violence, laws and law enforcement, and sex workers' knowledge of rights and access to services.</p> <p>The UNAIDS Fast-Track Strategy calls for an equity-based focus on locations and key populations. A consensus is emerging on programming considerations for young key populations, a result of the partnership between UNAIDS, civil society and young people in the Interagency Working Group on Key Populations, with guidance briefs drafted in 2014. There was also continued interagency development of implementation tools for guiding HIV/sexually transmitted infection programmes for key populations, such as gay men and other men who have sex with men and people who inject drugs, based on the 2014 WHO consolidated HIV/STI guidelines.</p> <p>Through the support of UNDP and other Joint UN Team members, five Zambian cities developed the Cities HIV and AIDS Investment Plans, and in 12 countries in the Asia and Pacific region, WHO and UNDP are rolling out training programmes that address stigma and discrimination in health-care settings.</p>

Output A1.3.1 Technical support to strengthen community systems and HIV services

Indicator

Indicator A1.3.1: UN Joint Team contributed to strengthen national policy implementation and/or scale-up of new and emerging HIV prevention technologies

91% of Joint Teams (N=92) provided support in this area in 2014. Advocacy and technical assistance were the most significant forms of support provided. The different types of prevention technologies supported included antiretroviral treatment as prevention (67% of Joint Teams), pre-exposure prophylaxis (37%) and voluntary medical male circumcision VMMC (18%).

Core resource expenditure in 2014

Region	UNICEF	WHO	World Bank	TOTAL
Global	66 669	906 200	18 800	991 669
HICs	62 789	506 000	207 077	775 866
AP	39 800	133 400	7 374	180 574
CAR	14 656	13 800	7 670	36 126
EECA	18 858	89 700	5 949	114 507
ESA	59 090	80 500	13 104	152 694
LA	22 630	27 600	3 743	53 973
MENA	14 656	73 600	3 093	91 349
WCA	39 800	55 200	14 883	109 883
TOTAL	338 948	1 886 000	281 693	2 506 641

Achievements

Organization	Achievement
UNHCR	UNHCR worked with local and national health authorities and nongovernmental organizations in several countries to ensure an initial minimum response for HIV at the onset of emergencies and an expanded response for protracted situations.

Organization	Achievement
	<p>In 2014, responses at onset included crises in the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo and South Sudan. UNHCR advocated for all these High Impact Countries to be included in national treatment programmes. Interagency assessments were strengthened and partnerships maintained through coordination meetings, resulting in comprehensive programming. As lead agency for protection, camp coordination and camp management under the cluster approach – when a group of agencies work together within a particular sector of an emergency response – UNHCR sought to mainstream HIV within the clusters. This improved programme quality and ensured enabling environments were created for HIV responses.</p> <p>In 2014, UNHCR organized regional and global coordination and training workshops for its technical specialists. New HIV technologies, latest guidance and strategies were reviewed, discussed and included in the organizational frameworks. Regional officers were then given the task to disseminate and implement them.</p>
UNICEF	<p>In 2014, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe received help to assess their voluntary medical male circumcision (VMMC) programmes to improve counselling for adolescent boys. A literature review was completed and a training guide on data collection from adolescents, service providers and caregivers, and data collection instruments, was submitted for ethical clearance.</p> <p>National technical working groups on VMMC will ensure this work, which was launched in collaboration with USAID and supported by an extended technical advisory group comprising representatives from PEPFAR, WHO, UNAIDS Secretariat, UNICEF and the Johns Hopkins University, is integrated into the work of VMMC programmes.</p>
WHO	<p>WHO led the development of guidance for voluntary medical male circumcision (VMMC); focusing on the use of devices that require fewer resources while maintaining safety. It included briefs and information notes related to specific methods.</p> <p>Prequalification of male circumcision devices was established and WHO convened meetings of its technical advisory group on innovations in male circumcision and sent updates on the safety of devices to countries.</p> <p>WHO consulted on pre-exposure prophylaxis (PrEP), a way for people who do not have HIV but who are at risk of getting it prevent infection by taking a daily pill. The consultation looked specifically at PrEP adherence.</p> <p>WHO also released guidelines on PrEP and gay men and other men who have sex with men as part of consolidated guidance for key populations.</p> <p>Highlights of WHO's work on HIV vaccines in 2014 included, developing a set of recommendations to stakeholder groups on vaccine-induced seropositivity/seroreactivity; making recommendations on the use of adenoviral vectors in developing HIV vaccines; strengthening regulatory capacity in low-income countries through HIV vaccine workshops at regional network meetings, such as the African Vaccine Regulators Network.</p>
World Bank	<p>The World Bank is involved in a range of activities that support the scale-up of new technologies in HIV prevention, and investigates their effectiveness in different contexts and populations. World Bank-financed allocative efficiency analyses include a study on the impact of voluntary medical male circumcision (VMMC) in generalized epidemics. The Bank also helps efforts to create demand for VMMC uptake and scale up national VMMC programmes.</p> <p>A Bank publication discussing the effectiveness, costs and implementation of HIV treatment as</p>

Organization	Achievement
	<p>prevention appeared in the <i>African Journal of AIDS Research</i>.</p> <p>The Bank is at the forefront of efforts to generate evidence on the impact on HIV services of incentives, such as conditional and unconditional cash transfers; from the impact of an incentive itself in reducing new HIV infections, to supply-side and demand-side incentives in improving access, demand, uptake and adherence to biomedical interventions, such as HIV testing, prevention of mother-to-child transmission, VMMC, pre-exposure prophylaxis (PrEP) and HIV treatment.</p>
<p>Secretariat and Joint</p>	<p>The joint WHO/UNAIDS Secretariat HIV Vaccine Initiative guides research and development, and helps identify areas that could benefit from the WHO/UNAIDS Secretariat-led consensus-building mechanism. With the help of the HIV Vaccine Advisory Committee, WHO and UNAIDS Secretariat continued in 2014 to build scientific and ethical consensus around standards of prevention; develop guidance for evaluating vaccines by designing clinical trials that assess the evidence base for policy recommendations on future vaccine introduction and use; assist countries with national HIV vaccine development and introduction</p> <p>In Malawi, the World Bank worked with UNAIDS Secretariat, WHO and UNICEF, the United States President's Emergency Plan for AIDS Relief and the Global Fund to finance a male circumcision roll-out plan and to evaluate interventions to create demand for increased take-up. WHO also worked with the Ministry of Health in Zimbabwe to improve VMMC among adolescents and to integrate adolescent sexual and reproductive health.</p> <p>In Latin America, UNAIDS Secretariat supported the Regional Transgender Network to conduct a pre-exposure prophylaxis (PrEP) sensitisation and dialogue consultation as part of discussions around a comprehensive prevention for transgender people in the region. PrEP is a powerful tool against HIV transmission. The Joint Programme supported countries develop recommendations on PrEP implementation for women. It also assisted projects that demonstrate how it works best in practice, and initiated evidence reviews of PrEP effectiveness and cost-effectiveness in various epidemiological contexts. Guidance for other populations will be developed in 2015.</p> <p>UNFPA and WHO convened a meeting of the technical review committee in June 2014 to review eight female condom products for prequalification. The committee recommended whether each product could advance to the next stage in the qualification processes.</p> <p>Demands on the AIDS response to achieve more with less are growing, so UNAIDS is adopting state-of-the-art technologies and approaches to help countries achieve the fast-track targets. These include supporting innovations in condom technology, promoting voluntary medical male circumcision (VMMC) in high prevalence contexts and exploring the potential of pre-exposure prophylactic antiretroviral therapy and vaccines. UNAIDS also works directly with countries developing Concept Notes submitted to the Global Fund to ensure that investments in prevention are prioritized for greatest impact, matching epidemic profile with evidence-based interventions.</p>

Output A1.3.2 Strengthened capacity for combination prevention programmes

Indicators

Indicator A1.3.2a: UN Joint Team contributed to the development or revision of a National/Sectoral HIV and AIDS workplace policy(ies) to implement workplace programmes

In 2014, 35% of Joint Teams (N=95) reported that their country had developed/ revised a National HIV and AIDS workplace policy/legislation; 88% of these countries were supported by their Joint Teams.

Indicator A1.3.2b: UN Joint Team contributed to strengthen national capacity in logistics management of HIV-related commodities

91% of Joint Teams (N=86) provided support to build national capacity in this area. Advocacy and technical assistance were the most significant types of support provided.

Core resource expenditure in 2014

Region	UNHCR	UNICEF	UNDP	UNFPA	ILO	WHO	World Bank	TOTAL
Global	80 000	94 543	160 575	459 841	257 427	55 200	257 766	1 365 352
HICs	284 307	40 411	272 763	296 655	229 768	41 400	1 618 933	2 784 237
AP	30 000	30 712	153 592	-	1 002	18 400	152 401	386 107
CAR	-	11 315	27 586	26 500	-	4 600	40 693	110 694
EECA	2 000	14 548	25 687	118 632	-	13 800	91 021	265 688
ESA	90 000	45 583	58 214	32 726	-	13 800	183 896	424 219
LA	12 000	17 457	44 627	118 804	3 837	9 200	45 698	251 623
MENA	22 000	11 315	22 392	-	-	13 800	43 296	112 803
WCA	12 000	30 712	32 715	125 275	36 004	13 800	207 872	458 378
TOTAL	532 307	296 597	798 151	1 178 433	528 038	184 000	2 641 576	6 159 102

Achievements

Organization	Achievement
UNHCR	UNHCR promoted voluntary medical male circumcision (VMMC) in several of its operations, especially across Eastern and Southern Africa, and has supported national programmes to extend into refugee settings. Staff have been trained, materials provided and theatres rehabilitated. UNHCR supplemented efforts to obtain VMMC surgical kits for government clinics in the refugee settlements. By the end of 2014 a number of programmes had significantly scaled up their VMMC and most refugee settlements were implementing activities or had ensured that refugees could access the national programme. UNHCR continues to partner with UNFPA to distribute male and female condoms across all its operations.
UNICEF	In 2014, UNICEF and USAID's MEASURE Evaluation initiative (monitoring and evaluation to assess and use results) convened partners in the strategic information working group of the Inter-Agency Task Team on HIV and young people to review indicators on adolescents aged 10–14 and recommend questions for national surveys. The meeting sought ways to strengthen data and improve monitoring and data-driven planning and advocacy for adolescents. It developed guidance to support in-depth analysis of bottlenecks in service delivery and uptake, along with indicators to assess supply, demand, quality and the enabling environment around adolescent-focused HIV testing and counselling, treatment and care (pre-antiretroviral therapy and antiretroviral therapy), and condom programming. Such work will shape adolescent

Organization	Achievement
	<p>assessments to be supported by partners in the lead countries of All In, the platform for action against the adolescent AIDS epidemic.</p> <p>UNICEF published in July 2014 a journal supplement of 11 peer-reviewed articles on adolescents in collaboration with UNFPA, UNAIDS Secretariat, PEPFAR, the London School of Hygiene & Tropical Medicine, Futures Institute, Pathfinder, PATH, the vaccine alliance GAVI, Together for Girls, Futures Group and the Population Council.</p>
WFP	<p>WFP signed a memorandum of understanding with the Global Fund for a logistics partnership to improve access to HIV-related commodities, especially during emergencies, using WFP's extensive storage and shipping networks. The memorandum tasks WFP with building the downstream supply chain capacity of Global Fund implementers, improving distribution systems to prevent stock-outs and ensuring timely, cost-effective delivery.</p> <p>WFP reduced sexual transmission of HIV through safety-nets programmes for households affected by HIV, including those with orphans and vulnerable children (OVC), to discourage coping mechanisms that increase transmission risks, such as transactional sex and taking children out of school. WFP aligned its programmes with national priorities and strengthened government capacity. In Swaziland, for example, WFP handed over the secondary-school feeding programme and helped develop an OVC Investment Case, which demonstrated that for every 25–30 United States cents invested in neighbourhood care points, a place where a community can come together to provide care for orphans and vulnerable children, there is a return benefit of US\$ 1 for the children they serve.</p>
UNDP	<p>UNDP, with the London School of Hygiene & Tropical Medicine and the STRIVE research consortium, developed an innovative approach to cross-sectoral financing of structural interventions and published this in the journal <i>AIDS</i>. The study used a cash transfers trial in Malawi to show conventional silo (sector specific) budgeting can lead to under-investment in addressing social determinants, even though they are cost-effective when examining health and development impacts together. To enact the cross-sectoral approach at country level, UNDP convened an interagency advisory group and in partnership with the Economic Policy Research Institute developed course materials to introduce the approach to policy-makers in sub-Saharan Africa and show how it can be applied to cash transfers for HIV prevention.</p>
UNFPA	<p>The International Conference on Population and Development (ICPD) Programme of Action committed the world to universal access to sexual and reproductive health. In this regard, UNFPA provided 0.75 billion male condoms and 15 million female condoms for prevention of HIV, sexually transmitted infections and unintended pregnancies; it re-energised its work on comprehensive condom programming which was implemented in 52 countries by 2014.</p> <p>Youth-friendly initiatives such as CONDOMIZE! took off in Botswana, Swaziland and Togo. The three countries, with a mass mobilization of volunteers, government and media, educated people through newspaper and TV messages, and distributed 6 million male and female condoms.</p> <p>The UNFPA-convened global consultation in Zambia attended by 100 participants from 20 countries called for female condoms to become more available and included on essential medicines lists and monitoring systems.</p> <p>With high-quality condoms a UNFPA priority, manufacturers were trained in UNFPA/WHO prequalification processes and the new International Organization for Standardization (ISO) standard. By December 2014, 26 factories were newly prequalified. Pre-shipment testing was</p>

Organization	Achievement
	done on condoms, with a low failure rate.
ILO	<p>The ILO has over the years supported more than 70 countries to develop national HIV workplace policies that have inspired the scale-up of combination prevention programmes. Country action in 2014 included:</p> <ul style="list-style-type: none"> ▪ Jamaica’s national workplace policy, approved in 2012, has inspired 116 institutions to put in place HIV workplace policies, reaching more than 300 000 workers, thanks to the Ministry of Labour’s programme of working with private sector companies to ensure voluntary compliance. ▪ In Swaziland, to strengthen the policy environment, ILO supported the Public Service HIV/AIDS Coordinating Committee to review HIV workplace policies and programmes for 17 government ministries and offices and the Ministry of Labour and Social Security, to launch their Wellness Workplace Policy and Programme. ▪ In South Africa, the National Transport Sector HIV, AIDS, STI and TB coordinating committee received support to develop a human rights violation audit tool for workplace programmes. ▪ In Kenya, the outcomes of HIV tribunal cases, 90% of which are employment related, were disseminated, leading to an increase in the proportion of workers knowing their rights in the workplace.
WHO	<p>WHO continued to monitor voluntary medical male circumcision, completing a global progress brief and an African regional progress report. Post-market surveillance, with guidance and technical support for countries, is under way. WHO has reviewed data on device safety from pilot studies, including two for adolescents, and provided guidance on the data needed for safety evaluations. The Clearinghouse on Male Circumcision for HIV Prevention, a collaborative effort initiated by WHO and partners, has become a respected source of information on male circumcision.</p> <p>WHO supported countries to develop pre-exposure prophylaxis (PrEP) proposals for demonstration projects, including those involving female sex workers, gay men and other men who have sex with men, young women and wives of migrant workers, to help understand how PrEP works best in practice. PrEP is a way for people who do not have HIV but who are at risk of getting it prevent infection by taking a daily pill.</p> <p>WHO worked with partners on guidance and country support for combination prevention for adolescent girls and women, including backing for the Global Fund and DREAMS, an initiative of the United States President’s Emergency Plan for AIDS Relief and the Bill & Melinda Gates Foundation to reduce new HIV infections among this key group.</p>
World Bank	<p>The World Bank’s technical assistance to sex worker HIV programmes has enabled six countries to plan and target combination prevention programmes. Such assistance included :</p> <ul style="list-style-type: none"> ▪ improved mapping of sex-work hotspots and service providers that will serve as a basis for improving programme coverage; ▪ support for planning HIV programme roll-out to scale up comprehensive combination HIV prevention; ▪ building capacities of local staff through regional training, which will allow national stakeholders to plan and implement targeted interventions. <p>The Bank has helped build capacity for improved HIV resource allocations, and in the use of mathematical modelling to improve estimates of the impact of combination HIV prevention programmes.</p>

Organization	Achievement
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat, with the London School of Hygiene & Tropical Medicine and the Futures Group, published <i>A systematic review of the cost effectiveness of gender-responsive interventions for HIV</i> in the Journal of the International AIDS Society (JIAS). The study is contributing to inform the development of the Gender Assessment Programme and Costing tool.</p> <p>A global consultation of stakeholders convened by UNAIDS Secretariat and including national AIDS programme managers from 14 key countries, UN prevention focal points, civil society, technical experts, partners and priority donors, renewed their commitment to HIV prevention and examined progress in priority countries. The meeting agreed to focus on innovation and identifying action to sustainably reduce new HIV infections in High Impact Countries by 2030.</p> <p>UNAIDS Secretariat, UNFPA, USAID, PEPFAR and the Bill & Melinda Gates Foundation reaffirmed the role of condoms in HIV prevention at a global consultation. Partners agreed to strengthen condom programming as a core area for preventing sexual transmission of HIV, sexually transmitted infections and unwanted pregnancy, including recommendations to fill the supply gap, especially in Africa, and advocate to remove age limits for access to condoms.</p> <p>The World Bank partnered with WHO to study the effectiveness of male circumcision and return on investment, with a focus on age-specific interventions. It found circumcising males under the age of 25 years is most cost-effective. Through its activities in financing and conducting allocative efficiency analyses in 15 countries, including with UNAIDS Secretariat, UNDP and GFATM partners, the Bank has provided evidence for the potential impact and cost-effectiveness of targeted prevention programmes, including for young people.</p> <p>The ILO, in collaboration with the Global Network of People Living with HIV (GNP+), the UNAIDS Secretariat, the International Trade Union Confederation and other members of the Inter-Agency Task Team on workplace programmes, finalized an operational guide to ensure key human rights principles in the VCT@WORK Initiative, a programme to reach 5 million workers with voluntary and confidential HIV counselling and testing.</p> <p>WHO and UNDP conducted a course for 55 policy-makers from 27 countries to build capacity in financing for universal health coverage that integrates HIV services.</p>

A2: Eliminating vertical transmission

Output A2.1.1 Global plan and monitoring framework for elimination of new HIV infections among children/keeping mothers alive

Core resource expenditure in 2014

Region	UNICEF	UNFPA	WHO	TOTAL
Global	50 720	52 527	193 200	296 447
HICs	27 767	-	92 000	119 767
AP	10 417	-	59 800	70 217
CAR	5 532	-	11 500	17 032
EECA	6 933	-	46 000	52 933
ESA	18 176	-	46 000	64 176
LA	8 190	-	23 000	31 190
MENA	6 250	-	39 100	45 350
WCA	13 865		41 400	55 265
TOTAL	147 850	52 527	552 000	752 377

Achievements

Organization	Achievement
UNICEF	<p>UNICEF, with funding from Sweden and Norway, provided technical support to ministries of health to roll out Option B and Option B+ in Cote d'Ivoire, the Democratic Republic of the Congo, Malawi and Uganda. Partners included the Elizabeth Glaser Pediatric AIDS Foundation, Mothers2Mothers and the University of North Carolina. In Malawi, Option B+ (lifelong antiretroviral therapy to all pregnant and breastfeeding women living with HIV) was implemented in eight districts at 361 sites, reaching 13 410 women; in Uganda, in 21 districts at 302 sites, reaching 18 796 women; and in the Democratic Republic of the Congo, in six health zones at 106 sites, reaching 1354 women. In Cote d'Ivoire, two urban and rural districts, 67 sites and 1500 women were reached.</p> <p>In April 2014, the Global Fund and UNICEF signed a memorandum of understanding to reduce the burden of HIV, tuberculosis and malaria, and improve the health of mothers, neonates and children in 25 priority countries. Through this, funding was leveraged in more than 20 African countries to decrease child and maternal mortality through synergies with HIV, malaria, integrated community case management and maternal health programming.</p> <p>UNICEF and the Clinton Health Access Initiative, with UNITAID funding, continued to improve market entry and accelerate point-of-care diagnostics in many African countries through advocacy for point-of-care policies, operational guidance and the scale-up of CD4 point-of-care devices and tests.</p>
WFP	<p>To build evidence and advocacy for integrated approaches to prevention of mother-to-child transmission, WFP published a paper as part of an <i>AIDS and Behavior</i> supplement, on how economic and social factors are some of the most common barriers preventing women from accessing maternal, newborn and child health and prevention of mother-to-child transmission services. The paper highlighted four categories of demand-side barriers to such services. Food assistance was identified as a factor that may have an enabling effect for accessing and</p>

Organization	Achievement
	<p>adhering to care.</p> <p>WFP provided technical support to national prevention of mother-to-child transmission programmes to include food and nutrition support in maternal, newborn and child health services provided to pregnant malnourished women. WFP helped develop guidelines and educational materials to improve the nutritional knowledge of health-care providers and people living with HIV, targeting pregnant and lactating women, and HIV-exposed and HIV-positive children. In Cambodia, WFP supported a revised Good Food Toolkit for counselling people living with HIV in hospital settings, while in Guatemala; WFP supported the Ministry of Health to update infant feeding guidelines. In the Democratic Republic of Congo, WFP helped elaborate tools for nutritional counselling for pregnant and lactating women attending prevention of mother-to-child transmission services.</p>
<p>UNFPA</p>	<p>UNFPA's case for the efficacy of rights-based integrated HIV and sexual and reproductive health (SRH) services was crucial to shaping recommendations for achieving Global Plan targets, including those that address: the sexual and reproductive health and rights of women living with HIV, family planning, mother-to-child transmission of HIV and syphilis, gender-based violence, commodity security, serodiscordance, postnatal/postpartum follow-up, community engagement and strengthened workforce/task-shifting.</p> <p>To strengthen monitoring of elimination of mother-to-child transmission (EMTCT) efforts within SRH services, UNFPA co-developed with WHO, the International Planned Parenthood Federation, UNAIDS Secretariat and the SRH/HIV linkages work group, <i>SRH and HIV linkages compendium: indicators and related assessment tools</i>, including two pilot-tested integrated service delivery indicators. UNFPA built the capacity of seven countries to use them, and lobbied successfully for their inclusion in the UNAIDS Registry of Indicators.</p> <p>UNFPA's East and Southern Africa office participated in the 2014 regional stock-taking meeting with UNICEF, WHO, and UNAIDS Secretariat for 15 high priority countries and South Sudan, resulting in a progress review of Global Plan targets and revised strategies to improve programmes and monitoring. UNFPA helped Malawi increase the uptake of women and their partners in elimination of mother-to-child transmission services and the capacity of 136 health workers to deliver integrated SRH and HIV services.</p>
<p>WHO</p>	<p>WHO, in collaboration with the Inter-Agency Task Team (IATT) on the prevention of mother-to-child transmission of HIV, developed a monitoring and evaluation framework for Option B and Option B+ antiretroviral therapy to evaluate progress towards achieving national elimination of mother-to-child transmission goals.</p> <p>WHO co-hosted the annual meeting of the Global Steering Group of the Global Plan and the IATT at which senior programme managers from all 22 priority countries shared their experiences in efforts to eliminate mother-to-child transmission and roll-out WHO recommendations for preventing mother-to-child transmission and paediatric HIV.</p> <p>WHO hosted a global consultation in September 2014 to review tools for validating elimination of mother-to-child transmission. These draft tools, to measure data and laboratory quality, human rights, gender equality and community engagement, were used at the Cuba validation exercise in March 2015.</p> <p>WHO also finalized the global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV and syphilis. This document delineates the process required to certify validation and outlines a methodology to document elimination of HIV, syphilis and other vertically acquired conditions.</p>

Organization	Achievement
<p>Secretariat and Joint</p>	<p>As co-chair of the Global Plan with PEPFAR, UNAIDS Secretariat continued to monitor progress and prepared the 3rd Global Plan progress report with UNICEF and WHO, which showed country status towards the Global Plan goals and presents a country typology based on the indicators. The UNAIDS Secretariat also prepared fact sheets for each country. In addition, the UNAIDS Secretariat held the 3rd Ministerial Meeting of the Global Plan in order to discuss progress and to take stock of remaining activities before the end of 2015.</p> <p>UNAIDS Secretariat, UNICEF and WHO held several consultative meetings in different regions to document country progress towards validating the elimination of mother-to-child transmission (EMTCT). In March 2015 the Regional Validation Committee undertook the first EMTCT validation mission to Cuba. Results will announce by the Global Validation Committee in June and if endorsed, Cuba will be the first country globally to be validated as having eliminated vertical transmission.</p> <p>As some countries move closer to eliminating mother-to-child transmission, WHO, in partnership with UNICEF, UNAIDS Secretariat, and UNFPA, has developed tools and materials to help programmes validate their elimination status, for HIV as well as syphilis.</p> <p>The Inter-Agency Task Team partnership, co-convened by UNICEF and WHO, worked with national governments and civil society in the 22 Global Plan countries, focusing on the 21 countries in sub-Saharan Africa that account for 90% of new infections among children. Among these 21 countries, the number of estimated new infections in children fell below 200 000, as low as it was in the mid-1990s. This was largely due to rapid uptake of effective antiretroviral regimens, including Option B+, which has now been adopted by all Global Plan countries.</p> <p>To better monitor progress in integrating services for eliminating mother-to-child transmission with those addressing maternal health, family planning, sexually transmitted infections, gender-based violence and child health, UNFPA, WHO, the International Planned Parenthood Federation, UNAIDS Secretariat, and the interagency working group on sexual and reproductive health and HIV linkages, worked with indicators experts to develop a theory of change and produce the <i>SRH and HIV linkages compendium: indicators and related assessment tools</i>. Through lobbying with the Monitoring and Evaluation Reference Group for HIV and AIDS, the integration indicators have been included in the UNAIDS Registry of Indicators, for use at national and subnational levels.</p>

Output A2.1.2 Maternal and child health systems with PMTCT integration into SRH
Core resource expenditure in 2014

Region	UNICEF	WFP	UNFPA	WHO	TOTAL
Global	41 991	14 969	91 643	105 800	254 403
HICs	27 767	55 109	171 201	57 500	311 577
AP	10 417	-	-	25 300	35 717
CAR	5 532	-	9 257	4 600	19 389
EECA	6 933	-	27 506	5 520	39 959
ESA	18 176	29 485	11 362	17 940	76 963
LA	8 190	-	-	9 200	17 390
MENA	6 250	-	-	14 260	20 510
WCA	13 865	-	4 238	22 080	40 183
TOTAL	139 121	99 563	315 206	262 200	816 090

Achievements

Organization	Achievement
<p>UNHCR</p>	<p>In 2014, 95% of UNHCR operations ensured prevention of mother-to-child transmission services for refugees was on a par with those for nationals. UNHCR advocates and works with partners to ensure a panoply of elimination of mother-to-child transmission services, including: universal access to counselling and testing for all pregnant women; access to appropriate antiretroviral regimens for pregnant women and exposed babies, including adherence counselling; counselling on infant feeding practices; and early infant diagnosis and follow-up testing at 18 months. The full range of prevention of mother-to-child transmission services are firmly integrated within strengthened maternal and child health systems, including focused antenatal care and skilled birth attendance at delivery. In 2014, 94% of UNHCR operations ensured 24-hour, seven-day access to emergency obstetric care for refugees and the hosting communities.</p>
<p>UNICEF</p>	<p>Through the memorandum of understanding with the Global Fund, UNICEF is mobilizing governments and partners to deliver additional basic maternal and child health commodities to complement the Global Fund's HIV and malaria commodity investments. UNICEF worked with countries to secure place-holders in concept notes to define areas where HIV should be integrated with maternal, newborn and child health. By early 2015, 19 such concept notes were submitted to the Global Fund. UNICEF trained eight consultants in how to integrate elimination of mother-to-child transmission services and paediatric AIDS treatment with sexual and reproductive health, nutrition and maternal, newborn and child health in Global Fund concept notes. These consultants provided technical support to Chad, the Democratic Republic of the Congo, Gambia, Guinea, Nigeria and Senegal to develop the Global Fund's new funding model, focusing on integrating services.</p> <p>UNICEF analysed bottlenecks to identify gaps in integrated services in Chad, the Democratic Republic of the Congo, Guinea-Bissau, Nigeria and Senegal, and supported the midterm review of South Africa's strategic plan for reproductive, maternal, newborn, child and adolescent health.</p>
<p>WFP</p>	<p>WFP used maternal, newborn, child and adolescent health programmes as an entry point to target prevention of mother-to-child transmission clients with a set of integrated interventions, including food and nutrition support (see A2.2.1).</p> <p>WFP initiated situational analyses with Johns Hopkins University and Aga Khan University to assess the burden of malnutrition, HIV/AIDS and reproductive health, and educational outcomes, among adolescent girls in six countries (Afghanistan, Burkina Faso, Indonesia, Kenya, Pakistan and Zambia). These analyses collected information on the demographic characteristics of the girls (for example, urban versus rural, in or out of school, split by income quintiles), estimate the impacts of different interventions, and describe country-specific delivery platforms. WFP will use these findings to shape programming to improve access to a range of health services for adolescent girls, including sexual and reproductive health, and antenatal care and prevention of mother-to-child transmission, and to provide combination interventions aimed at preventing malnutrition, HIV transmission and early pregnancies.</p>
<p>UNFPA</p>	<p>UNFPA signed a memorandum of understanding with the Global Fund on sexual and reproductive health rights (SRHR) and HIV linkages, focusing on 13 countries (Bangladesh, Chad, Côte d'Ivoire, Ethiopia, Eritrea, Indonesia, Mozambique, Nigeria, South Africa, Togo, Uganda, the United Republic of Tanzania and Zambia) to realise equitable access to integrated services that are anchored in human rights and gender responsive. UNFPA conducted a workshop to help countries implement the memorandum and issued a joint</p>

Organization	Achievement
	<p>UNICEF/UNFPA/Global Fund communique on propensity score matching to increase the provision of life-saving HIV and sexual and reproductive health (SRH) commodities.</p> <p>UNFPA contributed to WHO operational guidance on how countries can validate their successful elimination of mother-to-child transmission of HIV and syphilis, and to a technical note for integrating reproductive, maternal, newborn, child and adolescent health with HIV in Global Fund concept notes. In the Gambia, Guinea and Togo, health-service providers were trained and commodities supplied for integrated HIV and SRH services.</p>
<p>WHO</p>	<p>In 2014, WHO completed laboratory evaluations of three dual HIV/syphilis rapid diagnostic tests in Nigeria and China. The resulting report has been accepted and scheduled for publication in the <i>International Journal of Gynecology and Obstetrics</i> in July 2015. A field evaluation in Zambia of the dual tests and introduction studies in China and Colombia complemented the laboratory studies.</p> <p>WHO provided technical support to India to develop a national strategy and guidelines that integrate elimination of mother-to-child transmission of syphilis with maternal and child health and HIV care programmes. The strategy and guidelines were launched in February 2015.</p> <p>WHO developed a technical guidance document for incorporating reproductive health, nutrition and maternal, newborn and child health into Global Fund proposals, and other practical guidance tools on how to counsel women with HIV on their family planning choices and to perform provider-initiated testing and counselling in family planning clinics.</p>
<p>World Bank</p>	<p>The World Bank is helping governments identify funding priorities through its allocative efficiency studies, including analyses of prevention of mother-to-child transmission services. It is also evaluating the costs and quality of integrated HIV and sexual and reproductive health services, which should expand coverage of elimination of mother-to-child transmission services to more remote locations and improve HIV testing and counselling in pregnant women.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat continued to strengthen maternal and child health systems with PMTCT integration, through the H4+ initiative, as part of the Secretary General's Global Strategy for Women's and Children's Health. Underway in 11 countries, the effort includes strengthening of integrated health systems with a strong link to community-based systems.</p> <p>UNFPA, WHO and UNAIDS Secretariat supported the Global Network of People Living with HIV and AIDS, the International Community of Women Living with HIV and other partners to develop several surveys, including: <i>Quality of family planning services and integration in prevention of vertical transmission context</i>; <i>Perspectives and experiences of women living with HIV and their service providers in Cameroon, Nigeria, and Zambia</i>; and <i>Building a safe house on firm ground</i>.</p> <p>A number of guidance tools for integrating services and other elimination of mother-to-child transmission activities were developed by the Inter-Agency Task Team in 2014. Key developments included:</p> <ul style="list-style-type: none"> ▪ newborn standard-of-care protocols, taking into account the needs of infants born to HIV-positive mothers in Malawi; ▪ field testing and training of trainers for the <i>Caring for newborns at home</i> manual, adapted for high-prevalence HIV and TB settings in Zambia and Malawi; ▪ a sexual and reproductive health (SRH) and HIV integration marker and a basket of indicators, which were included in the UNAIDS Indicators Registry;

Organization	Achievement
	<ul style="list-style-type: none"> ▪ the SRH and HIV linkages compendium of indicators and related assessment tools were finalized, as were the SRH and HIV linkages country snapshot template and data collection tool; ▪ a composite index was developed and adopted in 50 countries to track progress towards SRH and HIV linkages. The index included legal/policy, health systems and service delivery components; ▪ a framework incorporating the range of commodities required to deliver comprehensive elimination of mother-to-child transmission services through SRH, family planning and maternal and newborn child health platforms was revised. <p>In 2014 UNICEF, working with UNHCR and Save the Children, developed guidance on preventing mother-to-child transmission in humanitarian settings. The document is divided into a review of lessons learned and published literature, and a guidance note on integrating humanitarian action and prevention of mother-to-child transmission services.</p>

Output A2.1.3 PMTCT in low and concentrated epidemics

Core resource expenditure in 2014

Region	UNICEF	WHO	TOTAL
Global	41 991	121 900	163 891
HICs	27 731	115 000	142 731
AP	10 417	39 100	49 517
CAR	5 532	4 600	10 132
EECA	6 933	13 800	20 733
ESA	18 176	20 700	38 876
LA	8 190	9 200	17 390
MENA	6 250	25 300	31 550
WCA	13 865	32 200	46 065
TOTAL	139 085	381 800	520 885

Achievements

Organization	Achievement
UNICEF	<p>UNICEF supported ministries of health in Kenya, Lesotho, Liberia, Malawi, Mali, Uganda and the United Republic of Tanzania to analyse the performance of their subnational programmes. A data-driven approach identified gaps in access to programmes and demand and supply-side bottlenecks. This approach has helped countries focus programmes on areas where there is greatest need and to implement evidence-informed strategies to address programmatic bottlenecks. All districts studied have integrated data-driven gap analysis into their planning.</p> <p>UNICEF helped Liberia and Mali, which have low HIV-prevalence settings, develop national plans for the elimination of mother-to-child HIV transmission. UNICEF's regional office contributed technical support and tools to analyse bottlenecks in those countries' prevention of mother-to-child transmission and maternal and newborn child health programmes. These analyses shaped plans for national programmes to eliminate mother-to-child transmission that</p>

Organization	Achievement
	<p>integrated HIV, sexual and reproductive health and maternal, neonatal and child health interventions.</p> <p>UNICEF, with its UN partners, also supported efforts to scale up coverage for prevention of vertical transmission services in Cambodia, Indonesia, Myanmar and Thailand.</p>
WHO	<p>As co-convener of the Inter-Agency Task Team (IATT), WHO has developed several tools to help implement services for preventing mother-to-child transmission. These include the B/B+ toolkit, which offer practical steps to achieving rapid scale-up of high-quality services for pregnant women and nursing mothers. WHO technical officers and the WHO laboratory prequalification group led efforts to develop a quality assurance checklist for the HIV rapid test and to improve programming to increase uptake of the test in maternal, newborn and child health settings.</p>
Secretariat and Joint	<p>UNAIDS Secretariat and UNFPA have supported seven countries (Botswana, Lesotho, Namibia, Malawi, Swaziland, Zambia and Zimbabwe) to include links between sexual and reproductive health and rights and HIV in national strategic frameworks as well as in policies and strategies that help strengthen integration of the AIDS response in national health and development efforts. Botswana and Swaziland are in the process of integrating SRH and HIV services on a national scale and at least three other countries have reported improved service uptake directly resulting from the integrated services model.</p> <p>UNAIDS Secretariat and UNFPA supported the Southern African Development Community (SADC) to develop regional minimum standards on SRH and HIV integration, which was approved by the Ministers of Health Council in January 2015, providing guidance to the 15 SADC countries to eliminate parallel systems for HIV-related services.</p> <p>One of the central mandates of the Inter-Agency Task Team (IATT) is to generate operational guidance to support uptake of WHO normative recommendations. In 2014 several documents were produced that have directly impacted on services for the prevention of mother-to-child transmission of HIV and paediatric implementation in high- and low-prevalence settings. For example, the list of paediatric antiretroviral formulations was updated to guide procurement agencies and national programme managers on the products they should have in their national formularies. Products are selected according to WHO recommendations, though the characteristics of individual products, including those with fixed-dose combinations, are considered.</p> <p>Sharing best practice and knowledge among implementers and countries is an important function of the UN family and through the IATT's so-called community of practice, 10 webinars were hosted by the IATT secretariat to present new and promising ideas to the global community. These are all available online and include topics such as involving the community in the elimination of mother-to-child transmission response and integrating sexual and reproductive health (SRH) with prevention of mother-to-child transmission.</p>

Output A2.1.4 PMTCT M&E systems in place

Indicators

Indicator A2.1.4: UN Joint Team contributed to an effective national M&E system for the elimination of mother-to-child transmission programme for the collection, analysis, dissemination and use of data

89% of Joint Teams (N=98) (94% in HICs) contributed to the development of the M&E system for the elimination of mother-to-child transmission in 2014.

Core resource expenditure in 2014

Region	UNICEF	WHO	TOTAL
Global	41 991	101 200	143 191
HICs	27 731	92 000	119 731
AP	10 417	33 580	43 997
CAR	5 532	6 900	12 432
EECA	6 933	10 120	17 053
ESA	18 176	20 700	38 876
LA	8 190	13 800	21 990
MENA	6 250	23 000	29 250
WCA	13 865	20 700	34 565
TOTAL	139 085	322 000	461 085

Achievements

Organization	Achievement
UNICEF	<p>UNICEF contributed to a monitoring and evaluation framework for the Option B+ antiretroviral regimen for countries implementing lifelong treatment for pregnant and breastfeeding women and their children. Technical assistance was provided to Zimbabwe to develop a framework for its Option B+ operational plan and to Mozambique for revising and integrating maternal and child health, reproductive health and HIV monitoring and evaluation tools.</p> <p>In the West and Central Africa region, UNICEF contributed significantly to an evidence-informed planning approach to programming, monitoring and reporting on progress towards the elimination of mother-to-child transmission. UNICEF provided technical and financial support to develop an integrated tool for planning and monitoring decentralized maternal and newborn child health, reproductive health and prevention of mother-to-child transmission of HIV. The tool, using the bottleneck analysis methodology, in 2014 resulted in 71 district-level plans in five countries for the elimination of mother-to-child transmission (Chad 36, Nigeria 23, the Democratic of Republic of the Congo 6, Guinea-Bissau 4 and Senegal 2). This process also shaped the development of evidence-informed Global Fund concept notes.</p>
WHO	<p>WHO was a key contributor to the <i>2014 Global AIDS Response Progress Reporting</i>, reviewing submitted data and responding to queries to clarify provided data. As a result of this support, almost all Global Plan countries submitted their reports on time for both the 2014 Global AIDS Response Progress Report (GARPR) and <i>Towards universal access</i> reports.</p> <p>WHO supported an interim review of Option B+ implementation in Zimbabwe and documented Option B+ experiences in Malawi that was published by its Regional Office for Africa and shared during a regional stock-taking meeting. It continued to help Zimbabwe and Mozambique update or implement their integrated registers and to develop longitudinal registers in Zimbabwe.</p> <p>In South Africa, WHO supported a review of integrated services for reproductive, maternal, newborn, child and adolescent health and for prevention of mother-to-child transmission, and in Kenya, a review of draft indicators for civil society engagement with HIV programmes.</p>
Secretariat and Joint	<p>A total of 178 countries submitted information through the Global AIDS Response Progress Reporting (GARPR) system in 2014, which was managed and coordinated by the UNAIDS Secretariat. The data helped to inform several flagship projects including the Global Plan report</p>

Organization	Achievement
	<p>and the Gap report.</p> <p>The UNAIDS Secretariat worked with partners to strengthen training in SPECTRUM and to improve country estimates, especially to help countries such as Kenya and Nigeria to obtain sub-regional estimates. In addition, the UNAIDS Secretariat worked with partners to strengthen systems for longitudinal follow-up of mother-baby pairs and in order to reduce loss to follow-up. The UNAIDS Secretariat also actively disseminated the results of the Global Plan through various opportunities and methods including to the countries through the heads of state, Ministers of Health and through the government focal points.</p> <p>As we approach the end of the Global Plan, the role of monitoring and evaluation is especially important to be able to assess infections averted and progress towards elimination. Much of the outcome and impact data that is reported around prevention of mother-to-child transmission is derived from modelling, using tools such as SPECTRUM. In 2014, the Inter-Agency Task Team (IATT) helped update such tools via its web-based dashboards that provide a visual representation of country progress towards the elimination of mother-to-child transmission.</p> <p>The IATT secretariat, co-hosted by UNICEF and WHO, provided extensive specialist support to ensure monitoring and evaluation systems are in place for prevention of mother-to-child transmission. In Mozambique, for example, WHO, in partnership with the IATT secretariat, supported the piloting of a novel cohort monitoring system and revision of maternal and child health registers to improve the longitudinal monitoring of women with HIV. Such monitoring is key to ensuring pregnant women who are started on Option B+ are retained on antiretroviral therapy postpartum. Similar work is being carried out as part of evaluations and programme reviews in various countries, including South Africa and Zimbabwe.</p> <p>The IATT monitoring and evaluation working group, which includes the UNAIDS Secretariat, has developed a framework for the Option B+ antiretroviral regimen that provides countries with specific guidance on measuring the processes, systems, outcomes and effectiveness of treatment services for maternal and infant pairs.</p> <p>The contributions of the UN family extend beyond quantitative evaluation and also include assessments of the quality of prevention of mother-to-child transmission services and keeping mothers alive, including via civil society engagement. To this end, UNICEF and WHO jointly supported a review of integrated reproductive, maternal, newborn, child and adolescent health and prevention of mother-to-child transmission programmes in South Africa.</p>

A2.2.1 PMTCT service delivery integrated into maternal health care and SRH services

Core resource expenditure in 2014

Region	UNICEF	WFP	UNFPA	WHO	TOTAL
Global	159 452	30 816	52 527	124 200	366 995
HICs	92 280	140 870	5 157	156 400	394 707
AP	34 161	25 367	-	66 700	126 228
CAR	18 212	-	-	4 600	22 812
EECA	22 774	-	-	46 000	68 774
ESA	59 628	-	-	36 800	96 428
LA	26 869	36 000	-	18 400	81 269

MENA	20 475	25 367	-	39 100	84 942
WCA	45 547	138 641	-	36 800	220 988
TOTAL	479 398	397 062	57 684	529 000	1 463 144

Achievements

Organization	Achievement
UNICEF	<p>UNICEF piloted interventions for prevention of mother-to-child transmission among pregnant women using drugs in Ukraine. One project helped bridge health care and social systems to improve continuity of care and outcomes, resulting in 50% of women accessing harm reduction services during pregnancy. In other advances, 44% of women were seen by a gynaecologist in the previous 12 months (excluding antenatal care); 75% of women who inject drugs received HIV testing during pregnancy or delivery; and 120 health-care workers gained skills and knowledge in how to manage drug-dependent pregnant women and their infants, leading to an increase in the uptake of opioid substitution treatment and improved staff attitudes towards those receiving it. The project led medical personnel to recognize that a “one-stop shop” best serves the needs of pregnant women using drugs. No cases of HIV being transmitted from mother to child were identified during the project.</p> <p>UNICEF supported the integration of HIV within maternal newborn and child health services for strengthening prevention of mother-to-child transmission services in India, Nepal and Pakistan. India is scaling up lifelong antiretroviral therapy for pregnant women across the country.</p>
WFP	<p>WFP contributed to the prevention of mother-to-child transmission (PMTCT) of HIV by providing food and nutrition support to pregnant and lactating women, including PMTCT clients, and children who may have been exposed to HIV. WFP continued to integrate its PMTCT activities with comprehensive mother and child health and nutrition services to prevent HIV transmission and ensure mothers and infants have access to growth monitoring, vaccinations, micronutrient supplements, nutrition assessment, education and counselling, and complementary foods. A case in point is the PMTCT project in Ethiopia, funded by the United States President's Emergency Plan for AIDS Relief and supported by WFP, which links community-level nutrition assessment and counselling to food assistance or nutritional support through referral to health facilities if necessary, and also to peer support and economic strengthening. Data from 2014 indicated more than 99% of the exposed infants of these PMTCT clients on food assistance were born HIV-free and at health facilities. In addition, 29 of 30 mothers groups started saving money through village saving and lending associations. WFP supported ministries of health to mainstream nutritional assessment and counselling into antenatal care in Ethiopia, Lesotho, Mozambique, Swaziland, Zambia and Zimbabwe.</p>
UNFPA	<p>UNFPA supported seven countries (Botswana, Lesotho, Namibia, Malawi, Swaziland, Zambia and Zimbabwe) to position the links between sexual and reproductive health and rights (SRHR) and HIV in strategic frameworks to further integrate the HIV response in national health and development efforts. Botswana and Swaziland are in the process of integrating delivery of their sexual and reproductive health (SRH) services on a national scale, and at least three countries have reported improved uptake resulting directly from the integrated services model. UNFPA supported the South African Development Community (SADC) to develop regional minimum standards on SRH-HIV integration, which were approved by the Ministers of Health Council in January 2015, providing guidance to the 15 SADC countries to eliminate parallel systems for HIV-related services.</p> <p>UNFPA helped conduct a global webinar to build the capacity of programme managers to deliver elimination of mother-to-child transmission services through the maternal health and</p>

Organization	Achievement
	<p>family planning platform, showcasing UNFPA's experiences and related guidance, including one-stop services in Namibia and a case study and film of Rwanda's integration efforts. (A glimpse of the future http://www.unfpa.org/video/glimpse-future)</p> <p>UNFPA sponsored training for 80 midwifery students and reviewed the curricula, including HIV components, to strengthen maternal health services.</p>
WHO	<p>In 2014, WHO completed laboratory evaluations of three dual HIV/syphilis rapid diagnostic tests in Nigeria and China, which have relatively low prevalence of HIV and syphilis but a large burden of disease due to their sizeable populations. The resulting report has been accepted and scheduled for publication in the <i>International Journal of Gynecology and Obstetrics</i> in July 2015. A field evaluation in Zambia of the dual tests and introduction studies in China and Colombia complemented the laboratory studies.</p> <p>WHO provided technical support to India to develop a national strategy and guidelines that integrate elimination of mother-to-child transmission of syphilis with maternal and child health and HIV care programmes. The strategy and guidelines were launched in February 2015.</p> <p>WHO developed a technical guidance document for incorporating reproductive health, nutrition and maternal, newborn and child health into Global Fund proposals, and other practical guidance tools on how to counsel women with HIV on their family planning choices and to perform provider-initiated testing and counselling in family planning clinics. These materials were developed with high-prevalence countries in mind but are equally applicable to low-prevalence settings where the numbers are smaller but often the health infrastructures are stronger.</p>
World Bank	<p>The World Bank has provided financing to scale up and improve access to prevention of mother-to-child transmission (PMTCT) services in five countries, most notably Nigeria, which carries 30% of the global gap. Nigeria seeks to reduce deaths from preventable diseases by increasing the uptake and quality of health-care services available for women and children through its Subsidy Reinvestment and Empowerment Programme (SURE-P) Maternal and Child Health Initiative. As part of the roll-out of SURE-P, World Bank researchers are evaluating the following interventions: use of monetary and non-monetary incentives to reduce midwife attrition; a community monitoring scheme to reduce stock-outs of drugs and other key commodities at health-care facilities; a conditional cash transfer programme to encourage pregnant women to seek care before and after birth, and give birth with a skilled health worker; and the impact of the Maternal and Child Health Initiative as a whole. Through its results-based financing programme, the Bank has financed services to improve the uptake of antenatal and PMTCT services in several countries in Africa to ensure that pregnant women accesses good quality antenatal clinic services, are tested for HIV and deliver at a health facility, all important building blocks in eliminating mother-to-child transmission.</p>
Secretariat and Joint	<p>UNAIDS Secretariat, through the Secretary General's Global Strategy for Women's and Children's Health, continued to work in strengthening integration of PMTCT into MNCH, through advocacy, measurement and technical support. UNAIDS Secretariat also worked through the Inter-Agency Working Group on SRH Linkages under the leadership of UNFPA, WHO and IPPF to support countries and disseminate best practices.</p> <p>In 2014, UNICEF and WHO jointly issued a report on elimination efforts in the Americas and reported that in 2013 nine countries (four more than in 2010) in the region had met the goal of achieving a mother-to-child transmission rate of less than 2% at six weeks of life and a paediatric HIV case rate of fewer than three per 1000 live births.</p>

Organization	Achievement
	<p>Continued advocacy by the Joint Team members in India has resulted in the Ministry of Health and Family Welfare adopting a policy of voluntary and confidential universal screening of pregnant women for HIV. The Government has allocated US\$ 7 million annually from domestic funding for such testing.</p> <p>UNICEF, WHO, UNFPA and other members of the Inter-Agency Task Team conducted several global webinars, including one to build the capacity of programme managers to deliver elimination of mother-to-child transmission services through the maternal health and family planning platform. The webinars showcased experiences and related guidance, including one-stop services in Namibia that form part of a joint project involving the European Union, the Swedish International Development Cooperation Agency, UNFPA and UNAIDS Secretariat to link sexual and reproductive health and rights with HIV.</p> <p>WHO, UNICEF and other UN partners participated in a series of high-profile meetings and conferences, including those in Kazakhstan and Russia, to highlight the state of elimination of mother-to-child transmission services in eastern Europe.</p>

Output A2.2.2 Paediatric HIV treatment and child health care integrated

Core resource expenditure in 2014

Region	UNHCR	UNICEF	WFP	WHO	TOTAL
Global	99 096	135 816	14 969	82 800	332 681
HICs	204 307	92 280	40 100	98 900	435 587
AP	5 000	34 161	-	39 100	78 261
CAR	-	18 212	-	4 600	22 812
EECA	2 000	22 774	-	22 080	46 854
ESA	80 000	59 628	-	22 080	161 708
LA	14 000	26 869	-	13 800	54 669
MENA	19 200	20 475	-	18 400	58 075
WCA	10 000	45 547	-	20 240	75 787
TOTAL	433 603	455 762	55 069	322 000	1 266 434

Achievements

Organization	Achievement
UNICEF	<p>Advocacy from UNICEF helped leverage increased resources for countries via the Accelerating Children's HIV/AIDS Treatment Initiative, which received US\$ 200 million in funding from the United States President's Emergency Plan for AIDS Relief and the Children Investment Fund Foundation.</p> <p>UNICEF assisted Cameroon, Uganda and Zambia to review their policies and the outcomes of integrating early infant diagnosis into immunization clinics. While integration was found to be feasible and acceptable, and to help increase early infant diagnosis in some facilities, its effect on the overall uptake of immunization services was mixed. The Fund's systematic reviews on the integration of early infant diagnosis into immunization sessions were published in the <i>International Journal of Pediatrics and Child Health</i>.</p>

Organization	Achievement
	<p>UNICEF supported Nigeria to pilot HIV testing during maternal newborn and child health campaigns for pregnant women and children in six states, resulting in more than 3500 children aged 2–5 being tested.</p> <p>Also see Output A2.1.1 on Double Dividend.</p>
WFP	<p>The WFP-hosted Inter-Agency Task Team on food and nutrition highlighted the potential of linking HIV testing with health and nutrition services, including growth monitoring for children, to enable earlier detection and referral. WFP’s interventions in 2014, which included providing specialized nutritious foods through prevention of mother-to-child transmission programmes and support for broader maternal child health and nutrition programmes, helped improve the nutritional status and treatment access and adherence of mothers, thereby reducing the risk that their children would become HIV-positive.</p> <p>In several countries, WFP provided complementary feeding support for infants and young children up to two years (specialized nutritious food and communicating the need for behaviour change to their mothers), and treated malnourished children aged 6–59 months.</p> <p>WFP also built the capacity of government and health-care providers in HIV and nutrition services through a paediatric lens. In Bolivia, WFP trained health-care professionals in paediatric hospitals in four cities on nutrition and HIV and AIDS; and supported the Ministry of Health to provide a comprehensive package of paediatric outreach health-care services at neighbourhood care points that serve some of Swaziland’s most vulnerable children.</p>
WHO	<p>During 2014, WHO partnered with UNICEF to launch the Double Dividend initiative, an advocacy platform to demonstrate how child survival can be significantly improved by strengthening health systems and integrating paediatric HIV and child health services. This was followed by a meeting in Zimbabwe to flesh out how a Double Dividend programme could be put into practice in the field.</p> <p>WHO co-convened with UNICEF and UNAIDS Secretariat a national meeting in the Lao People’s Democratic Republic to help disseminate the 2013 WHO guidelines and encourage the adoption of key technical recommendations. As a result of this intervention, authorities adopted Option B+ and lopinavir as a first-line treatment for HIV-positive infants.</p>
UNHCR	<p>UNHCR ensured in all its operations that female refugees and asylum seekers living with HIV were integrated into national prevention of mother-to-child transmission programmes. The organization promoted institutional delivery and supported highly active antiretroviral therapy (HAART) and delivery costs for pregnant refugee women with HIV. Government maternal and child health clinics provide comprehensive treatment and care, comprising antenatal and postnatal care, prevention of mother-to-child transmission services, full immunization and family planning programmes. UNHCR provided interpreters to overcome any language barriers in these child health clinics, ensuring the effective delivery of services by the health-care provider. The organization also took steps to ensure pregnant women and children living with HIV were linked to nutrition programmes. Most operations followed ministry of health protocols and transitioned to the Option B+ antiretroviral regimen in all refugee sites. UNHCR ensured the provisions of Prong 1 and 2 of the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive were provided alongside adolescent sexual and reproductive health services and family planning services at static sites and through outreach.</p>
Secretariat and Joint	<p>UNAIDS Secretariat gave a special report to the 35th PCB about progress in paediatric treatment. UNAIDS Secretariat also galvanized key actors such as African First Ladies and</p>

Organization	Achievement
	<p>Goodwill Ambassadors such as Annie Lennox to advocate for improved access to infant diagnosis and treatment of children, and to highlight the shortage of paediatric treatment.</p> <p>During 2014, UN partners applied the lessons learned from scaling up paediatric antiretroviral therapy (ART) in high-burden settings to those countries with low prevalence or with concentrated epidemics in order to increase access to paediatric HIV diagnosis and treatment and improve child survival. Tools, such as the updated paediatric antiretroviral formulary list that was developed through the Inter-Agency Task Team's child survival work group, have been widely used in low-prevalence settings.</p> <p>India is another low-prevalence country that has made progress in rolling out Option B+ ART and developing systems to identify and refer HIV-positive children to one of the specialized paediatric treatment centres in the country. During 2014, WHO and UNICEF convened a special meeting in New Delhi attended by key informants, local stakeholders and global experts to review progress in early infant diagnosis. Several problems were identified, including a high rate of discordance between virologic test results and final status serologic test results, with some children recorded as HIV-negative even though they had been on ART for many months. During the meeting, technical input from WHO was invaluable in convincing national programme staff that discrepancies were not due to technology failure but had resulted from some children treated early in the course of disease never becoming seropositive. The early infant diagnosis algorithm was updated to underscore the importance of confirmatory early infant diagnosis testing prior to initiating ART in children.</p>

Output A2.2.3 PMTCT policies and programmes expanded, including SRH and ART

Indicator

Indicator A2.2.3: UN Joint Team contributed to strengthen a costed integrated national sexual and reproductive health action plan

97% of Joint Teams (N=99) provided support in this area in 2014. Advocacy, normative guidance and technical assistance were the most significant types of support provided.

Core resource expenditure in 2014

Region	UNICEF	UNFPA	WHO	TOTAL
Global	135 816	91 643	73 600	301 059
HICs	92 280	122 420	115 000	329 700
AP	34 161	-	32 200	66 361
CAR	18 212	-	4 600	22 812
EECA	22 774	29 002	18 400	70 176
ESA	59 628	-	18 400	78 028
LA	26 869	73 301	9 200	109 370
MENA	20 475	-	23 000	43 475
WCA	45 547	11 342	18 400	75 289
TOTAL	455 762	327 707	312 800	1 096 269

Achievements

Organization	Achievement
UNICEF	<p>In 2014, UNICEF, with support from Canada, continued to help integrate HIV testing in acute malnutrition services, reaching 72%, 100% and 74% of children in supported facilities in Malawi, Mozambique and Zimbabwe respectively. The proportion of HIV-exposed infants attending DPT3 immunization who were exclusively breastfed increased to 78% in Malawi, 86% in Mozambique and 86% in Zimbabwe, and the proportion of HIV-exposed and breastfeeding infants who received antiretroviral prophylaxis at 12 months was 94% in Malawi, 93% in Zimbabwe and is yet to be determined in Mozambique.</p>
WFP	<p>WFP has integrated many of the nutrition programmes for prevention of mother-to-child transmission clients (children and pregnant and lactating women) into curative nutrition programmes (for preventing and treating moderate acute malnutrition) provided to all pregnant and lactating women and children, regardless of their serological status. In Cameroon, for example, WFP continued to support the treatment of moderate acute malnutrition as part of maternal, child health and nutrition activities. An estimated 5% of the children and 6% of the pregnant and lactating women admitted to these programmes were HIV-positive. In all four priority regions where WFP supported the treatment of moderate acute malnutrition, health centre staff reported that the programme significantly contributed to increasing prenatal consultation, providing a vital platform for links to preventing mother-to-child transmission services.</p>
UNFPA	<p>UNFPA co-led efforts to develop a commodities framework linked to the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive. The document <i>Job aid for healthcare workers</i> aims to support programmes deliver a full range of commodities for effective elimination of mother-to-child transmission services, including antiretroviral regimens, contraceptives, sexually transmitted infection and tuberculosis drugs, and others related to gender-based violence, pregnancy, infants and children. UNFPA contributed to including elimination of mother-to-child transmission in the H4+ Roadmap to Accelerate Achievement of Maternal and Newborn Survival and Reach MDGs 4 and 5. It also provided technical guidance for the report by the Global Network for People Living with HIV and the International Community of Women Living with HIV, titled <i>Quality of family planning services and integration in prevention of vertical transmission context; perspectives and experiences of women living with HIV and service providers in Cameroon, Nigeria and Zambia</i>.</p> <p>UNFPA contributed to <i>A compendium of case studies on HIV and SRH programming: innovative approaches to integrated service delivery</i>, based on a 2013 workshop on integrated service delivery models. The compendium will be a valuable resource for programme managers and health providers.</p>
WHO	<p>WHO released updated HIV policies via its 2014 supplement to the consolidated antiretroviral therapy guidelines, which notably included revised guidance on infant diagnosis in HIV-exposed babies and new evidence to support the use of efavirenz as a preferred drug for pregnant women. A survey produced by WHO's Western Pacific Regional Office showed that almost all countries in the Asia Pacific region have now adopted Option B or B+ antiretroviral regimens as part of their national programmes for preventing mother-to-child transmission.</p> <p>In 2014, WHO's Western Pacific Regional Office published a survey showing the level of uptake of WHO guidance on preventing mother-to-child transmission and paediatric HIV in the Asia and Pacific region. The survey revealed a majority of countries have now shifted away from the Option A antiretroviral regimen towards Option B, and in many cases, Option B+. A</p>

Organization	Achievement
	<p>cost analysis published by WHO showing the relatively small incremental cost of Option B+, especially in low-prevalence settings, was instrumental in causing this shift.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat continued to support costed integrated national sexual and reproductive health action plans. Through the IATT Finance and Economics Working Group, UNAIDS supported the costing of country activities. In addition, UNAIDS continues to advocate with the Global Fund and other partners regarding funding for integrated health services. The UNAIDS Gap Report that had a special chapter on pregnant women left behind, representing one of a number of sources disseminating information and data on integration.</p> <p>UNFPA, the International Planned Parenthood Federation, WHO, UNICEF, UNAIDS Secretariat, and the IATT working group on integration, developed an integrated commodities framework linked to the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive. The <i>Job aid for healthcare workers</i> aims to support programmes to deliver the full range of commodities for effective elimination programmes, including antiretroviral regimens, contraceptives, sexually transmitted infection and tuberculosis drugs, and others related to gender-based violence, pregnancy, infants and children. Integrating elimination of mother-to-child transmission and sexual and reproductive health (SRH) services can increase uptake, reduce costs to clients and improve client satisfaction. However, without all the corresponding commodities, service delivery will not be optimized.</p> <p>UNICEF, WHO, and UNFPA, with other partners, published a <i>Compendium of case studies on HIV and SRH programming: innovative approaches to integrated service delivery</i> based on a 2013 workshop on integrated service delivery models. The resource will enhance the ability of programme managers and health providers to offer integrated HIV and SRH services, using innovative methods from south-south sharing.</p>

A3: Preventing HIV among people who use drugs

Output A3.1.1 National legislation on HIV and drugs review

Indicator

Indicator A3.1.1: UN Joint Team contributed to universal access to HIV prevention, treatment and care for people who inject drugs and/or people living in prisons or other closed settings

67% of Joint Teams (N= 75) provided support in 2014 for people who inject drugs, and 80% for people living in prisons or other closed settings. The top four areas in which responding Joint Teams provided support were:

For people who inject drugs:

- HIV testing and counselling - 57% of Joint Teams
- Prevention and treatment of sexually transmitted infections - 49%
- Condom programmes for PWID and their sexual partners - 49%
- Targeted information, education and communication for PWID and their sexual partners - 49%

People living in prisons or in other closed settings:

- Prevention, diagnosis and treatment of tuberculosis - 69%
- HIV testing and counselling - 64%
- Antiretroviral therapy - 64%
- Prevention and treatment of sexually transmitted infections - 59%

Core resource expenditure in 2014

Region	UNICEF	UNDP	UNODC	TOTAL
Global	32 329	39 576	205 000	276 905
HICs	27 120	45 438	186 389	258 947
AP	31 287	35 841	109 091	176 219
CAR	7 543	2 313	1 428	11 284
EECA	31 287	25 687	124 813	181 787
ESA	8 872	5 779	37 469	52 120
LA	11 638	7 429	88 209	107 276
MENA	7 543	3 759	121 564	132 866
WCA	9 699	2 743	27 207	39 649
TOTAL	167 319	168 565	901 170	1 237 054

Achievements

Organization	Achievement
UNICEF	In preparation for the UN General Assembly Special Session on Drugs (UNGASS) 2016, UNICEF has instigated a report on children, drugs and HIV. It will build on case studies from the field highlighting the impact of drug laws and policies on children as well as examples of comprehensive, human rights-based approaches to responding to children and adolescents who use drugs. The report will form part of the UN system contribution to the Special Session.
UNDP	UNDP, as principal recipient of two Global Fund grants in Belarus, has helped address a rise in HIV prevalence among people who use drugs. With UNDP support, opioid substitution therapy (OST) has been established at narcological health-care facilities, with 18 OST points providing treatment to more than 1100 clients. A study of the intervention, showing the high cost-effectiveness of OST, has led to an increase in support from national authorities. By the end of

Organization	Achievement
	<p>2014, the UNDP-managed Global Fund programme had helped 170 000 people access voluntary counselling and testing, with more than 90% of people who use drugs reported to be making use of sterile injecting equipment.</p> <p>In Iran, the programme, supported by a UNDP-managed Global Fund HIV grant, is working to scale up HIV prevention. Efforts have focused on key populations, and 106 harm reduction centres have been established to provide services for those affected by HIV and at greatest risk, including people who use drugs. By the end of 2014: 92% of people who use drugs reported using sterile injecting equipment; 17 900 people who use drugs received harm reduction training; 48 700 people who use drugs received testing and counselling services; and 2000 people received methadone substitution therapy.</p>
UNFPA	<p>UNFPA helped review the regulatory frameworks in Viet Nam where the sex work ordinance was amended to include harm reduction programming and human rights protection.</p>
UNODC	<p>UNODC supported the review of national laws and policies on illicit drugs, criminal justice, prisons and HIV, including the first global consultation on HIV prevention, treatment, care and support in prison settings. The consultation reviewed the nature and magnitude of challenges and progress made, and shared findings with representatives of national HIV programmes and prison authorities from 27 countries, government and civil society, UNAIDS Cosponsors, other international agencies and major donors.</p> <p>UNODC organized a scientific consultation (Science addressing drugs and health: state of the art) on the margins of the 57th session of the Commission on Narcotic Drugs, and other side events on HIV and people who use drugs, including the presentations Acting for impact: UNODC high priority countries for HIV and injecting drug use; Harm reduction in prisons; and Violence against women who use drugs. It continued to support Member States prepare for UNGASS 2016, organizing, for example, an informal interactive discussion on HIV and people who inject drugs.</p>
Secretariat and Joint	<p>UNAIDS Secretariat produced strategic information to inform national legislation and drugs reviews, including defining baselines and new targets for HIV among people who inject drugs (PWID). National workshops were organized with CDC to address the needs of PWID in Kazakhstan, Tajikistan and Ukraine.</p> <p>The UNAIDS Secretariat organised the thematic segment of the PCB in December 2014 on people who inject drugs, highlighting successful partnerships between drug users and health, criminal justice and law enforcement authorities. In all 24 high-priority countries for injecting drug use and HIV, UNODC engaged key partners and people who use drugs in multisectoral, evidence-informed dialogue on HIV, drug policies and human rights. The aim was to share best practices and identify how policies could be strengthened to ensure that the rights to health of people who use drugs are protected and respected in the context of HIV.</p> <p>UNODC contributed to the development and dissemination of guidance documents on HIV and young people who inject drugs. WHO led the development of this technical brief under the guidance, support and review of the Interagency Working Group on Key Populations. The document was launched at the International AIDS Conference in Melbourne.</p> <p>UNODC also contributed to developing the WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, which brings together and updates all existing guidance and recommendations, and led the development of UNAIDS guidance notes for Global Fund and other fund applicants on HIV services for people who inject drugs and for</p>

Organization	Achievement
	<p>people in prison and other closed settings.</p> <p>At the 7th International Francophone conference in Montpellier, UNODC, in cooperation with UNAIDS Secretariat, ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau http://www.esther.fr/en/) and the International Network of People who Use Drugs, organized side events on HIV and people who inject drugs and HIV and prisons.</p> <p><i>Case study:</i></p> <p>UNODC held a Global Consultation on HIV Prevention and Care in Prison Settings in October 2014. The meeting was part of UNODC's work to intensify efforts to tackle the large gaps and disparities in the HIV response in prisons. Opened by UNODC executive director Yury Fedotov, it provided a space for dialogue and sharing experiences with HIV prevention, treatment, care and support in prison settings, where the HIV burden is high compared with the general population.</p> <p>It was also a showcase for good practices in the development and implementation of programmes to tackle HIV among prison population and staff, as well as a platform to identify common challenges and solutions. It brought together the heads of prison systems and national AIDS programmes from 27 countries, plus representatives of UNAIDS Secretariat, WHO, UNDP and UNESCO, the Global Fund, and relevant civil society organizations, including Harm Reduction International, the International Network of People who Use Drugs, the Canadian HIV/AIDS Legal Network and the Global Network for Sex Work Projects.</p> <p>The Comprehensive Package for HIV Prevention, Treatment and Care in Prison Settings, developed by UNODC, ILO, UNDP, WHO and UNAIDS Secretariat, was a key discussion point during the two-day consultation. The package is a set of 15 recommended interventions, essential for effective HIV prevention, treatment and care in closed settings.</p>

Output A3.1.2 Evidence on HIV, people who use drugs and prison settings

Core resource expenditure in 2014

Region	UNODC	WHO	World Bank	TOTAL
Global	410 000	92 000	72 230	574 230
HICs	279 584	46 000	415 589	741 173
AP	54 546	34 500	66 409	155 455
CAR	2 143	-	10 576	12 719
EECA	62 226	32 200	11 917	106 343
ESA	12 490	9 200	6 541	28 231
LA	88 209	-	14 685	102 894
MENA	30 390	16 100	8 675	55 165
WCA	9 069	9 200	31 518	49 787
TOTAL	948 657	239 200	638 140	1 825 997

Achievements

Organization	Achievement
UNODC	An independent evaluation of UNODC's global programme on HIV and AIDS, covering 2008–2012, found evidence its approach has had an impact, particularly in the areas of policy

Organization	Achievement
	<p>support and advocacy with policy-makers, and has increased capacity across 40 countries in different sectors of government and civil society.</p> <p>UNODC led efforts to establish a mechanism to generate strategic information on people who inject drugs and HIV to improve and harmonize global data on the epidemic among injecting drug users. It will enhance joint data analysis and improve the assessment of data quality and collaboration with key partners to address any identified data gaps.</p> <p>UNODC worked to enhance the technical skills of government and civil society staff and strengthened national monitoring and evaluation systems. It promoted evidence-informed policies and programmes and advocated for harm reduction activities to be prioritized and costed. UNODC helped to bridge the gap between policy and science; for example, through a scientific consultation (Science addressing drugs and health: State of the art) at the margins of the 57th session of the Commission on Narcotic Drugs. The statement of the consultation was presented at the high-level segment of the Commission.</p>
WHO	<p>WHO continued to contribute to policy and advocacy for harm reduction, taking part in the UN Strategic Advisory Group on HIV and Injecting Drug Use. In preparation for the UN General Assembly Special Session on Drugs (UNGASS) 2016, WHO prepared a paper on its role and mandate for addressing the global drug problem.</p> <p>It supported data collection and analysis in several areas, including: estimates of the size of the population of people who inject drugs; the prevalence of HIV, hepatitis B virus (coinfection with hepatitis and HIV is common), hepatitis C virus and tuberculosis; and coverage of essential services of the comprehensive package, which comprises nine interventions endorsed by WHO, UNODC and UNAIDS Secretariat for the prevention, treatment and care of HIV among people who inject drugs. WHO also developed a tool for countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for all key populations.</p>
World Bank	<p>The World Bank has supported several studies investigating the cost-effectiveness and impact of harm reduction services for people who use drugs. This includes providing evidence on the estimated return on investment of the Government of Malaysia's needle syringe and methadone maintenance therapy programmes, and an evaluation of the United Kingdom Department for International Development's HIV/AIDS harm reduction programmes for female sex workers and people who inject drugs in Viet Nam, specifically looking at implementation, management, estimated population impacts and cost-effectiveness. Based on these studies, the Bank made recommendations for future sustainability and improvement, facilitating continued scale-up of harm reduction programmes.</p> <p>The Bank supported and financed allocative efficiency analyses in 15 countries, providing evidence of the potential impact and cost-effectiveness of targeted prevention programmes, including those to reduce harm. It has worked in collaboration with UNODC to review size estimates of people who inject drugs in priority countries, and to conduct training on the best methods for size estimations in different contexts for people who inject drugs.</p>
Secretariat and Joint	<p>UNODC led joint efforts with UNAIDS Secretariat, WHO, the World Bank and civil society organizations to improve global data on HIV and injecting drug use and on HIV services for people who inject drugs. The first joint UN updated global estimates on injecting drug use, and HIV among people who inject drugs, were published in the <i>2014 World drug report</i>.</p> <p>UNODC helped civil society organizations collect data on the coverage of harm reduction services, and jointly with UNAIDS Secretariat, the World Bank and WHO, produced <i>The global state of harm reduction 2014</i>, a report by Harm Reduction International mapping responses to</p>

Organization	Achievement
	<p>drug-related HIV and hepatitis epidemics around the world.</p> <p>UNODC led work on a professional development workshop to assess the quality of population size estimates of people who inject drugs, and implemented it with the World Bank and International Network of People who Use Drugs at the International AIDS Conference. With more than 400 participants, it was among the best attended workshops in Melbourne.</p> <p>Case study:</p> <p><i>In 2014, UNODC and the World Bank implemented a project to estimate the population sizes of people who inject drugs in 10 selected high-priority countries.</i></p> <p><i>It addressed the problem of low availability and quality of population size estimates of the number of people who inject drugs, and also for HIV prevalence among that group, by reviewing existing estimates and their methodology.</i></p> <p><i>Recommendations for targeted technical assistance to improve the estimates were made through consultations with country stakeholders, civil society organizations, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other partners.</i></p> <p><i>For example, in central Asia, UNODC and the World Bank, with financial help from the Government of Germany's international enterprise, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), conducted regional and country-level consultations with representatives of national narcology centres, AIDS centres, drug control agencies and civil society in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan on the main findings of the review. They also discussed the draft recommendations for improving the data quality.</i></p> <p><i>Joint efforts with UNAIDS and partners ensured synergies with other monitoring and evaluation activities were fully utilized, and that capacity building by the project complements the activities of relevant partners, including civil society organizations.</i></p> <p><i>Based on the regional consultation, three country-level training workshops, which explored ways to estimate the population size of people who inject drugs, data analysis and reporting, were held in Kazakhstan, Kyrgyzstan and Tajikistan in November 2014.</i></p>

Output A3.2.1 HIV programmes for people who use drugs and in prison and closed settings

Core resource expenditure in 2014

Region	UNICEF	UNFPA	UNODC	UNESCO	WHO	TOTAL
Global	14 368	19 357	615 000	61 462	197 800	907 987
HICs	27 084	17 297	1 397 918	45 430	207 000	1 694 729
AP	31 287	-	477 298	37 016	115 000	660 601
CAR	7 543	-	4 999	-		12 542
EECA	31 287	4 005	582 461	24 448	138 000	780 201
ESA	8 872	-	131 150	23 524	9 200	172 746
LA	11 638	-	308 732	-		320 370
MENA	7 543	-	319 131	-	13 800	340 474
WCA	9 699	-	63 484	4 470	9 200	86 853
TOTAL	149 322	40 659	3 900 173	196 351	690 000	4 976 505

Achievements

Organization	Achievement
UNODC	<p>In all 24 high-priority countries for injecting drug use and HIV, UNODC increased the capacity of key partners to advocate for and implement harm reduction services, with a focus on opioid substitution therapy and needle and syringe programmes. UNODC reinforced coordination among national authorities, including health, criminal justice and law enforcement departments, and civil society, with a training manual for law enforcement officials on HIV services for people who inject drugs. Interaction between officials and civil society was encouraged through workshops and other capacity-building activities, reaching more than 1000 law enforcement officers, representatives of civil society and community-based organizations, and the health, social, educational and justice sectors in 11 high-priority countries. UNODC provided financial support to more than 350 civil society organizations at country, regional and global levels to strengthen their capacity to deliver harm reduction HIV services. It produced a handbook for starting and managing needle and syringe programmes in prisons and other closed settings.</p>
UNESCO	<p>An international consultation and report on the education sector's response to substance abuse among young people is under way for 2015, with a concept note developed by UNESCO in consultation with UNODC, WHO and UNICEF. As part of these efforts, a team of consultants is compiling and reviewing evidence. A guide to collecting data at the country-level on education-sector responses to substance use among young people has been developed, and UNODC and WHO have agreed to co-publish a good policy and practice booklet on the topic.</p> <p>In 2014, UNESCO assessed school-based interventions to prevent substance use in 10 countries in the Eastern Europe and Central Asia region. The findings will shape a regional technical consultation on healthy lifestyle education planned for 2015 involving UNESCO, UNFPA, WHO, the International Planned Parenthood Federation and Germany's Federal Centre for Health Education, BZgA. In Kazakhstan, UNESCO trained young people from civil society organizations in teaching methods for harm reduction, HIV, sexually transmitted infections and preventing pregnancy. In Kyrgyzstan and Tajikistan, information booklets on sexually transmitted infections and HIV prevention were developed for outreach workers and volunteers who provide services and information to sex workers and people who inject drugs.</p>
WHO	<p>WHO consolidated its guidelines for HIV prevention, diagnosis, treatment and care for key populations, including people who inject drugs and people in prisons. These bring together all existing guidance and update selected guidance and recommendations. WHO also developed new guidelines on community management of opioid overdose.</p> <p>Key population guidelines and a tool for targets were rolled out at regional level, with several meetings taking place, including a bi-regional WHO Western Pacific and South-East Asia event, and one in Eastern Europe and Central Asia.</p> <p>WHO provided technical support to countries and regions for Global Fund concept notes and for implementing harm reduction interventions.</p>
World Bank	<p>The World Bank supported a study to generate evidence on the health, HIV and social outcomes of two different drug rehabilitation approaches: compulsory detention centres for drug users, and voluntary-based Cure and Care clinics in Malaysia. It also backed a study on HIV, hepatitis B, hepatitis C and syphilis among inmates in Cebu City jails in the Philippines. Results from the studies will help policy-makers shape future drug rehabilitation programmes</p>

Organization	Achievement
	<p>and support the development of harm reduction services, and drug-dependence treatment, in prison settings.</p> <p>The Bank is financing a comprehensive HIV programme for people who inject drugs in Cebu and evaluating its impact, and another one in Viet Nam, which includes needle and syringe and methadone maintenance treatment.</p> <p>The Bank has conducted several studies in countries where injecting drug use is the primary HIV transmission mechanism to show that more funds need to be allocated to these programmes for a population-based reduction in new HIV infections. Working with the UNAIDS Secretariat, the Bank has conducted a programme efficiency study in Ukraine to show how HIV programmes for people who inject drugs could be implemented at lower cost.</p>
<p>Secretariat and Joint</p>	<p>In the Middle East and North Africa, UNAIDS Secretariat's regional office provided technical support to countries in the region in key areas. Egypt is scaling up programmes for MSM and people who inject drugs. Morocco has launched its first National Strategy on Human Rights and HIV, and OST is being introduced into four prisons in the country.</p> <p>In West and Central Africa, Secretariat efforts included developing a comprehensive package for harm reduction, HIV prevention and treatment for people who inject drugs and prisoners for inclusion in national policies/programmes. The Secretariat also enhanced a partnership between law enforcement and civil society organisations on drug use and HIV, and strengthened harm reduction networks through engagement with CSOs and National AIDS control Agencies. The development and implementation of strategic plans and drug control master plans in several countries led to an increased availability of drug treatment services.</p> <p>WHO is the co-lead on developing an implementation tool for people who inject drugs, in particular, for health-care interventions and enabling strategies. Work on the toolkit is being done in collaboration with UNODC, UNFPA, UNAIDS Secretariat and the International Network of People who Use Drugs.</p> <p>UNODC led the development of UNAIDS guidance notes for applications to the Global Fund and other funds to help finance HIV services for people who inject drugs and for people in prison and other closed settings. UNAIDS Secretariat, UNODC and WHO worked collaboratively to inform Global Fund policy protecting access to HIV care and treatment for persons in involuntary drug detention settings.</p> <p>Jointly with UNAIDS Secretariat, UNDP, UNFPA, WHO and other partners, UNODC contributed to the global consultation on police and HIV between representatives of the police, civil society and HIV programmes. The consultation, convened by the Law Enforcement and HIV Network in association with the Centre for Law Enforcement and Public Health, the International Development Law Organization and Birkbeck School of Law at the University of London, highlighted the underexplored and often unrecognized connection between law enforcement and harm reduction. Organized in conjunction with the 2nd International Conference on Law Enforcement and Public Health in October 2014, the consultation was a significant step forward in recognizing the need to develop partnerships between police forces and people living with and affected by HIV, service providers and health professionals.</p> <p>UNODC and its partners advanced global dialogue and advocacy for gender-responsive HIV programmes for women who use drugs and female prisoners, implementing needs assessments for services for women who inject drugs and for the female sexual partners of men who inject drugs. Towards that end, UNODC, in partnership with WHO, UN Women and</p>

Organization	Achievement
	<p>the International Network of People who Use Drugs, produced and disseminated a policy brief addressing the needs of women who inject drugs and HIV.</p> <p>Case study from the Nigeria:</p> <p><i>UNODC, in partnership with Nigeria’s National Agency for the Control of AIDS and UNAIDS Secretariat, conducted a two-day workshop on enhancing partnerships between law enforcement and civil society organizations in the context of drug use and HIV. The workshop, held in the capital Abuja on 12–13 November 2014, was attended by officials from the police, prison and immigration services, national drug law enforcement agencies, legal aid councils, road safety groups, the armed forces and the National Emergency Management Agency, along with representatives of civil society organizations, including the Population Council, YouthRISE, the Center for the Right to Health, the Heartland Alliance and the Society for Family Health.</i></p> <p><i>There is an increasing recognition globally that multisector partnerships are essential to scaling up access to HIV services, and that committed cooperation between law enforcement agencies and civil society organizations working on the ground is crucial. Law enforcement agencies, in particular, can play a vital role in protecting individual and public health, especially in diverse and vulnerable communities, ensuring people who use drugs have uncompromised access to essential social and health services.</i></p> <p><i>The workshop aimed to sensitize law enforcement officials to harm reduction services, build the capacity of civil society organizations to advocate for greater access for people who inject drugs to harm reduction services and to create a space for all parties to share ideas.</i></p> <p><i>It sparked vibrant discussions and debates, and one of the key conclusions was the need for long-term partnerships and regular collaboration between civil society organizations and law enforcement agencies.</i></p> <p>Case study from India:</p> <p><i>The HIV epidemic in India is concentrated among key populations, including men and women who inject drugs, men who have sex with men, and sex workers. An estimated 180 000 people inject drugs, of whom 7.1% are living with HIV, and although India has services in place for HIV prevention, treatment, care and support, affected people, especially people who inject drugs, face barriers to accessing them.</i></p> <p><i>As part of efforts to improve the understanding among law enforcement personnel of the impact of their actions on access to HIV services, UNODC conducted a two-day workshop in partnership with the National AIDS Control Organisation (NACO), the Narcotics Control Bureau (NCB) and UNAIDS in New Delhi in November 2014. The workshop, titled Enhancing partnerships between law enforcement and civil society organizations in the context of drug use and HIV, brought together 35 law enforcement personnel, public health officials and civil society organizations to openly discuss for the first time the practical problems they face in their daily work dealing with drug use.</i></p> <p><i>Law enforcement officials spoke about the lack of capacity to deal with people who use drugs suffering withdrawal symptoms while in detention, the lack of legal aid for the arrested and detained, and the lack of trust and collaboration between law enforcement agencies, health service providers and civil society organizations. They also discussed the general problems affecting prisons, such as lack of food, space and general health services for inmates. In turn, health officials acknowledged their lack of understanding of the legal context in which law enforcement works.</i></p>

Organization	Achievement
	<i>The workshop recognized more interaction between all partners is needed to increase understanding, awareness and sensitivity among officials who deal directly with key populations.</i>

B1: Accessing treatment

B1.1.1 Global guidance for treatment implemented

Indicator

Indicator B1.1.1: UN Joint Team contributed to the simplification and expansion of access to treatment for children and adults, including key populations

99% of Joint Teams (N=96) provided support in this area in 2014. Technical assistance, advocacy and normative guidance represented the most significant types of support.

Core resource expenditure in 2014

Region	UNHCR	UNICEF	WFP	WHO	TOTAL
Global	110 106	65 196	143 613	552 000	870 915
HICs	237 965	52 193	321 882	993 600	1 605 640
AP	25 960	22 522	-	220 800	269 282
CAR	-	12 033	-	13 800	25 833
EECA	4 000	15 015	-	193 200	212 215
ESA	80 954	39 046	-	156 400	276 400
LA	5 500	10 525	27 000	59 800	102 825
MENA	101 752	13 506	-	138 000	253 258
WCA	6 300	37 537	62 076	156 400	262 313
TOTAL	572 537	267 573	554 571	2 484 000	3 878 681

Achievements

Organization	Achievement
UNHCR	To support point-of-care diagnosis and follow-up, UNHCR ensured HIV testing capacity at the health facility level and provided portable CD4 counters in selected countries in West and Central Africa (Côte d'Ivoire, the Gambia, Liberia, Mali, Sierra Leone and Togo) and in the East and Horn of Africa subregion (Ethiopia, Kenya, Uganda and the United Republic of Tanzania). The benefit of this strategy extended to the general population when national health programmes built on the experience to consign point-of-care equipment throughout the country, Côte d'Ivoire being one such country to do so. Following a session at the International Conference on AIDS and STIs in Africa (ICASA) in 2013, which focused on improving access and adherence to antiretroviral therapy for emergency affected populations, UNHCR co-convened a satellite session at which UNITAID presented on point-of-care diagnostics in emergencies. This presentation has fuelled discussions on how to increase the use of these diagnostics in such settings and potential innovations that may be easier to use.
UNICEF	UNICEF evaluated paediatric antiretroviral therapy (ART) services to guide national plans in Ghana and Nigeria. The results fed into a Global Fund proposal and identified bottlenecks to scaling up services. The organization advocated in the United Republic of Tanzania and Zimbabwe for paediatric ART in maternal and child health alongside Option B+. UNICEF evaluated the implementation of 2013 WHO guidelines to determine whether recommendations for children were being followed in Zimbabwe. UNICEF provided guidance for country assessments to improve data for decision-making, including service planning. It also sought to obtain clearer information on the number of

Organization	Achievement
	<p>adolescents living with HIV and to highlight data gaps on key programme coverage, including HIV testing and counselling, treatment and care, and bottlenecks related to supply, demand, quality and enabling environments.</p> <p>UNICEF supported qualitative research in South Africa through the Mzantsi Wakho study on ART adherence and sexual and reproductive health in adolescents living with HIV to generate evidence on the experiences and preferences of adolescents in treatment and care. These adolescent perspectives were noted in updated WHO consolidated treatment guidelines.</p>
WFP	<p>WFP published evidence on the role of food security and nutrition in adherence to HIV/tuberculosis (TB) treatment and care in an <i>AIDS and Behavior</i> supplement. It also launched HIV/TB programme and monitoring and evaluation guidelines, which describe the main steps required to create in-country programmes that align with corporate strategic directions and broader global frameworks. WFP, working with WHO, UNAIDS Secretariat and PEPFAR, released <i>Nutrition assessment, counselling and support for adolescents and adults living with HIV</i>. It provides guidance to policy-makers and programme managers on the role of food and nutrition in comprehensive HIV/TB care and focuses on improving access and adherence to treatment and retention in care. WFP contributed substantially to a UNAIDS guidance note on food and nutrition that offers practical steps to integrate food and nutrition interventions in the standard package of HIV care, treatment and support. WFP and PEPFAR updated their joint toolkit from 2009 that helps countries integrate food and nutrition in Global Fund proposals. The toolkit's new draft document, <i>Thinking strategically about nutrition</i>, was produced with WHO, UNAIDS and Global Fund support. It will guide country partners on sustainable nutrition investments and expenditure analysis in the context of HIV/TB.</p>
WHO	<p>Since 2013, WHO's consolidated guidelines on the use of antiretroviral drugs (ARVs) for treating and preventing HIV infection have been adapted and implemented in more than 70 countries. In 2014, WHO developed complementary normative documents on treatment, care and support for people living with HIV. Two supplements to the 2013 guidelines were issued. In March 2014, the first supplement provided technical guidance on innovations in HIV diagnosis, including self-testing and early infant diagnosis. It offered guidance also on operations and service delivery, such as scaling down CD4 testing for monitoring treatment, and scaling up viral load monitoring and supply change management to transition to new ARV regimens, community antiretroviral therapy delivery and drug toxicity and resistance surveillance. In the second supplement in December 2014, WHO launched and updated recommendations on HIV-PEP (post-exposure prophylaxis) and using co-trimoxazole prophylaxis to prevent infections. To optimize treatment, WHO will update the guidelines in 2015 to potentially expand treatment eligibility, include new drugs and formulations, and new HIV testing and monitoring strategies, better manage early and late presenters, improve adherence monitoring tools and strengthen the quality of care for children and adolescents. These updates will take account of evidence and programmatic reviews and modelling exercises commissioned in late 2014.</p>
World Bank	<p>The World Bank's activities aim to promote better access to treatment, care and support for people living with HIV. In Brazil, mathematical modelling is assessing the impact of treatment as prevention. In Ukraine, a study on antiretroviral therapy (ART) will help policy-makers improve the efficiency of service delivery in expanding ART coverage. The Bank is using modelling also in Zimbabwe to estimate access to and quality of services during ART expansions to inform the Government where improvements might be needed. In South Africa, the Bank is engaged in several activities to support improved access and adherence to ART. These included providing information and evaluations on the treatment cascade, clinical markers of adherence and treatment success, and mobile health approaches to improving ART</p>

Organization	Achievement
	<p>adherence and retention in care of people living with HIV. World Bank-financed allocative efficiency studies show that more investment in ART programmes must be a priority and a recommended investment strategy to avert more new infections, disability-adjusted life years and future financial commitments associated with HIV infections.</p>
<p>Secretariat and Joint</p>	<p>In 2014 UNAIDS launched the 90-90-90 treatment target for the post-2015 era, which aims that by 2020: (a) 90% of all people living with HIV will know their HIV status; (b) 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and (c) 90% of all people receiving antiretroviral therapy will have viral suppression. Since its launch, the 90-90-90 target has become a fundamental component of the fast track strategy and a global movement to help end the AIDS epidemic by 2030.</p> <p>In 2014, the UNAIDS Secretariat joined with WHO, UNICEF and the Elizabeth Paediatric AIDS Foundation to host a major global consultation on strategies for closing the paediatric HIV treatment gap. The consultation generated unanimous agreement to apply the 90-90-90 approach to children living with HIV (while maintaining the policy of 100% testing and treatment coverage for HIV-exposed young children). In December 2014, the PCB requested that UNAIDS create a collaborative global work platform to accelerate testing and treatment coverage for children.</p> <p>UNAIDS Secretariat and WHO hosted the First Latin American and Caribbean Forum on the Continuum of Care in Mexico City in May 2014. The forum, attended by 141 people from 26 countries endorsed the 90-90-90 targets by 2020 and adopted the cascade method for monitoring treatment.</p> <p>UNHCR worked with WHO, WFP, UNICEF and the UNAIDS Secretariat on an advocacy and guidance brief on HIV programming in the Ebola emergency, outlining a minimum package of actions required to ensure continuity of HIV services.</p> <p>WHO and UNICEF updated the optimal paediatric formulary list. Part of the March 2014 supplement, it also helped shape the WHO expression of interest list and the essential medicine list, which guides countries and producers on the best antiretroviral drugs (ARVs) for children. The formulary list was further updated as part of the second paediatric ARV drug optimization meeting in December 2014.</p> <p>In 2014, <i>Guidelines for the delivery of antiretroviral therapy (ART) to migrants and crisis-affected persons in sub-Saharan Africa</i> were published. These updated guidelines, developed by UNHCR in partnership with 14 agencies including WHO, have been broadened to include all types of migrants and crisis-affected populations, the forcibly displaced among them. Most of the rationales for providing ART to these populations are common to the potential barriers and solutions: their mobility, lack of legal residence status or work permit, cultural and language challenges, and lack of access to affordable and acceptable health services and social protection, such as health insurance. This update stresses migration and forced displacement must not be used as excuse to deny treatment.</p> <p>In 2014, UNHCR and the London School of Hygiene & Tropical Medicine published <i>Antiretroviral therapy for refugees and internally displaced persons: a call for equity</i>, which found evidence refugees and internally displaced persons (IDPs) in stable settings can sustain high levels of adherence and viral suppression, though some settings require more intensive support for all population groups.</p>

Output B1.1.2 Drug regimens optimized (Treatment 2.0 Pillar 1)

Core resource expenditure in 2014

Region	UNICEF	WHO	TOTAL
Global	13 039	299 000	312 039
HICs	-	193 200	193 200
AP	2 407	69 000	71 407
CAR	1 257	4 600	5 857
EECA	1 581	36 800	38 381
ESA	4 167	41 400	45 567
LA	1 114	13 800	14 914
MENA	1 437	36 800	38 237
WCA	3 987	41 400	45 387
TOTAL	28 988	736 000	764 988

Achievements

Organization	Achievement
UNICEF	UNICEF, in collaboration with WHO, the Clinton Health Access Initiative and the Inter-Agency Task Team (IATT), revised the IATT optimized paediatric antiretroviral formulary list to be adapted by countries.
WHO	<p>WHO leads the normative work on optimizing antiretroviral therapy (ART), assessing when to start ART and which regimens to use. Systematic reviews on the impact of follicular dendritic cells (FDCs), adherence to post-exposure prophylaxis (PEP) and the interchangeability of HIV treatments 3TC and FTC were published, together with studies and perspectives on the future role of CD4 for ART monitoring. Other reviews included a comparative evaluation on the central nervous system toxicity of efavirenz (EFV) and on drug safety and efficacy for PEP. Dosing tools and pharmacokinetic analysis were reviewed to refine existing drug dosing for children and guide formulation development.</p> <p>WHO has revised the expression of interest list of HIV drugs and submitted dossiers to the Essential Medicine Committee that will update and revise this list in mid-2015. WHO also leads global efforts on the Conference on Antiretroviral Dose Optimization (CADO) and Paediatric ARV Drug Optimization (PADO). It held a think tank at CADO on retroviruses and opportunistic infections in 2014 to help guide the next generation of drug optimization research and work. At a PADO meeting in December 2014, WHO gave guidance on the updated paediatric Inter-Agency Task Team ARV formulary list and to manufacturers on the needs and gaps in paediatric and adolescent treatment.</p>
Secretariat and Joint	<p>To ensure a sufficient supply of ARV drugs to cover demand until 2018, WHO produced annual forecasts in collaboration with UNAIDS Secretariat, the Clinton Health Access Initiative, UNICEF, the Global Fund, the Office of the US Global AIDS Coordinator, USAID, the Partnership for Supply Chain Management and Avenir Health. These forecasts are presented to manufacturers and form the basis of future development and production, helping to ensure an adequate supply of ARVs globally and reduce stock-outs.</p> <p>WHO, with the Partnership for Supply Chain Management, the Global Fund and UNITAID, provided guidance on how to transition from previous WHO regimens to those recommended in</p>

Organization	Achievement
	<p>the 2013 consolidated guidelines on antiretroviral drugs (ARV). These documents proved useful for countries when developing procurement plans and Global Fund concept notes in 2014.</p> <p>From 2014, WHO, via its Department of HIV and Hepatitis, has worked closely with the Medicines Patent Pool on a project to better forecast the demand for new ARV medicines until 2030, including first- and second-line regimens for adults and children. These estimates and models will help to accelerate registration of new ARV formulations and reduce delays in access for patients.</p>

Output B1.1.3 POC and simplified platforms for diagnosis and treatment monitoring (Treatment 2.0 Pillar 1)

Core resource expenditure in 2014

Region	UNICEF	WHO	TOTAL
Global	26 078	285 200	311 278
HICs	8 657	190 900	199 557
AP	3 161	57 500	60 661
CAR	1 688	4 600	6 288
EECA	2 119	20 700	22 819
ESA	5 460	43 700	49 160
LA	1 473	11 500	12 973
MENA	1 904	32 200	34 104
WCA	5 244	43 700	48 944
TOTAL	55 785	690 000	745 785

Achievements

Organization	Achievement
UNICEF	<p>UNICEF, in collaboration with the Clinton Health Access Initiative, helped accelerate the market entry of innovative point-of-care HIV diagnostic technologies, including CD4 and viral load testing and early infant diagnosis, in project countries Ethiopia, Kenya, Malawi, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe.</p> <p>UNICEF supported the Cambodia Ministry of Health to implement the finger-prick testing method for rapid test results. Some 58 per cent of pregnant women attending antenatal care and delivery services at health centres were tested for HIV and received results in the first nine months of 2014. In Myanmar, UNICEF and the Global Fund supported point-of-care testing in communities, increased HIV testing from 365 533 pregnant women in 2013 to 430 000 pregnant women in 2014.</p>
WHO	<p>WHO, with UNAIDS Secretariat, produced a technical update on self-testing and coordinated a special issue on the subject in <i>AIDS and Behavior</i>. WHO is also a key partner in the UNITAID STAR Project consortium, which was successfully funded by UNITAID for a two-year implementation study on HIV self-testing in Malawi, South Africa, Zambia and Zimbabwe. In response to testing misclassification, WHO issued an information note on the importance of re-testing prior to antiretroviral initiation and reviewed misclassifications of HIV status and the</p>

Organization	Achievement
	<p>uptake of WHO testing strategies.</p> <p>WHO worked on CD4, viral load and early infant diagnostics and developed technical guidance for the March 2014 supplement (to the 2013 consolidated guidelines on antiretroviral drugs) on infant testing and scaling down CD4 for monitoring. WHO, with the United States President's Emergency Plan for AIDS Relief, the United States Centers for Disease Control and Prevention, USAID and the Global Fund, launched a <i>Technical update on operational considerations for implementing HIV viral load testing</i> at the 2014 International AIDS Conference in Melbourne and the <i>Handbook on quality assurance for point of care tests</i> at the African Society for Laboratory Medicine meeting. In its lead role on the Diagnostics Access Initiative, WHO is forecasting global diagnostics demand and has produced a technical document <i>Specifications and quantities for efficient procurement for diagnostics platforms</i>.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat launched the Treatment Situation Room, which uses state-of-the-art tools to leverage real-time data to aid strategic planning, improve programme performance, and address problems and bottlenecks as they arise. It provides five key kinds of strategic information: (1) Real-time data on global treatment utilization; (2) Granular, sub-national data on treatment utilization and epidemic burden; (3) Identifying and addressing stockouts in real time; (4) Tracking HIV treatment policy; and (5) Providing future projections of countries.</p> <p>To support the increase in the number of people testing for HIV and ensure that those found to be HIV-positive receive treatment in displaced situations, UNHCR, WHO and UNAIDS Secretariat updated the policy statement on HIV counselling and testing for refugees and other persons of concern to UNHCR. This statement on provider-initiated testing and counselling stresses the importance of adhering to the five Cs: informed consent, confidentiality, counselling, correct test results and connections to prevention, care and treatment services. UNHCR, WHO and UNAIDS Secretariat do not support compulsory or mandatory HIV testing of individuals on public health grounds or for any other purposes.</p> <p>WHO, UNAIDS Secretariat, the African Society for Laboratory Medicine (ASLM), the United States Centers for Disease Control and Prevention, USAID, the United States President's Emergency Plan for AIDS Relief, UNITAID and the Global Fund have all endorsed the Diagnostics Access Initiative (DAI) as an advocacy platform to increase access to viral load and early infant diagnostics (EID) in low- and middle-income countries. WHO leads the technical working group of DAI and is a member of the steering committee. In 2014, DAI convened a meeting at ASLM and launched a <i>Handbook on the quality assurance of point-of-care tests</i>, presented a review on the status of EID platforms and supported the agreement for lower-cost points for viral load tests and reagents. WHO continues to support countries to scale up their viral load testing through training materials and technical documents.</p>

Output B1.2.1 National drug and procurement systems strengthened

Indicator

Indicator B1.2.1: UN Joint Team supported the national health system and plan to address the HIV epidemic

86% of Joint Teams (N=97) helped to incorporate HIV medicines, diagnostics, HIV commodities in countries' national health systems and plans. In 30 countries, Joint Teams facilitated the use of Intellectual Property policy and law, including TRIPS flexibilities

Core resource expenditure in 2014

Region	UNICEF	UNDP	WHO	TOTAL
Global	-	156 187	239 200	395 387
HICs	8 657	157 222	170 200	336 079
AP	3 161	30 689	34 500	68 350
CAR	1 688	4 592	-	6 280
EECA	2 119	34 312	20 700	57 131
ESA	5 460	34 717	27 600	67 777
LA	1 473	22 286	9 200	32 959
MENA	1 904	14 928	23 000	39 832
WCA	5 244	5 446	27 600	38 290
TOTAL	29 706	460 378	552 000	1 042 084

Achievements

Organization	Achievement
UNICEF	UNICEF, in collaboration with the Clinton Health Access Initiative (CHAI), helped accelerate the market entry of innovative point-of-care HIV diagnostic technologies, including CD4 and viral load testing, and early infant diagnosis (EID) in project countries Ethiopia, Kenya, Malawi, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe. Progress was made in overcoming barriers to market entry in these countries through advocacy to ministries of health, operational guidance and technical support for scaling up CD4 point-of-care devices and tests, and evaluating new products. The number of sites offering diagnostic testing is expected to grow from about 1800 CD4 testing sites in 2013 to more than 3100 in 2015; from about 25 EID testing sites in 2012 to more than 200 in 2015; and from about 35 viral load testing sites in 2012 to about 300 in 2015. The project continued to provide operational support to evaluate EID point-of-care testing at birth in Mozambique. Extensive programmatic work is continuing to prepare project countries for wide-scale implementation of point-of-care CD4, EID and viral load testing.
WFP	WFP signed a memorandum of understanding with the Global Fund for a logistics partnership to improve access to HIV-related commodities, including antiretroviral drugs, by using WFP's extensive storage and shipping networks. One key component of the memorandum requires WFP to build the capacity of Global Fund implementers to develop and strengthen distribution systems to prevent stock-outs and ensure timely, cost-effective delivery. In Zimbabwe, for example, as sub-recipient of a UNDP-administered Global Fund grant for HIV, WFP's logistics support in 2014 focused on strengthening the Government's capacity to manage the

Organization	Achievement
	downstream supply chain and integrate essential medicines and drugs.
UNDP	<p>UNDP in 2014 provided policy and technical support to several low- and middle-income countries (LMICs) to incorporate public health-related TRIPS flexibilities in their national laws for improved treatment access. Countries who benefited from incorporating TRIPS flexibilities included Cambodia, Ghana, Indonesia, Kyrgyzstan, Lesotho, Myanmar, the Republic of Moldova, Swaziland and Zambia.</p> <p>An initiative led by the New Partnership for Africa's Development to ensure the safety, efficacy and availability of medicines in Africa was bolstered by UNDP's expert legal and policy advice to the African Union's African Medicines Regulatory Harmonization project.</p> <p>UNDP supported other initiatives in Africa to strengthen the policy and legal frameworks that impact on affordable access to health technologies, including efforts in the Economic Community Of West African States region to build pharmaceutical manufacturing capacity, and for pooled procurement in the Southern African Development Community region.</p> <p>UNDP also released a guidebook on using competition law – a relatively under-recognized but effective tool – to promote access to health technologies, providing a valuable starting point for LMICs to understand and employ a broader set of policy measures to achieve improved treatment outcomes.</p>
WHO	<p>WHO expanded its antiretroviral focus to include tuberculosis medicines in the Global Price Reporting Mechanism for HIV/AIDS medicines and diagnostics (GPRM), the database recording international transactions of HIV, tuberculosis and malaria commodities bought by national programmes in low- and middle-income countries (LMICs). The database also has information on the regulatory status of antiretroviral medicines (ARVs) and the availability and cost of the active pharmaceutical ingredients, on opportunistic infection drugs, and on the opioid substitution drugs and oral morphine. WHO continued its yearly survey on the use of antiretroviral medicines and diagnostics in LMICs. More than 60 ARV regimens are used for adult first-line treatments but by the end of 2013 there was an encouraging trend of d4T use decreasing to 5%, and use of the WHO recommended backbone tenofovir disoproxil fumarate (TDF) increasing to 60% of countries' procurements for first-line regimens, confirming country and regional uptake and implementation of WHO's ARV guidelines. WHO produced several publications on access to ARVs and diagnostic technologies, and produced country profiles on the use of ARVs and their prices, diagnostics and regulatory status in 80 countries in 2013 and 66 countries in 2014.</p>
World Bank	<p>The World Bank is helping to analyse how pharmaceutical supply systems in Africa are performing. The aim of this work is to objectively evaluate performance across countries and commodities, and identify interventions and designs that consistently improve such systems. HIV commodities will be integrated into the analysis to shape recommendations for ensuring effective supply chains and improved access to HIV medicines. The Bank is also supporting efforts to improve supply chain management and laboratory operations in various African countries.</p>
Secretariat and Joint	<p>Shortly after the launch of the Diagnostics Access Initiative (DAI, see B1.1.3), UNAIDS Secretariat, along with Government of the Republic of South Africa, the Clinton Health Initiative and pharmaceutical company Roche, announced an agreement to lower the cost of viral load tests. The high price of the viral load test is a barrier to its widespread use in low- and middle-income countries. With the price reduction, projected to generate savings of US\$ 150 million, these life-saving diagnostic tools will become more widely available and help rapidly scale up</p>

Organization	Achievement
	<p>progress in the HIV response.</p> <p>To ensure a sufficient supply of ARV drugs to cover demand until 2018, WHO produced annual global forecasts in collaboration with UNAIDS Secretariat, the Clinton Health Access Initiative, UNICEF, the Global Fund, the Office of the US Global AIDS Coordinator, USAID, the Partnership for Supply Chain Management and Avenir Health. These forecasts are presented to manufacturers and form the basis of future development and production, helping to ensure an adequate supply of ARVs globally and reduce stock-outs.</p>

Output B1.2.2 Service delivery decentralized and better integrated for access and sustainability

Indicator

Indicator B1.2.2: UNAIDS guidance on health service delivery was used with UN Joint Team support to develop and/or review country policies, strategies and budgets or implement key actions without a formal, written national policy.

90% of Joint Teams (N=98) supported the use of WHO guidance on health service delivery in 2014 to review country policies, strategies and budgets or to implement key actions.

Core resource expenditure in 2014

Region	UNICEF	WFP	WHO	TOTAL
Global	88 006	143 613	285 200	516 819
HICs	58 694	93 085	308 200	459 979
AP	21 337	39 600	87 400	148 337
CAR	11 351	-	9 200	20 551
EECA	14 225	-	36 800	51 025
ESA	36 962	88 455	50 600	176 017
LA	9 950	-	18 400	28 350
MENA	12 788	-	55 200	67 988
WCA	35 526	-	69 000	104 526
TOTAL	288 839	364 754	920 000	1 573 593

Achievements

Organization	Achievement
UNICEF	<p>During the Ebola emergency, continuity of access to antiretroviral medicines for children and their families and essential HIV prevention interventions, including those for mother-to-child transmission, is critical to reduce morbidity and mortality among people living with HIV and to prevent new infections. To this end, the Inter-Agency Task Team (IATT) to address HIV in humanitarian emergencies, of which UNICEF is a member, advocated for a minimum package of HIV services as part of efforts to restore public health services during the emergency. The IATT developed an advocacy brief/guidance document on HIV in the Ebola crisis, which outlined the recommended minimum HIV package of interventions and actions required to ensure continuity of HIV services, including through community platforms. The brief was</p>

Organization	Achievement
	developed by a small working group of representatives from Save the Children, UNICEF, WHO, the UNAIDS Secretariat, UNHCR and WFP.
WFP	<p>In 2014, WFP provided food and nutrition support to malnourished people living with HIV on antiretroviral therapy (ART) in 22 countries (Burkina Faso, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Ghana, Guinea, Guinea-Bissau, Haiti, Honduras, Kenya, Lesotho, Mozambique, Myanmar, Nepal, Rwanda, Sierra Leone, Somalia, Swaziland and Zimbabwe). This support took the form of nutritional rehabilitation and improved treatment outcomes through greater adherence and retention in care. In Congo, Ghana, Guinea, Kenya and Myanmar, WFP's interventions for malnourished people living with HIV contributed to ART adherence rates of more than 90%. In 12 countries (Central African Republic, Côte d'Ivoire, Djibouti, Ghana, Guinea, Guinea-Bissau, Haiti, Honduras, Lesotho, Sierra Leone, Swaziland and Zimbabwe), a ration was granted to food-insecure households of malnourished ART clients to minimize individual rations being shared by family members. In 2014, WFP provided technical support to advocate for a food and nutrition or logistics component in national strategic plans, national protocols and Global Fund grants in 17 countries. WFP joined the technical working group on HIV treatment, care and support chaired by the Swaziland National AIDS Programme and worked to ensure the national food-by-prescription (FbP) protocols were integrated into the new national comprehensive ART guidelines, presenting on FbP protocols and results.</p>
WHO	<p>WHO's 2013 consolidated guidelines for using antiretroviral drugs (ARVs) included for the first time service delivery and operational recommendations to integrate and decentralize services, retention in care and treatment adherence. The March 2014 supplement elaborates on models of community antiretroviral therapy (ART) delivery, based on consultations with programme managers and implementers in Eastern and Southern African where the HIV burden is highest. WHO provided technical assistance to countries adapting and operationalizing the consolidated guidelines. It convened two global scoping expert consultations – one on strengthening the quality of care, the other on HIV care packages for different groups of people living with HIV – to define priority areas for updates. It helped Namibia and Zimbabwe develop plans to implement the 2013 guidelines.</p> <p>Although more people living with HIV are receiving treatment, a significant number are still lost to follow-up. Across the cascade of HIV care, treatment interruption is common, and treatment initiation is often delayed, contributing to significant HIV-related morbidity and mortality. WHO will continue to provide technical assistance to decentralize and integrate HIV care and treatment in different epidemic contexts. The 2015 update of the consolidated ARV guidelines will review critical bottlenecks and what is needed to ensure quality service delivery.</p>
World Bank	<p>The World Bank is supporting efforts to better integrate HIV services in country health sectors. To this end, it is leading an impact evaluation in Zimbabwe, has looked at cost savings through improved integration in Ukraine, and is supporting several countries to improve the way in which HIV services are delivered in decentralized primary health-care settings.</p>
Secretariat and Joint	<p>The UNAIDS interagency team (UNHCR, WFP, WHO, UNDP, UNFPA, UNODC and the UNAIDS Secretariat) published a policy brief urging continuity of HIV services in settings affected by the Ebola crisis. This brief outlined the recommended minimum package of HIV interventions and actions required to ensure continuity of HIV services, including through community platforms.</p> <p>WHO, UNICEF and the Elizabeth Glaser Pediatric AIDS Foundation co-convened a partners</p>

Organization	Achievement
	<p>meeting in Zimbabwe to operationalize the Double Dividend initiative to accelerate action towards the dual goals of ending paediatric HIV and AIDS, and improving child survival. These partners piloted a programme to integrate HIV in maternal, neonatal and child health campaigns in six states of Nigeria. UNICEF, with other partners, assessed efforts to integrate HIV infant testing in immunization clinics in Uganda and Zimbabwe, and gathered resources from other initiatives to support paediatric antiretroviral therapy (ART) being initiated in India via video links. UNICEF collaborated with the Clinton Health Access Initiative on advocacy to ease the market entry of point-of-care diagnostics in seven countries.</p> <p>In 2014, guidelines for delivering antiretroviral therapy to migrants and crisis-affected persons in sub-Saharan Africa were published. These updated guidelines were developed by UNHCR in partnership with 14 agencies and broadened to include all types of migrants and crisis-affected populations, including those forcibly displaced. Many of the reasons for providing ART to these populations are common to the potential barriers and solutions: their mobility, lack of legal residence status or work permit, cultural and language challenges, and lack of access to affordable and acceptable health services and social protection, such as health insurance. The previous guidance provided a rationale for providing ART to displaced persons. This update stresses migration and forced displacement must not be used as an excuse to deny treatment.</p> <p>UNAIDS provided technical support through the Technical Support Facilities to countries in the preparation of Concept Note funding proposals to the Global Fund, including budget and planning support for health service delivery strategies, including those to reach and serve marginalized populations..</p>

Output B1.2.3 Demand for treatment increased through community mobilization (Treatment 2.0 Pillar 5)

Core resource expenditure in 2014

Region	UNICEF	WFP	ILO	UNESCO	TOTAL
Global	52 157	163 422	367 752	53 815	637 146
HICs	39 477	108 189	351 314	20 444	519 424
AP	9 483	-	1 837	20 550	31 870
CAR	5 065	-	-	-	5 065
EECA	6 322	-	-	-	6 322
ESA	16 416	176 910	-	17 643	210 969
LA	4 418	-	5 275	-	9 693
MENA	5 675	-	-	-	5 675
WCA	15 805	-	45 005	8 888	69 698
TOTAL	154 818	448 521	771 183	121 339	1 495 861

Achievements

Organization	Achievement
UNICEF	Through the project to optimize HIV treatment access in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi and Uganda, UNICEF, supported by the Swedish International Development Cooperation Agency and the Norwegian Agency for Development Cooperation,

Organization	Achievement
	<p>is working to empower communities to create demand for services. In Malawi, outreach services and community sensitization and mobilization campaigns were launched for peer education to encourage male participation. In the Democratic Republic of the Congo, sensitization sessions, support groups, monthly meetings and home visits aimed to improve retention. In Uganda, client peer support was used to forge community links, while male champions encouraged men to attend antenatal care and receive testing. In Côte d'Ivoire, UNICEF visited 40 community-based organizations whose leaders were sensitized to support and monitor antenatal care.</p> <p>UNICEF support helped integrated HIV testing in acute malnutrition services reach 72%, 100% and 74% of children in supported facilities in Malawi, Mozambique and Zimbabwe. The number of HIV-exposed infants attending DPT3 immunization who were exclusively breastfed increased to 78% in Malawi, 86% in Mozambique and 86% in Zimbabwe, while the number of HIV-exposed and breastfeeding infants receiving ARV prophylaxis at 12 months was 94% in Malawi and 93% in Zimbabwe.</p>
WFP	<p>WFP's joint mission with South African nongovernmental organization Kheth'Impilo documented best practices for linking communities, health systems and social protection services to overcome access barriers (food insecurity, for example) and generate demand for HIV and health services. In the Latin American and Caribbean region, WFP increased the profile of HIV/nutrition issues through south-to-south cooperation mechanisms and knowledge-sharing, encouraging local community actors and people living with HIV to participate in capacity-building workshops and trainings. In Ethiopia, community members are trained in nutrition assessment and counselling for people living with HIV and assigned to follow antiretroviral therapy (ART) clients, while in Rwanda, WFP worked with a nongovernmental consortium to strengthen nutrition education and counselling for refugees, including people living with HIV, in five camps. A reduction in stigma and an increase in the number of people living with HIV coming to the ART centre were attributed to WFP's food assistance. WFP joined with almost 1400 civil society partners to distribute about 2.3 million tonnes (74%) of WFP food in 2013 alone. In 2014, WFP continued to engage communities to design and deliver services for HIV-affected children, young people and families.</p>
ILO	<p>In 2014, to close the treatment gap and contribute to achieving the 90-90-90 targets (by 2020, 90% of people living with HIV will know their HIV status, 90% of people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART), and 90% of people receiving ART will have viral suppression), the ILO prioritized generating demand for HIV testing among vulnerable women and men workers as an entry point to HIV treatment. The ILO, in partnership with UNAIDS Secretariat, civil society and other organizations, mobilized workers in 32 countries, including 25 High Impact Countries, as part of the VCT@WORK Initiative to encourage HIV testing. Over the past 18 months, more than 1.23 million people (58% men, 40% women and 2% other) were tested. Of those, 36 376 people (62% men, 36% women and 2% others), about 3% of the total number, tested positive for HIV and were referred to treatment services.</p> <p>In 2013, the ILO partnered with Cameroon's ministries of health, labour and finance, and the National AIDS Council, to establish a Public Private Partnership Convention to mobilize members of employer organization GICAM to contribute financially to treatment services. By 2014, US\$ 70 000 (of the US\$ 100 000 promised) had been presented to the Ministry of Health to buy antiretroviral drugs.</p>
UNESCO	<p>An adolescent HIV prevention and literacy toolkit was rolled out in Botswana, Kenya, Namibia,</p>

Organization	Achievement
	<p>Swaziland and Uganda. In Uganda, UNESCO worked with young people living with HIV to provide training in the new antiretroviral regimen to promote access to and demand for treatment.</p> <p>In Brazil, UNESCO and national authorities collaborated on prevention, health education and expanding access to treatment and services for sexually transmitted infections, AIDS and viral hepatitis. Such collaboration included meeting regional and municipal AIDS coordinators to agree on a new strategy for treatment education. In Republic of Congo and Gabon, UNESCO supported comprehensive sexuality education, including treatment, care and support for young people and key populations, for trainers from sociomedical and paramedical schools. UNESCO organized with the Haitian Institute of Community Health a training programme for 600 medical school graduates in HIV prevention and human rights.</p> <p>In Uganda, UNESCO organised capacity-building training for 150 teachers living with HIV, covering 24 districts in three regions. The training was delivered through the Teachers Anti AIDS Group. About 150 schools in 40 districts received the HIV/AIDS workplace policy and recommitted to protecting the rights and needs of learners and educators living with HIV and AIDS.</p>
<p>WHO</p>	<p>WHO promoted community delivery of services and strengthening community systems for a sustained response to end AIDS. It organized subregional consultations on models of community delivery for antiretroviral therapy (ART), focusing on the Eastern and Southern Africa region where the HIV burden is highest. The March 2014 supplement of the WHO consolidated antiretroviral (ARV) guidelines had a section on community ART delivery, including implementation lessons and knowledge gaps. WHO held a scoping meeting on optimal care delivery models for HIV services, anticipating this meeting will shape the 2015 ARV guidelines. WHO also convened several meetings of the WHO Civil Society Reference Group, which advises WHO on whether its recommendations and guidelines are feasible and acceptable to the community. To help prepare for the 2015 ARV guidelines, WHO has selected more than eight members of the community to serve on the advisory committees, having also held several community consultations to assess implementation of the current guidelines and preparedness for the update.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat, in partnership with the Global Network of People living with HIV (GNP+), convened a global consultation with civil society and community representatives to contribute to the process of setting new targets for the response to HIV in the post 2015 era. The two day consultation, held in Amsterdam in May 2014, brought together civil society participants and other key stakeholders. The aim of the consultation was to provide a global level forum for civil society to advise UNAIDS on establishing new HIV targets to scale up access to treatment and how to support civil society and community mobilization for demand creation.</p> <p>WHO, UNICEF, the Inter-Agency Task Team and the Global Network of People Living with HIV worked to improve treatment outcomes for women and children by strengthening community engagement to end vertical transmission of HIV. Two workshops were held (in Abidjan, Côte d'Ivoire; and Nairobi, Kenya) to better understand monitoring and evaluation, and social accountability mechanisms, and to engage communities in decentralized planning and monitoring, and to hold health ministries accountable for elimination of mother-to-child transmission (eMTCT) efforts. It created a space for dialogue among eMTCT stakeholders, including high-level political participants, service providers and community representatives. A summary document was developed for each country, describing progress reporting and social accountability mechanisms related to eMTCT and health generally, and including draft community engagement indicators. Participants committed to pilot these indicators in their</p>

Organization	Achievement
	<p>countries.</p> <p>In response to women living with HIV in Malawi and Uganda seeking more information and guidance, the Community Engagement Working Group of the WHO and UNICEF-led Inter-Agency Task Team developed a treatment literacy guide, Positive health, dignity and prevention for women and their babies: a treatment literacy guide for pregnant women living with HIV, mothers and infant caregivers enhance links between community organizations and initiatives with national and subnational programme managers and health facilities, the Working Group developed a database holding details of 185 organizations involved in community-level eMTCT activities.</p>

Output B1.3.1 Equitable access to treatment for key populations

Core resource expenditure in 2014

Region	UNHCR	UNICEF	WHO	TOTAL
Global	88 000	39 118	59 800	186 918
HICs	207 234	26 078	55 200	288 512
AP	20 000	9 052	16 100	45 152
CAR	-	4 849	-	4 849
EECA	4 000	6 035	13 800	23 835
ESA	4 000	15 733	11 500	31 233
LA	3 000	4 239	4 600	11 839
MENA	65 000	5 424	11 500	81 924
WCA	5 000	15 123	11 500	31 623
TOTAL	396 234	125 651	184 000	705 885

Achievements

Organization	Achievement
UNHCR	<p>By the end of 2014, access to antiretroviral therapy (ART) for refugees that was on a par with that for surrounding nationals rose to 97% from 93% at the end of 2012. This was due largely to sustained advocacy directed at governments to include refugees in national HIV programmes. UNHCR continues to provide treatment in countries where refugees and other persons of concern do not have access to ART and advocate for these population groups to be included in national programmes. UNHCR also supports ministries of health and national AIDS councils to ensure refugees benefit from new national protocols. When treatment and prevention programmes are well established, UNHCR will focus on scaling up testing services, early HIV detection and rapid enrolment in care and treatment.</p>
UNICEF	<p>The Double Dividend is intended to catalyse accelerated action towards the dual goals of ending paediatric HIV and AIDS and improving child survival. Four countries have developed for potential funding Double Dividend programming plans that integrate HIV and child health: Malawi, two states in Nigeria, the United Republic of Tanzania and Zimbabwe. Expected results include: improved national and subnational policies for integrated child health and paediatric HIV services in locations where there is higher HIV and under-five mortality; and documentation of best practice and the impact of integrated child health and paediatric HIV</p>

Organization	Achievement
	services.
WFP	<p>WFP provided emergency food assistance in a variety of humanitarian settings to vulnerable and food-insecure individuals and households affected by HIV. Such assistance took the form of HIV-sensitive and HIV-specific interventions to help stabilize and maintain access to treatment, and to prevent default. People living with HIV in many countries, including High Impact Countries affected by conflict (the Democratic Republic of the Congo, South Sudan), Ebola (Guinea, Sierra Leone) and transition and post-crisis situations (Côte d'Ivoire, Haiti), as well as refugees and internally displaced persons (Cameroon, the Central African Republic, Ethiopia, Rwanda), benefited from WFP food assistance in 2014. WFP works with governments to ensure HIV and the continuity of antiretroviral therapy is considered in emergencies. In El Salvador, for example, WFP participated in Ministry of Health emergency teams and devised a protocol for addressing HIV in emergencies.</p> <p>WFP and the Global Fund signed a memorandum of understanding to use the WFP logistics powerhouse during humanitarian situations to pre-position and deliver items other than food, such as antiretroviral drugs. WFP was shortlisted as a prequalified implementing agency for the Emergency Fund.</p>
UNDP	<p>In 2014 UNDP served as interim principal recipient for 21 Global Fund HIV grants in 20 countries, in addition to managing a regional grant covering seven countries in South Asia. UNDP's support to the Global Fund and national partners has enabled millions of people around the world to benefit from programmes and services to prevent and treat HIV and AIDS. In 2014, UNDP-supported Global Fund programmes helped 1.4 million people access life-saving antiretroviral therapy; about 1 in 8 of those in low- and middle-income countries. UNDP also trained 2 million doctors, nurses and community health workers to respond to HIV, tuberculosis and malaria.</p> <p>Zimbabwe, where the number of AIDS-related deaths has decreased from 160 000 in 2001 to 39 000 in 2012, has experienced one of the sharpest declines in HIV prevalence in southern Africa, from 27% in 1997 to less than 14% in 2012. Through UNDP-managed Global Fund grants, Zambia achieved a 25% reduction in the incidence of HIV and 50% fewer AIDS-related deaths. By mid-2014, 600 987 people living with HIV in Zambia were accessing life-saving antiretroviral therapy.</p>
UN Women	<p>UN Women commissioned a global review of women's access to treatment to complement existing evidence on coverage and examine the barriers and challenges to such access. This review aims to explore the gender dimensions of access to understand how structural factors affect women's access to care and treatment, particularly at household and community levels. Specifically, it seeks to:</p> <ul style="list-style-type: none"> ▪ increase understanding of the dynamics of antiretroviral therapy (ART) coverage and access for women beyond the current indicators; ▪ identify key barriers to HIV care and treatment at the household, community and health-system levels; ▪ renew the discussion on measuring treatment accessibility relative to frameworks that measure women's access to broader health services; ▪ study accessibility barriers in five country-level assessments; ▪ develop evidence-based findings to shape policy-making and programming. <p>In addition, UN Women will develop and disseminate recommendations on ART access for women, with specific attention to emerging prevention technologies, such as treatment as</p>

Organization	Achievement
	prevention and Option B+.
WHO	<p>WHO has produced global guidelines on an effective public health response and a comprehensive package of evidence-based recommendations for prevention, diagnosis, treatment and care for key populations, including people who inject drugs, people in prisons, sex workers, men who have sex with men (MSM) and, to a lesser extent, transgender people. This comprehensive package includes health-care interventions and critical enablers to address the structural barriers to health services faced by key populations. These guidelines recommended for the first time pre-exposure prophylaxis for MSM and community distribution of naloxone to manage opioid overdose.</p> <p>WHO has worked with partners and stakeholders to disseminate the consolidated key population guidelines and track the translation, adoption and implementation of the recommendations in the 58 WHO focus countries. WHO is also documenting the implementation of immediate treatment for sex workers in Rwanda, for people who inject drugs and serodiscordant couples in Viet Nam and MSM in Thailand. It is supporting South Africa to review options for early treatment to all female sex workers, and compiling the outcomes of earlier treatment for key populations into a programmatic update for release in 2015.</p>
World Bank	<p>The World Bank, through its analytical work, has helped several countries improve their HIV resource allocations to programmes that include HIV treatment for key populations. The Bank has also worked with the Bill & Melinda Gates Foundation and USAID to publish the Public Library of Science collection on HIV services for sex workers, including HIV treatment. In countries where the World Bank finances programmes for key populations, it ensures that HIV testing and links to HIV treatment programmes are integral components.</p>
Secretariat and Joint	<p>In 2014 UNAIDS established a dedicated work stream on key populations as part of its work to prioritize testing and treatment scale-up for priority populations under the umbrella of 90-90-90. In this regard UNAIDS Secretariat began a partnership with to CDC to plan a major global consultation in early 2015 on HIV treatment scale-up and key populations.</p> <p>The Joint Programme continues to develop practical tools to implement comprehensive packages for key populations. These are based on the Sex Work and HIV Intervention Tool (SWIT), the first sex worker implementation tool, which was released in 2013. The tools offer guidance on how to programme an effective response for the various groups and monitor progress at country level.</p> <p>In October 2014, UNODC and partners organized the first global consultation on HIV prevention, treatment, care and support in prison settings. The consultation drew representatives of national HIV programmes and prison authorities from 27 countries, along with civil society experts, officials from Vienna-based permanent missions and representatives of UN agencies and programmes, international organizations and donor agencies to review progress in addressing HIV in prisons and share experiences. The ultimate objective of the consultation was to mobilize countries and donors to intensify efforts to address HIV in prisons.</p>

Output B1.3.2 Country-specific strategic information on treatment access for key populations

Indicator

Indicator B1.3.2: UN Joint Team advocated for and/or supported administration of national disaggregated data on treatment

92% of Joint Teams (N=98) advocated for and/or supported administration of sex- or age- disaggregated data on treatment (97% of HICs, while 71% of Joint Teams did this for data disaggregated by key populations.

Core resource expenditure in 2014

Region	UNICEF	WFP	WHO	TOTAL
Global	26 078	137 671	69 000	232 749
HICs	17 386	11 051	161 000	189 437
AP	6 322	-	34 500	40 822
CAR	3 377	-		3 377
EECA	4 203	-	27 600	31 803
ESA	10 956	-	23 000	33 956
LA	2 945	16 650	6 900	26 495
MENA	3 808	-	27 600	31 408
WCA	10 525	-	18 400	28 925
TOTAL	85 599	165 371	368 000	618 970

Achievements

Organization	Achievement
WFP	<p>WFP provided technical assistance to develop and implement country-specific strategic information, such as surveys that assess the level of food insecurity and/or the malnutrition of people living with HIV. This information is used to design context-appropriate interventions that increase access, uptake and adherence to treatment. For example, in 2014 WFP supported nutrition and vulnerability assessments for people living with HIV in Benin, the Congo, the Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Lesotho, Swaziland, Togo and Zimbabwe to determine the prevalence of malnutrition among antiretroviral therapy (ART), prevention of mother-to-child transmission and tuberculosis clients, and to establish the degree and causes of their households' vulnerability.</p> <p>In collaboration with RAND Corporation, WFP published the following articles:</p> <ul style="list-style-type: none"> ▪ Tailored nutrition education and food assistance improve adherence to HIV antiretroviral therapy: evidence from Honduras (<i>AIDS and Behavior</i>, 2014); ▪ Impact of food support on food security and body weight among HIV antiretroviral therapy recipients in Honduras: a pilot intervention (<i>AIDS Care</i>, 2015). <p>The results of these studies indicate that food insecurity and undernutrition in the Latin America and Caribbean region are closely linked to adherence to ART and quality of life, health status and access to services.</p>
WHO	<p>Key populations across the globe have lower levels of access to HIV care and antiretroviral drugs (ARVs). WHO, recognizing this, launched the consolidated key population guidelines in July 2014 and has since supported health ministry working groups to adapt them. WHO helped</p>

Organization	Achievement
	<p>Rwanda review evidence on adopting early treatment for the country's sex workers, and in Indonesia supported the SUFA meeting (strategic use of antiretroviral drugs for treatment and prevention) and national consultations on early treatment for key populations. WHO has supported country offices in China, Thailand and Viet Nam on pilot projects that will assess early treatment among key populations and developed a tool for countries to monitor HIV prevention, diagnosis, treatment and care for key populations.</p>
<p>World Bank</p>	<p>The World Bank helps to strengthen treatment, care and support for key populations through its country-specific epidemic and response analyses and allocative efficiency and effectiveness studies. The Bank provides epidemiological data to adapt treatment strategies and ensures that comprehensive programmes for key populations are integrated and efficiently addressed in country HIV responses.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat, UNFPA and UNDP have all endorsed a tool for countries to set and monitor HIV prevention, diagnosis, treatment and care for key populations. WHO and partners, including UNAIDS Secretariat, the Monitoring and Evaluation Reference Group (MERG), PEPFAR and UNICEF, have also endorsed the new consolidated strategic information guidance to be launched in 2015. These guidelines bring together 10 global core indicators and about 50 national indicators.</p> <p>Joint efforts included the regional and national roll-out of the three relevant key population documents: <i>Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations</i>; <i>Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions</i>; and <i>Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users</i>. . Follow-up visits are planned to selected countries to support implementation and adaptation of existing guidance, in particular the guidance on planning and setting targets for an effective AIDS response in key populations. Continuing advocacy with ministries of health and key donors, such as the Global Fund and PEPFAR, to include an appropriate focus on HIV programmes for key populations will be supported.</p>

B2: Avoiding TB deaths among people living with HIV

Output B2.1.1 Strengthened country systems for HIV/TB collaborative activities

Core resource expenditure in 2014

Region	UNICEF	WHO	TOTAL
Global	19 361	59 800	79 161
HICs	17 206	69 000	86 206
AP	-	18 400	18 400
CAR	-	-	-
EECA	19 900	13 800	33 700
ESA	22 019	10 120	32 139
LA	-	9 200	9 200
MENA	-	14 720	14 720
WCA	-	11 960	11 960
TOTAL	78 487	207 000	285 487

Achievements

Organization	Achievement
UNICEF	<p>UNICEF organized workshops to build country capacity to diagnose and treat HIV/tuberculosis (TB) coinfections in children. Regional seminars on improving paediatric care, treatment and support for children and families affected by HIV included a special focus on TB in children. One of these workshops, in Tbilisi, Georgia, brought together 90 care providers from eight countries in Central and Eastern Europe. The other workshop was held in St Petersburg for delegates from the Commonwealth of Independent States.</p> <p>UNICEF pilot-tested HIV/TB-adapted training modules to help community health workers identify, refer and retain children exposed to HIV and on HIV treatment. About 60 participants from Malawi and Zambia attended the trainings. Work on implementing HIV/TB-adapted integrated community case management in Malawi, Nigeria, Uganda and Zambia is being scaled up.</p>
WHO	<p>Half of the 1.1 million people living with HIV who were estimated to have fallen ill with tuberculosis (TB) in 2013 were detected and started on TB treatment, up from 47% of estimated cases in 2012. The scale-up of TB screening among people living with HIV rose from 4.1 million in 2012 to 5.5 million in 2013. To increase detection of HIV-associated TB, diagnostic capacity was expanded through the roll-out of Xpert MTB/RIF, an automated, cartridge-based nucleic amplification assay that can detect TB from sputum in less than two hours. WHO supported the roll-out of Xpert, resulting in 3763 GeneXpert instruments procured in 116 eligible countries by the end of 2014.</p> <p>WHO led the way in developing, measuring and disseminating global policy and guidance for high TB/HIV burden countries, emphasizing joint national TB and HIV programming to ensure collaborative activities were scaled up. Strategic direction was provided through the Global Fund's TB/HIV technical working group, development of an information note on joint TB and HIV programming, technical assistance for national strategic plans, and joint programme reviews. WHO support to countries developing and reviewing Global Fund concept notes resulting in 25 single TB and HIV concept notes being submitted.</p>

Organization	Achievement
World Bank	<p>The World Bank initiated action on the Southern African Development Community memorandum of understanding on tuberculosis (TB) in the southern Africa mining sector, bringing focus to the rampant epidemic in this sector. The unfolding initiative, involving four countries (Lesotho, Mozambique, South Africa and Swaziland) is bringing together many diverse stakeholders to develop an enabling environment. World Bank, Stop TB and Global Fund resources are being mobilized to address this century-old problem. The scope of work includes data gathering, mineworker mapping, testing and devising innovative solutions, research and piloting a service delivery model in labour-sending and labour-receiving hotspots. This technical assistance is intended to help develop a results framework, indicators and baseline data, as well as a routine monitoring system that covers regional enabling activities and service delivery piloting. Several World Bank-financed studies, including allocative efficiency analyses, have stressed the importance of linking HIV and TB programming, including testing, treatment and care.</p>
Secretariat and Joint	<p>UNAIDS Secretariat, STOP TB and the Global Fund developed the HIV/TB Gender Assessment Tool based on the UNAIDS Gender Assessment to assist countries to assess their HIV and TB epidemic context and response from a gender perspective. The tool will be piloted in early 2015.</p> <p>In collaboration with WHO's African regional and country offices, the UNAIDS Secretariat, and other key partners conducted workshops and peer reviews on joint programming and developing single tuberculosis (TB) and HIV concept notes for more than 20 high-burden countries.</p> <p>WHO and the UNAIDS Secretariat continued to work together to ensure reconciled, consolidated data on TB/HIV for WHO and UNAIDS reports. Improvements in recording data resulted in 132 countries in 2013 reporting outcomes disaggregated by HIV status, up from 96 who reported in 2012. To further strengthen monitoring and evaluation, and to improve the cascade of HIV/TB care, WHO, in collaboration with the UNAIDS Secretariat, the United States President's Emergency Plan for AIDS Relief and the Global Fund, revised the Guide to monitoring and evaluation for collaborative TB/HIV activities. This revision aims to consolidate gains and renew the focus on quality data and its utility for the programmatic response. It will also help countries to identify gaps in TB/HIV care to ensure a seamless continuum that reduces preventable deaths.</p> <p>UNAIDS Secretariat and WHO have worked collaboratively together to provide support to the 22 countries submitting joint TB/HIV concept notes to the Global Fund in 2014. This has included working with Country Coordinating Mechanisms (CCMs) to bring often vertically organized programs for TB and HIV together and strengthening service delivery models to improve health outcomes for both diseases.</p>

Output B2.2.1 Access to ART for TB patients and isoniazid preventive therapy for PLHIV

Indicator

Indicator B2.2.1: UN Joint Team contributed to TB screening and Isoniazid Preventive Therapy as part of the national health system, plan and budget

58% of Joint Teams (N=98) reported that a policy on Isoniazid Preventive Treatment Therapy and TB screening was already in place in 2014. In 28% of countries, such policy was established in 2014, and 85% of these were supported by the Joint Teams through Joint Programme reviews; scientific advocacy; and/or convening national meetings to focus and implement the 3Is.

Core resource expenditure in 2014

Region	WHO	TOTAL
Global	248 400	248 400
HICs	243 800	243 800
AP	66 700	66 700
CAR	4 600	4 600
EECA	29 900	29 900
ESA	38 640	38 640
LA	21 160	21 160
MENA	36 800	36 800
WCA	46 000	46 000
TOTAL	736 000	736 000

Achievements

Organization	Achievement
WHO	<p>Antiretroviral therapy (ART) coverage among detected HIV-positive tuberculosis (TB) patients increased from 60% in 2012 to 70% in 2013, both globally and in high TB/HIV burden countries. This increase was due in part to continued technical assistance to countries in the roll-out of WHO policy on collaborative TB/HIV activities and the 2013 consolidated guidelines on using antiretroviral drugs for treating and preventing HIV infection. The figures, however, show 30% of HIV-positive TB patients in care do not receive ART.</p> <p>The uptake of isoniazid preventive therapy (IPT) continues to rise, with 45 countries, carrying about 60% of the global burden, reporting almost 600 000 eligible people living with HIV in 2013, up from just over 500 000 in 2012. High-level consultations, such as the one at the AIDS 2014 conference in Australia (Eliminating TB deaths: time to step up the HIV response) have helped to expose treatment and prevention gaps, share scale-up successes, such as those from Cambodia, India and Viet Nam, and galvanize political commitment to address shortfalls. In 2014, guidelines for managing latent TB infection were developed, recommending shorter treatment regimens, depending on national preference and available resources. To enhance scale-up of preventive therapy in High Impact Countries, WHO has opened a dialogue with the scientific community on the use of these shorter regimens for treating latent TB infection among people living with HIV in resource-constrained settings.</p>
Secretariat and Joint	<p>UNAIDS Secretariat used the BRICS forum in Barcelona to advocate for bold and collective action on AIDS and TB (using the fast-track approach) by Brazil, Russia, India, China and South Africa. The BRICS ministers agreed to pursue the 90–90–90 targets by 2020, including ambitious TB targets, and committed to advancing cooperation and action on TB and HIV among BRICS countries. Furthermore, the Secretariat worked closely with partners, BRICS governments and the Stop TB Partnership to advance the AIDS and TB agendas in the BRICS health platform.</p> <p>To increase key population access to integrated tuberculosis (TB)/HIV services, including early antiretroviral therapy (ART) for all HIV-positive TB patients and isoniazid preventive therapy (IPT) for all eligible people living with HIV, related recommendations were mainstreamed into the consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, coordinated by WHO with input from UNAIDS Secretariat and UNODC. In addition, UNODC, in collaboration with WHO, began to develop a tool to provide a comprehensive package of harm reduction for people who inject drugs, which also includes</p>

Organization	Achievement
	<p>services for the prevention, diagnosis and treatment of HIV-associated TB. In addition, a joint UNAIDS Secretariat and WHO satellite meeting at the Eastern Europe and Central Asian AIDS Conference in Moscow provided an ideal platform for promoting integrated TB/HIV services as part of a comprehensive package of harm reduction for people who inject drugs. The satellite meeting highlighted a successful case study of integration from Belarus.</p> <p>WFP strengthened the evidence base on the role of food and nutrition in HIV and tuberculosis (TB) treatment and developed programmatic guidance for integrated approaches (see B1.1.1). WFP also provided technical support to generate strategic information to build integrated HIV/TB national programmes. In Madagascar, for example, an analysis from WFP's food-by-prescription programme for TB clients, including HIV/TB coinfecting individuals, showed that more than half of the TB clients were malnourished when treatment started; and 2014 data from health centres supported by WFP showed a 94% TB treatment success rate. Subsequent WFP advocacy contributed to a national protocol, a national nutrition strategy for malnourished TB/HIV clients, and a Global Fund concept note for TB.</p> <p>UNICEF continued to focus on the childhood tuberculosis (TB)/HIV response through targeted integrated service delivery, a community response within maternal, newborn and child health platforms and generating evidence on the burden of coinfections to guide policy and programmatic shifts. HIV/TB-adapted community case management was piloted in Zambia and paediatric HIV and TB assessments were completed in Ghana and Nigeria. Preliminary data from Nigeria show that of 1142 children <15 years of age newly initiated with antiretroviral therapy between 2011 and 2012 in five study states, 95.8% were assessed for TB. Of those assessed, 14.7% were diagnosed with TB. Lower retention and higher mortality, and losses to follow-up at 12 and 24 months after antiretroviral therapy initiation were observed among children with TB.</p>

Output B2.3.1 HIV testing and counselling for TB patients

Indicator

Indicator B2.3.1: UN Joint Team contributed to strengthen national capacity among key stakeholders for the implementation of TB or dual HIV/TB policies and programmes

97% of Joint Teams (N= 92) provided support to build national capacity in this area in 2014. Advocacy and technical assistance were the most significant types of support provided.

Core resource expenditure in 2014

Region	WFP	ILO	WHO	TOTAL
Global	-	122 584	193 200	315 784
HICs	15 989	89 346	103 500	208 835
AP	-	-	39 100	39 100
CAR	-	-	6 900	6 900
EECA	20 000	-	26 680	46 680
ESA	-	-	25 760	25 760
LA	-	-	15 180	15 180
MENA	-	-	23 000	23 000
WCA	-	9 001	26 680	35 681
TOTAL	35 989	220 931	460 000	716 920

Achievements

Organization	Achievement
<p>WFP</p>	<p>In 2014, WFP provided food and nutrition assistance to tuberculosis (TB) patients, including HIV/TB coinfecting patients, in 18 countries, including the Congo, the Democratic Republic of the Congo, Djibouti, Guinea-Bissau, Haiti, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Myanmar, Nepal, Sierra Leone, Somalia, South Sudan, Swaziland, Tajikistan and Zimbabwe. A household ration was provided in nine of these countries (Guinea Bissau, Lesotho, Madagascar, Sierra Leone, Somalia, South Sudan, Swaziland, Tajikistan and Zimbabwe) to minimize sharing of individual rations among family members. In Eastern and Southern Africa, WFP collaborated with the ministries of health in Ethiopia, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe to support malnourished TB clients, including HIV-TB coinfecting individuals, by providing a comprehensive nutrition programme, including nutritional assessment, counselling and, when necessary, based on anthropometric measurement, specialized nutritious food. Providing food and nutrition support with TB treatment not only increases treatment success, antiretroviral therapy (ART) and directly observed treatment adherence, and nutritional recovery, but also acts as an incentive for people to seek TB services, which are increasingly integrated with HIV testing and counselling. In Tajikistan, where WFP assisted TB clients and their families with food baskets during the six-month course of treatment, interviews conducted during post-distribution monitoring confirmed that WFP's household assistance was an important reason for people with TB to register and complete the treatment.</p>
<p>ILO</p>	<p>In 21 countries, the ILO provided advocacy, normative guidance, support to mobilize resources and for training, and direct funding to strengthen dual HIV/tuberculosis (TB) programmes targeted at women and men workers in the agriculture, commerce, education, health, hospitality, mining, retail, tourism and transport sectors.</p> <p>To improve the quality assurance of HIV/TB workplace programmes, ILO provided support to the Swaziland Standards Authority to develop for companies the Wellness Management Systems Standard covering HIV and TB.</p> <p>In South Africa, the ILO supported the Motor Industry Staff Association to develop a comprehensive HIV and TB workplace programme that provides HIV/TB services to 31 800 workers.</p> <p>The ILO partnered with China's Center for Disease Control and Prevention to develop an occupational safety and health policy based on Recommendation No. 200 for the health sector, protecting workers from HIV and TB exposure, and also protecting the rights of workers who live with HIV and/or TB.</p> <p>In countries in southern and eastern Africa, the ILO, in collaboration with the International Organization for Migration, provided support to countries to draft a code of conduct for TB in the mining sector. The code has been submitted to ministers of health and labour for endorsement.</p>
<p>WHO</p>	<p>HIV testing and counselling of tuberculosis (TB) patients rose from 46% in 2012 to 48% in 2013. The most notable progress was seen in Africa where 76% of TB patients knew their HIV status and where Cosponsors focused on strengthening collaborative TB/HIV activities. Progress, however, in HIV testing in some countries with concentrated epidemics has been slow. Events such as the 19th Core Group meeting of the Global TB/HIV Working Group, held in Washington 11–12 February 2014, have been used as platforms to debate this issue among key stakeholders, concluding that universal HIV testing of TB patients, regardless of the nature of the HIV epidemic, is good clinical practice and crucial for ensuring early access to life-saving</p>

Organization	Achievement
	<p>antiretroviral therapy for HIV-infected TB patients. To further promote scale-up of HIV testing of TB patients in concentrated epidemics, examples of testing and counselling among TB patients in those settings have been highlighted at key events such as AIDS 2014, held in Melbourne.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat worked closely with countries, donors, civil society and other partners, including WHO, the Stop TB Partnership, the Global Fund and PEPFAR to identify sustainable solutions to fully integrate and deliver critical HIV and TB services. Alongside the 90-90-90 treatment targets, the Secretariat's strengthened HIV/TB programme integration in Joint TB/HIV concept notes for the Global Fund submitted by 44 TB-HIV co-infection high-burden countries.</p> <p>The ILO participated in WHO's expert consultation on tuberculosis (TB) infection control measures and provided input based on the 2010 updated International Labour Standards on Occupational Safety and Health.</p> <p>In Brazil, the ILO is implementing the joint WHO and ILO HealthWISE package, an action manual and trainers' guide to improve staff working conditions and patient services. In Kenya, the ILO in partnership with the Directorate of Occupational Safety and Health Services within the Ministry of Labour, Social Security and Services, worked with St Mary's Mission Hospital to model the HealthWISE action guide. A workplace assessment on occupational safety and health based on the HealthWISE checklist was conducted to identify and prioritize action areas to reduce HIV and TB transmission in the hospital, and in 2014 a plan was implemented to label sharps boxes, sensitize staff on the use of gloves, segregate waste disposal with labelled containers, establish a TB isolation unit in the medical wards and issue health workers in the X-ray unit with radiology monitoring badges.</p>

B3: Protecting the vulnerable

Output B3.1.1 HIV-sensitive transfers in social protection programmes

Indicator

Indicator B3.1.1: UN Joint Team contributed to strengthen national capacity to implement and scale up HIV-sensitive social protection and HIV and child sensitive social protection

95% of Joint Teams (N=93) provided support to build national capacity in this area in 2014. Advocacy and technical assistance represented the most significant types of support. 59% of Joint Teams reported that the support they provided reached orphan and vulnerable children.

Core resource expenditure in 2014

Region	UNHCR	UNICEF	WFP	ILO	World Bank	TOTAL
Global	43 186	79 205	173 326	171 618	57 960	525 295
HICs	187 395	86 030	196 505	149 793	369 344	989 067
AP	15 000	32 257	-	5 947	11 798	65 002
CAR	-	17 206	-	-	5 813	23 019
EECA	-	21 517	-	-	5 959	27 476
ESA	5 000	78 056	117 940	-	20 712	221 708
LA	4 000	14 404	-	12 469	3 907	34 780
MENA	25 400	19 361	-	-	6 279	51 040
WCA	8 000	32 257	55 422	11 476	57 490	164 645
TOTAL	287 981	380 293	543 193	351 303	539 262	2 102 032

Achievements

Organization	Achievement
UNHCR	UNHCR is taking forward the High Commissioner's call for an expanded and more systematic use of cash-based interventions in its operations. The movement to cash and cash alternatives, particularly multipurpose, unconditional cash grants, requires a fundamental change to the way UNHCR and its partners deliver humanitarian assistance. UNHCR has established a section to coordinate efforts to ensure policies, procedures, guidelines, support, capacities and partnerships are in place to scale up cash programming in a responsible and effective way. Special funding from the Swiss Agency for Development Cooperation has allowed the organization to reinforce its technical expertise in this area. Supported by a grant from the Humanitarian Aid Department of the European Commission, UNHCR has gathered a consortium of partners, including WFP, UNICEF, Oxfam, the Norwegian Refugee Council, Democratic Republic of Congo, the International Rescue Committee and the Cash Learning Partnership, to develop common approaches to key challenges, such as assessing vulnerability, targeting and data privacy in the delivery of cash-based interventions, including those for the organizations' HIV programmes.
UNICEF	UNICEF supported governments to progressively expand social protection coverage and develop comprehensive social protection systems in 97 countries. Such support took the form of helping to design and implement social transfer programmes, developing social protection strategies and policies and generating evidence. In Africa, UNICEF is helping to design and implement cash transfers in 10 countries, formulate

Organization	Achievement
	<p>social protection strategies and policies in 20 countries, evaluate the impact of cash transfer programmes in 13 countries, and add modules to evaluations to assess the impact on adolescent HIV risk and well-being in five countries. There is emerging evidence of the protective effects of transfers against HIV-related risk behaviours in Malawi, Tanzania, Kenya, South Africa and Zimbabwe, with the effects particularly strong among adolescent girls and young women. Protective effects were validated in qualitative assessments carried out in partnership with the Economic Policy Research Institute in Ghana, Kenya and Lesotho. Qualitative findings show that cash transfers, through different pathways, increase the resilience of adolescents and households and protect against HIV risks.</p>
WFP	<p>WFP reaches HIV/tuberculosis-affected individuals and households through a variety of HIV-sensitive interventions, such as school-feeding programmes, which keep girls in school longer and delay sexual debut, thereby contributing to the reduction of new HIV infections. In Zambia, where more than 1.4 million children are orphaned, many of them as a result of HIV and AIDS, WFP rolled out the Home Grown School Feeding programme to 22 districts in predominantly rural areas, providing hot, nutritious meals to more than 861 000 school children. Through general food distributions, WFP reached vulnerable individuals and households affected by HIV in humanitarian crises to prevent them adopting negative coping mechanisms, such as transactional sex, that increase the risk of HIV transmission. WFP met the basic food and nutrition needs of Ebola-affected families and communities, including people living with HIV, in Guinea, Liberia and Sierra Leone. About 1.7 million beneficiaries were reached with relief WFP food assistance in Malawi, where 24% of targeted households had at least one chronically ill member, a proxy indicator for HIV-affected households. WFP also provided technical support for the review of national social protection strategies and programmes, including in Congo, the Dominican Republic, Ghana, Lesotho, Myanmar and Swaziland.</p>
UN Women	<p>Through the Fund for Gender Equality, UN Women awarded US\$ 1.8 million in grants to civil society organizations in Ethiopia, Malawi, South Africa, Uganda, the United Republic of Tanzania and Zimbabwe. The grants targeted women's groups in marginalized and impoverished communities, including women living with HIV, and aimed to bolster women's livelihoods and economic security. Funded projects pursue a mix of strategies and approaches, including training and capacity development, rights-awareness and legal literacy, mobilizing and organizing self-help groups, and advocacy with community leaders and policy-makers on discriminatory practices or legislation. They aspire to increase household incomes and improve women's access to economic resources and legal support, and are a powerful model of transformational change for women living with HIV and their communities.</p>
ILO	<p>During the past two biennia, the ILO adopted a systematic approach to supporting 30 countries make their social protection policies HIV-sensitive and complements the VCT@WORK initiative.</p> <p>In Indonesia, the ILO provided technical advice during the development of the universal health scheme in 2013 to ensure coverage for people living with HIV was included. As a follow-up in 2014, the ILO helped to establish the national working group to monitor access to the scheme for people living with HIV and take corrective measures if necessary.</p> <p>In Kenya, as part of the UN Joint Group on Social Protection, the ILO supported the inclusion of HIV-sensitive social transfers in the National Social Protection Programme, while in Mozambique, the ILO is helping to revise the basic social protection strategy to address the needs of people living with HIV.</p> <p>The ILO provided technical support to the Government of Ethiopia to develop a national social</p>

Organization	Achievement
	<p>protection policy that focuses on many vulnerable groups, including people living with HIV and affected communities.</p> <p>In Ghana, the ILO works closely with the Luxemburg Ghana Social Trust Project, which provides direct cash transfers to pregnant women for antenatal attendance.</p>
World Bank	<p>The World Bank has increased the evidence base for using HIV-sensitive social transfers by supporting studies in several countries on how conditional cash transfers can reduce sexually transmitted infections, thereby potentially reducing HIV risk. Such transfers have been shown to be effective in Lesotho, Malawi and the United Republic of Tanzania. The Bank has worked with UNICEF to bring social protection, including cash transfers, into global policy dialogue. With the UNAIDS Secretariat, it convened a two-day high-level consultation in Johannesburg that discussed scaling up proven social and structural interventions to prevent HIV transmission. The objective of the meeting was to share research and discuss how it could be translated into practice in the Eastern and Southern Africa region, particularly with regards to cash transfers. The meeting recommended social protection programmes, including cash transfers, be strengthened for the health, education and employment of young women and girls. Following up on this, the World Bank, along with UNICEF and UNAIDS Secretariat, launched a Global Research Network, supported by the Social Protection, Care and Support working group. The network aims to exchange research and innovation, provide the evidence base for scaling up social protection programming and accelerate implementation in this field.</p>
Secretariat and Joint	<p>In January 2014, the World Bank and UNAIDS Secretariat co-convened in Washington, DC, a two-day expert consultation, involving Housing Works, UNICEF and UNDP, which resulted in several key action points to address extreme poverty and AIDS. In March, the World Bank and UNICEF convened the annual Social Protection, Care and Support (SPCS) meeting, drawing researchers and policy-makers to showcase findings on social protection and HIV prevention and strengthen collaboration to expand the evidence base for HIV-sensitive social protection.</p> <p>The ILO, in collaboration with UNAIDS Secretariat, UNICEF, the World Bank and other members of the SPCS working group, launched a global study on access to and the impact of social protection for people living with HIV and their households. Synthesis reports were prepared for four countries, namely Guatemala, Indonesia, Rwanda and Ukraine.</p> <p>SPCS members on the Programme Coordinating Board (PCB), including Housing Works, the ILO, UNICEF, the World Bank, UN Women, WFP, UNDP and the UNAIDS Secretariat, supported the 34th PCB's thematic session on HIV-sensitive social protection and development of PCB recommendations for HIV-sensitive social protection programming. A specific thematic session on the social and economic dimensions of HIV was held and effectively elevated social protection in the work of UNAIDS and its partners. The SPCS members also played an important role in the 35th PCB meetings, ensuring specific outcomes and SPCS-related activities were included in decision points. As a result, cash transfers were included in HIV prevention services for young women, and USAID and the United States President's Emergency Plan for AIDS Relief developed a US\$ 210 million, two-year project to focus on mitigating the specific vulnerabilities affecting young women in 10 Eastern and Southern Africa region countries.</p>

Output B3.1.2 Guidance on HIV sensitive social transfers and effective communication strategies

Core resource expenditure in 2014

Region	UNHCR	UNICEF	WFP	UNDP	ILO	World Bank	TOTAL
Global	78 142	156 650	193 135	118 767	183 876	50 889	781 459
HICs	237 000	34 412	15 989	136 403	156 472	230 903	811 179
AP	21 000	12 860	-	76 759	6 682	11 798	129 099
CAR	-	6 897	-	13 810	-	5 813	26 520
EECA	-	8 621	-	12 875	-	5 959	27 455
ESA	6 000	31 179	58 970	60 745	-	29 931	186 825
LA	2 000	5 747	-	11 170	10 550	11 722	41 189
MENA	82 500	7 759	-	11 223	-	11 340	112 822
WCA	2 000	12 931	-	24 566	11 701	29 765	80 963
TOTAL	428 642	277 057	268 094	466 318	369 281	388 120	2 197 512

Achievements

Organization	Achievement
UNHCR	<p>UNHCR continues to roll out HIV-sensitive cash-based interventions in its operations. Such interventions help reduce risk behaviours by minimizing the need to resort to negative coping mechanisms. Having the means to satisfy basic needs through cash-based interventions can minimize survival sex, which puts girls and women at higher risk of contracting HIV, child labour and neglect, family separation, forced marriage and other types of exploitation and abuse. Cash-based interventions also enhance refugees' dignity, enabling them to determine their own priority needs and to decide how to address them. Cash is often a less visible form of assistance than in-kind aid, reducing the risk of extortion or theft. Examples are the programmes in Burundi, Jordan, Lebanon and Syria. Cash also plays a large part in normalizing a refugee's life in their new environment through economic empowerment and facilitating access to financial services such as banking.</p>
UNICEF	<p>In March 2014, UNICEF and the Economic Policy Research Institute convened a south-south learning event with two core objectives. The first was to disseminate initial findings of UNICEF's HIV-sensitive social protection research, comprising three qualitative country-level studies and a quantitative five-country targeting analysis. The second was to encourage stakeholders to discuss research findings and researchers to share experiences from the qualitative country-level studies to improve the overall quality of the final research products. The event was attended by government and UNICEF representatives, as well as HIV, health and social protection researchers from seven countries in sub-Saharan Africa, and helped finalize the three qualitative reports from Ghana, Kenya and Lesotho.</p> <p>UNICEF, in partnership with the World Bank, is also supporting the Africa Community of Practice on Cash Transfer Programmes, which enables government officials working on social protection in 32 African countries to share experiences.</p>
WFP	<p>WFP finalized publication of an <i>AIDS and Behavior</i> supplement that describes the barriers to HIV and tuberculosis (TB) treatment uptake, adherence and retention in care, and how social transfers, whether in-kind, cash or voucher, can help overcome these barriers. WFP's HIV operation in Ethiopia, funded by the United States President's Emergency Plan for AIDS Relief,</p>

Organization	Achievement
	<p>supports people living with HIV through economic strengthening activities to prevent relapses into food insecurity and ensure sustainable long-term benefits. An external evaluation of operations provided useful evidence for developing and integrating social protection interventions for people living with HIV. WFP created a sub-working group of the Inter-Agency Task Team (IATT) on Food, Nutrition and HIV to gather lessons learned from South Africa's robust experience linking HIV and nutrition programmes to social protection schemes.</p>
<p>UNDP</p>	<p>UNDP supports more than 53 countries in social protection. In nine of these countries, UNDP has worked with governments, development partners, civil society and other stakeholders to make social protection policies and programmes HIV-sensitive, including through operational research, policy guidance and by convening national consultations and workshops.</p> <p>UNDP published a discussion paper that analyses the evidence on cash transfers and HIV prevention, explores key issues and offers strategies for policy, programmes and research. The paper was used to develop a UNDP-endorsed multi-stakeholder policy brief, co-authored by UNICEF and the Economic Policy Research Institute, on how social protection programmes contribute to HIV prevention.</p> <p>UNDP continued to support governments and civil society to use environmental and social impact assessment (ESIA) regulations and practice to release funding from capital projects for HIV prevention, care and treatment. For instance, Botswana, Namibia, Zambia and Zimbabwe jointly developed a five-year plan to support the ESIA review process and monitoring for the Kazungula Bridge project.</p>
<p>ILO</p>	<p>Between the adoption in 2012 of the International Labour Standard on National Social Protection Floors (NSPFs, Recommendation No. 202) and the end of 2014, 74 countries reported either reviewing the NSPFs or updating security systems to align them with the recommendation. To enhance treatment coverage for people living with HIV, the ILO and partners are undertaking HIV-sensitivity assessments. In the Asia and Pacific region, The ILO assessed NSPFs in Cambodia, China, Indonesia, Sri Lanka, Thailand and Viet Nam and followed up with tailored advocacy. Concrete results include:</p> <ul style="list-style-type: none"> - Indonesia's new universal health scheme now includes HIV treatment; - in China, the ILO facilitated policies to reduce the challenges faced by people living with HIV in accessing treatment in general hospitals; - in Thailand the ILO supported the Government to create options for migrant health coverage and HIV treatment; - in Sri Lanka, ILO advocacy convinced three large insurance companies to remove exclusion from HIV treatment and care from their policies. <p>ILO conducted NSPF costings in Ghana, Senegal and Uganda in addition to supporting the extension of social protection coverage to people living with HIV. ILO has also supported the transition of HIV programming from international to domestic funding and strengthened collaboration between government and civil society.</p>
<p>Secretariat and Joint</p>	<p>The UNAIDS Secretariat and Cosponsors developed an HIV and social protection guidance note to help countries plan, implement and include HIV and social protection in Global Fund concept notes. A briefing note developed by the UNAIDS Secretariat for the Global Fund was used to advise and advocate with countries on the inclusion of cash transfers for HIV prevention for young women in East and Southern Africa.</p>

Organization	Achievement
	<p>The International AIDS Conference in Melbourne in July 2014 was an opportunity to share information and showcase country-level success. Presentations on the importance of HIV and social protection included research talks and sessions organized by the World Bank, UNICEF, UNAIDS Secretariat, UNDP, Housing Works and Stop AIDS Now!</p> <p>In Melbourne, UNICEF, the World Bank and the UNAIDS Secretariat led the Global Partners Forum, which brought together almost 100 delegates from government, civil society, academia and bilateral and UN agencies to review evidence and progress, set global priorities and make commitments for the protection, care and support of children affected by HIV and AIDS. The Forum delivered a call to action on protection, care and support for an AIDS-free generation. This was endorsed officially by USAID, the United States President's Emergency Plan for AIDS Relief, the World Bank, UNAIDS Secretariat and the Coalition on Children Affected by AIDS. The call to action offers recommendations and outlines the next steps for the protection, care and support of children in the first and second decades. UNICEF also partnered with the Coalition for Children affected by AIDS in their pre-IAS symposium on early interventions for children born into HIV-affected families.</p> <p>In March 2014, UNICEF and the Economic Policy Research Institute convened a south-south learning event that disseminated initial findings and shared lessons from qualitative and quantitative research that was conducted as part of an HIV-sensitive social protection study. The event was attended by government and UNICEF representatives, as well as HIV, health and social protection researchers from seven countries in sub-Saharan Africa.</p>

Output B3.2.1 National social protection and health financing aligned with best practice

Indicator

Indicator B3.2.1: UN Joint Team contributed to the development of written national health financing and/or social protection strategies which explicitly address(es) HIV

39% of Joint Teams (N=93) undertook a situation analysis of social protection and HIV in 2014; 33% held a consultation on a national social protection floor.

Core resource expenditure in 2014

Region	UNICEF	WHO	World Bank	Subtotal B3.2.1
Global	45 512	41 400	6 967	93 879
HICs	35 095		277 189	312 284
AP	11 782		17 696	29 478
CAR	6 286		8 719	15 005
EECA	7 867		8 899	16 766
ESA	28 557		31 076	59 633
LA	5 280		8 463	13 743
MENA	7 076		3 682	10 758
WCA	11 818		44 648	56 466
TOTAL	159 272	41 400	407 339	608 011

Achievements

Organization	Achievement
UNHCR	<p>UNHCR views sustainability and cost-effectiveness as essential to the success of its programmes. For example, the Global Public Health Strategy 2014–2018 focuses on mainstreaming refugees in the programmes and service delivery mechanisms of national line ministries. In Ghana, UNHCR is working with the Ministry of Health on a three-year plan to enrol refugees in the national health insurance programme. In the Islamic Republic of Iran discussions are under way to provide a public health insurance plan for about 1 million Afghan refugees.</p>
UNICEF	<p>UNICEF is supporting 22 countries formulate social protection strategies and policies that are oriented towards integrated systems and promoting coordination with other social sectors, including health, education and nutrition.</p> <p>Evidence is emerging that cash transfer programmes, coupled with health insurance or other types of health coverage schemes, can play an important part in preventative health. For example, an impact evaluation supported by UNICEF in Ghana in 2013 found that the LEAP (Livelihoods Empowerment against Poverty) programme had significant health impacts on children aged 0–5. In this age group, there was increased preventive care among girls. LEAP households were also 34% more likely to be enrolled in the national health insurance scheme than children in comparison households, and children in LEAP households were 5% less likely to be ill.</p>
World Bank	<p>The World Bank continued to be a major source of financing in more than 70 countries for national social protection floors and systems, which increase safety nets for those orphaned or impoverished by AIDS. Social protection, which for the World Bank comprises social assistance and social insurance programmes, is a powerful tool to reduce poverty and vulnerability. Programmes supported by the Bank include those for income transfers, social safety nets and conditional cash transfers, and others for improving nutrition and health services, promoting childhood education, and developing the skills of poor, high-risk youth.</p>
Secretariat and Joint	<p>UNAIDS Secretariat, UNDP and UNICEF formed a sub-working group to develop a programme to support countries on co-programming and co-financing of HIV and social protection.</p> <p>UNAIDS Secretariat advocated for the inclusion of HIV and Social Protection in the Africa Union Ouagadougou +10 Declaration and five year plan of action for sustainable financing of HIV sensitive social protection.</p> <p>UNAIDS Secretariat and the World Bank co-organised a Consultation on scaling up proven social and structural interventions for prevention of sexual transmission of HIV among young women in East and Southern Africa in July 2014 in Johannesburg. This enabled senior staff from the South Africa for Ministry of Health, Social Welfare and National AIDS Senior staff to review the evidence and explore opportunities for scaling up, co-programming and financing of HIV and Social Protection.</p> <p>UN partners, including the ILO, the World Bank, UNICEF and UNDP, are supporting the establishment of national social protection floors. The floor constitutes a minimum set of security guarantees for income, education and health care. Many countries are in the process of implementing such floors and many more are interested in doing so. This presents an important opportunity for UN partners to ensure that as social protection floors become a reality, HIV treatment, care and support services are included in universal health coverage, and that excluded and marginalized groups, including key populations, are accessing these</p>

Organization	Achievement
	<p>critical social and health services.</p> <p>Country-level progress in Eastern and Southern Africa has been remarkable. In Uganda, UNAIDS with UNICEF's leadership advocated with other partners and saw the Government support the second phase of the Social Assurances Grants for Empowerment (SAGE) programme with a commitment to increase its budget five-fold, from US\$ 2 billion to US\$ 10 billion. In Ethiopia, WFP led UNAIDS efforts in supporting the approval of a new social protection policy was approved by the Council of Ministers. The Government of Lesotho launched its social protection strategy in February 2015 with the support of UNAIDS and the leadership of UNICEF and UNDP, framing a set of comprehensive responses to address the different vulnerabilities, including HIV, that people face throughout the course of their life. In the United Republic of Tanzania, UNICEF, the ILO, and the Economic Policy Research Institute supported an international conference hosted by the Ministry of Finance in December 2014. The three-day meeting in Arusha discussed social protection policy, links with other sector interventions and sustainable domestic financing. In Kenya, UNICEF, the World Bank, the ILO and other development partners finalized plans with the Government for the First National Social Protection Conference Week, held in January 2015. The conference covered social assistance, social security, health insurance and drought resilience, and produced a Joint Call to Action for an integrated national social protection system with enhanced links to other social and productive services.</p>

Output B3.2.2 Sustainable HIV health care financing

Core resource expenditure in 2014

Region	UNICEF	WHO	World Bank	TOTAL
Global	51 618	46 000	36 747	134 365
HICs	17 206	41 400	277 189	335 795
AP	6 430	11 500	17 696	35 626
CAR	3 448		8 719	12 167
EECA	4 310	9 200	8 899	22 409
ESA	15 590	9 200	31 500	56 290
LA	2 874		5 858	8 732
MENA	3 879		3 682	7 561
WCA	6 466	11 500	44 648	62 614
TOTAL	111 821	128 800	434 938	675 559

Achievements

Organization	Achievement
World Bank	<p>The World Bank is committed to sustainable HIV health-care financing as it recognizes that the greatest priorities in the global response today are financing and economics. The Bank is leading a major programme to improve HIV efficiency and sustainability, through HIV allocative efficiency analyses in 15 countries and by developing an HIV financial sustainability diagnostic tool. It has completed financial sustainability studies in four countries.</p> <p>In Indonesia, the Bank is working on integrating HIV and universal health-care vouchers as a blueprint for how HIV could be integrated into existing or new universal health schemes and to</p>

Organization	Achievement
	<p>assess the cost implications of doing so. The Bank has participated in discussions on innovative HIV financing through various publications and at several meetings. The Bank presented innovative HIV financing at a meeting hosted by the International Association of Providers of AIDS Care in partnership with the AIDS Healthcare Foundation, Public Health England and UNAIDS. He provided an overview and specific examples of HIV programme financing at global, regional and national levels, and highlighted the challenges that lie ahead for financing the HIV response. The Bank has emphasized greater domestic financing for national HIV programmes, better integration and using innovative financing as a means to do so.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat facilitated the inclusion of social protection, in particular cash transfers, for HIV prevention in country concept notes to the Global Fund for Kenya, Malawi, Tanzania, Uganda and Zambia. Zambia included Social Health Insurance in its concept note, and Kenya and Uganda included cash transfers for HIV prevention.</p> <p>UNAIDS Secretariat and ILO developed an Advocacy Brief for the Africa Union to support the scale up of social protection programs including health care, unemployment benefits, cash transfers and others to address the needs of vulnerable people including people living with HIV.</p> <p>UNDP, with the London School of Hygiene & Tropical Medicine and the STRIVE research consortium, developed an innovative approach to cross-sectoral financing for structural interventions. Their study, published in the journal <i>AIDS</i>, used the cash transfers trial in the Zomba district of Malawi to prove conventional silo budgeting can lead to under-investment in action on social determinants, even though such investments are cost effective when examining health and development impacts together. To operationalize the cross-sectoral financing approach at country level, UNDP convened an interagency advisory group and with the assistance of the Economic Policy Research Institute developed a set of training materials to introduce the approach to policy-makers, starting with those in sub-Saharan Africa.</p>

Output B3.3.1 Review of National HIV/AIDS strategies for comprehensive response to care and support

Indicator

Indicator B3.3.1: UN Joint Team contributed to universal access to HIV prevention, treatment and care for emergency affected populations

100% of Joint Teams (N=90) contributed to Universal Access through at least one of the following areas in 2014, outlined in the IASC Guidance for Addressing HIV in Humanitarian Settings:

- Targeted information, education and communication (80% of Joint Teams)
- HIV testing and counselling (77%)
- Condom programmes (72%)
- Antiretroviral therapy (70%)
- Prevention and treatment of sexually transmitted infections (68%)
- PMTCT programmes (56%)
- Prevention, diagnosis and treatment of tuberculosis (51%)
- Support to Key populations in the emergency affected area (41%)

Core resource expenditure in 2014

Region	UNHCR	UNICEF	TOTAL
Global	72 000	121 161	193 161
HICs	217 396	103 919	321 315
AP	6 000	37 609	43 609
CAR	-	20 044	20 044
EECA	-	25 073	25 073
ESA	60 000	91 023	151 023
LA	8 000	16 811	24 811
MENA	24 000	22 558	46 558
WCA	12 000	37 609	49 609
TOTAL	399 396	475 806	875 202

Achievements

Organization	Achievement
UNICEF	<p>Through Secretariat coordination at the national and regional level, UNICEF is engaged in national HIV and AIDS strategy assessments, reviews and revisions, and ensures that these HIV and AIDS strategies include either specific social protection, care and support components, or effectively link with national social and child protection policies, strategies and frameworks that address the needs of HIV-affected households and communities.</p> <p>UNICEF is leading two initiatives to strengthen the monitoring and evaluation of integrated social protection, care and support programmes. Through its multiple indicator cluster surveys (MICS), UNICEF is piloting the inclusion of the key indicator for the Social Protection goal – the percentage of poorest households receiving external economic support in the past three months – in the Global AIDS Response Progress Reporting (GARPR). This indicator has not been fully reported in national GARP reports and is rarely based on national household survey data. In 2015 the MICS pilots will be completed in three countries and the key indicator included in upcoming national-scale MICS.</p>
WFP	<p>WFP provided technical assistance to integrate food and nutrition into national strategic plans for HIV and/or tuberculosis (TB) in many countries, including Burundi, the Central African Republic, Ethiopia, Lesotho, Madagascar, Myanmar, South Sudan, Swaziland, Tajikistan, Togo, Zambia and Zimbabwe. WFP ensured its own programmes were aligned with national priorities. As part of its 2014–2017 strategic plan, WFP introduced a framework to engage in national capacity strengthening, using a national capacity index for hunger governance as the key indicator. Following the development of comprehensive guidelines, WFP's HIV and nutrition units have been charged with devising a tailored methodology to measure governance for the food and nutrition response within the overall HIV/TB response. A workshop was held in November 2014 in Rome, attended by all WFP regional bureaux and three country offices, to seek input on the methodology and discuss the potential for interagency alignment. At the 35th PCB meeting in December 2014, WFP worked closely with UNAIDS, the PCB's nongovernmental organization delegation, France, Switzerland and other Member States to ensure nutrition was given adequate mention in a decision point calling for the scale-up and broadening of sustainable social protection that enhances prevention, treatment, care and support programmes for vulnerable individuals and families.</p>
Secretariat and Joint	<p>Through UNAIDS Secretariat coordination at the national and regional level, Cosponsors are</p>

Organization	Achievement
	<p>engaged in national HIV and AIDS strategy assessments, reviews and revisions, and ensures that these HIV and AIDS strategies include either specific social protection, care and support components, or effectively link with national social and child protection policies, strategies and frameworks that address the needs of HIV-affected households and communities.</p> <p>The UNAIDS Secretariat, with inputs from the ILO, the World Bank, UNICEF, Stop AIDS Now!, the United States President's Emergency Plan for AIDS Relief and UNDP, drafted the social protection assessment tool for piloting and use at the country level in 2015.</p>

Output B3.3.2 Strengthened national care and support systems

Core resource expenditure in 2014

Region	UNICEF	WFP	UNESCO	TOTAL
Global	103 236	163 422	54 936	321 594
HICs	103 236	924 066	18 172	1 045 474
AP	38 723	-	4 127	42 850
CAR	20 654	45 143	-	65 797
EECA	25 791	-	-	25 791
ESA	93 681	132 413	41 167	267 261
LA	17 278	28 571	-	45 849
MENA	23 205	27 953	-	51 158
WCA	38 723	142 524	4 470	185 717
TOTAL	464 527	1 464 092	122 872	2 051 491

Achievements

Organization	Achievement
UNICEF	<p>To identify which investments in child protection systems contribute to HIV outcomes, UNICEF undertook a literature review that showed links between child protection violations and HIV risk and impact. As a follow-up, in 2014 UNICEF documented lessons learned and models of synergies in Nigeria, Zambia and Zimbabwe. The report showcases how child protection systems and services link to HIV services to bring better outcomes in both areas. The models that worked at community level were those that focused on referral mechanisms linking vulnerable children, adolescents and families to health, protection, legal and education services. These models were supported by civil society organizations and included such interventions as case management, referral networks and hotlines. Linking child protection and HIV interventions that were led by social welfare or health ministries proved most successful.</p>
WFP	<p>WFP provides food assistance through safety nets, including cash or vouchers, to food-insecure households of people living with HIV, TB-DOTS (tuberculosis-directly observed treatment, short-course) and prevention of mother-to-child transmission clients, as well as households hosting orphans and vulnerable children. Such assistance aims to mitigate the impact of illness on individuals and families, increase treatment uptake and improve outcomes.</p> <p>WFP has been working closely with governments in about eight countries, including the</p>

Organization	Achievement
	<p>Congo, Ethiopia, Lesotho and Mozambique, to provide social transfers to households affected by HIV/TB. These transfers help to compensate for lost income and illness-related expenses, and prevent negative coping mechanisms, such as withdrawing children from school and missing medical visits. WFP's safety nets programme also offers an opportunity to refer households to other programmes providing psychological support, training to acquire new skills, microfinance or other forms of livelihood support. In Lesotho, for example, WFP worked with two local nongovernmental organizations to strengthen the livelihoods of vulnerable HIV-infected and HIV-affected households in two districts by helping to establish five community vegetable gardens run by four support groups, including orphans and vulnerable children.</p>
<p>UNESCO</p>	<p>In 2014, UNESCO expanded its focus on health literacy and school health, which are the key frameworks for promoting the education sector response to the needs of people living with HIV and households affected by HIV. A literature and policy review of school health, including programming, implementation and coordination, was conducted, and partners in school health interviewed. UNESCO provided targeted support to Swaziland, Uganda and Zimbabwe for an in-depth review of their proposed school health policies and to identify best practices.</p> <p>In Cuba in April 2014, UNESCO helped organize a workshop on the health literacy model at a regional conference to promote school health. The organization is collaborating with five Latin American universities to develop a health literacy conceptual framework and measurement instrument.</p> <p>In West and Central Africa, UNESCO participated in a Joint Programme working group initiated by UNICEF to enhance HIV-sensitive social protection systems in the region via integrated activity.</p> <p>UNESCO also contributed to a Ministry of Education study in Botswana to highlight the need to create support groups for learners living with HIV.</p>
<p>World Bank</p>	<p>The World Bank contributes to ensuring people and households affected by HIV have care, protection and support by providing technical assistance for the review of national HIV and AIDS strategies and by directly funding health and social protection systems.</p> <p>The Bank has been providing technical assistance to 29 of the high-priority countries in the form of impact evaluations and allocative efficiency and effectiveness projects. This assistance is crucial when national HIV and AIDS strategies are being reviewed as it helps to ensure comprehensive care and support.</p> <p>The Bank directly finances national care and support systems, and had an active portfolio at the end of 2014 providing more than US\$ 5 billion to health system strengthening projects and almost US\$ 12 billion for social protection across 70 countries.</p>
<p>Secretariat and Joint</p>	<p>The 2014 UNAIDS Secretariat <i>Gap report</i> highlights that cash transfers are a powerful tool for HIV prevention and treatment among young women and people living with HIV.</p> <p>Working in collaboration with Cosponsors, UNAIDS Secretariat developed an HIV Care and Support issues brief to advocate for increased scale up of these interventions.</p> <p>To identify which investments in child protection systems contribute to HIV outcomes, UNICEF and World Vision, together with the Inter-Agency Task Team for children affected by HIV and AIDS, undertook a literature review that showed links between child</p>

Organization	Achievement
	<p>protection violations and HIV risk and impact. The report showcases how child protection systems and services link to HIV services to bring better outcomes in both areas. The models that worked at community level were those that focused on referral mechanisms linking vulnerable children, adolescents and families to health, protection, legal and education services. These models were supported by civil society organizations and included such interventions as case management, referral networks and hotlines. Linking child protection and HIV interventions that were led by social welfare or health ministries proved most successful.</p>

C1: Reducing punitive laws and practices

Output C1.1.1 Movements for HIV-related law reform

Indicator

Indicator C1.1.1: UN Joint Team contributed to building national capacity among policy-makers, law-makers, key populations and communities affected to advocate for reforms in country laws and practices
98% of Joint Teams (N=94) supported to build national capacity in this area in 2014.

Core resource expenditure in 2014

Region	UNHCR	UNICEF	UNDP	UNFPA	ILO	TOTAL
Global	23 235	12 931	158 381	38 714	220 651	453 912
HICs	80 990	6 035	181 842	9 837	246 779	525 483
AP	9 940	6 969	61 452	26 000	1 169	105 530
CAR	-	1 688	18 402	-	-	20 090
EECA	500	7 005	34 312	-	-	41 817
ESA	33 708	1 976	69 434	54 774	-	159 892
LA	4 400	2 622	14 857	-	4 316	26 195
MENA	28 529	1 688	29 910	-	-	60 127
WCA	5 277	2 155	43 607	-	9 226	60 265
TOTAL	186 579	43 069	612 198	129 325	482 141	1 453 312

Achievements

Organization	Achievement
UNHCR	In 2013–2014, UNHCR, together with the United States-based Organization for Refugees, Asylum and Migration (ORAM), held asylum-seeker and refugee protection training events for lesbian, gay, bisexual, transgender and intersex (LGBTI) persons on claims to refugee status based on sexual orientation and/or gender identity. The training events, which took place in Cameroon, Chad, Ethiopia, India, Jordan, Kenya, Malaysia, Senegal and Uganda, focused on general sensitization to LGBTI issues, protection challenges for displaced LGBTI persons and adjudicating asylum claims based on sexual orientation and/or gender identity.
UNICEF	In the Ukraine cities of Dnipropetrovsk, Kriviy Rog, Kyiv and Poltava, UNICEF supported efforts from 2011–2014 to prevent mother-to-child transmission among pregnant women using drugs. The beneficiaries included 209 such women (49% of whom were living with HIV) and their infants. UNICEF helped strengthen the capacity of 120 healthcare and social workers from governmental and nongovernmental facilities to work with pregnant women using drugs. At project sites, the organization worked with government and civil society partners, nongovernmental organizations, including the All Ukrainian Network of People living with HIV and the International AIDS Alliance, and other HIV and harm reduction services. This work has laid the foundation for changes to laws and policies that restrict people who use drugs from accessing broader health services. As a result, not a single case of mother-to-child transmission was identified during the project. Among 79 children born to women living with HIV who use drugs, all received early infant diagnosis (EID) with DNA polymerase chain

Organization	Achievement
	reaction at one month.
UNDP	<p>UNDP helped five countries In Latin America (Costa Rica, El Salvador, Guatemala, Panama and Uruguay) revise their HIV laws and to present such revisions to parliaments in Costa Rica, Honduras and Uruguay. It also helped review gender identity laws in El Salvador, Guatemala and Nicaragua. In the Dominican Republic UNDP supported advocacy to remove punitive articles from HIV legislation and provided technical support for drafting a non-discrimination law.</p> <p>Advocacy led to the Government of Djibouti committing to ratify the Arab Convention on HIV Prevention and the Protection of the Rights of People Living with HIV.</p> <p>UNDP supported analytical studies in China, Indonesia, Malaysia, Myanmar and Pakistan on HIV and the law. In Pakistan, this process led to Sindh province passing a HIV and AIDS control, treatment and protection bill, the first such law in southern Asia.</p> <p>In Africa, UNDP supported law review and reform in Lesotho, Namibia, Swaziland and the United Republic of Tanzania, including successful efforts in the Democratic Republic of the Congo to prevent anti-homosexuality legislation. Its work led to legal protections for people living with HIV being introduced in Chad and to HIV transmission being decriminalized in a law passed in Mozambique. UNDP also supported an anti-stigma bill passed in Nigeria.</p>
UNFPA	<p>UNFPA brought police and the sex worker community together in China and Ghana to increase rights-based policing and reduce arbitrary arrest, violence, discrimination, condom confiscation and barriers to HIV services. The punitive custody and education centres for sex workers in China were discontinued.</p> <p>UNFPA helped review regulatory frameworks affecting key populations in several countries. Occupational health and safety standards for sex workers were improved in China and Colombia. Viet Nam's sex work ordinance was amended to include harm reduction programming and human rights protection. Legal support was provided to people living with HIV and key populations in Georgia. Thailand removed parental consent requirements for adolescent HIV testing and counselling. A series of legal and policy reviews occurred across the Eastern and Southern Africa region on adolescent sexual and reproductive health and rights, and gender-based violence, including for lesbian, gay, bisexual, transgender and intersex youth in schools.</p> <p>The sexual and reproductive health/HIV needs of prisoners were addressed in Albania and Togo, where condoms and HIV testing and counselling were promoted. In the Eastern Europe and Central Asia region the organization helped strengthen the partnership between the Sex Workers' Rights Advocacy Network (SWAN) and the HIV Legal Network.</p>
ILO	<p>The ILO helped 47 countries reform laws and engage tripartite constituents to review HIV legislation through normative guidance and by providing advocacy, technical, resource mobilization and direct funding support. In 2014 in Malawi, the ILO helped develop a draft HIV and AIDS law. In Nigeria, the ILO, along with UNODC, UNDP, UNAIDS and UN Women, supported the National AIDS Agency for the Control of AIDS to draft an HIV anti-stigma bill, which was passed by both houses of parliament and signed into law by the president, to protect workers living with HIV from unfair discriminatory practices. In Tanzania, the ILO</p>

Organization	Achievement
	<p>provided normative support to the Ministry of Labour and Employment to develop an HIV and AIDS code of conduct and to the Tanzania Commission for AIDS (TACAIDS) to assess the legal environment for HIV and AIDS in mainland Tanzania and Zanzibar.</p> <p>The ILO provided technical support to ensure HIV-related protections for workers, including those against compulsory testing and disclosure, were included in the Mongolian Labour Code. Technical support was also provided to the Guinean Chamber for Mines, the Kenya Prisons Service and the Kenyan Ministry of Labour, Social Security and Services to develop rights-based workplace HIV policies.</p>
<p>Secretariat and Joint</p>	<p>The Joint Programme supported community-led advocacy against sex worker compulsory testing and detention in Tajikistan and homophobic legislation in Kyrgyzstan. UNAIDS Secretariat, jointly with the Inter-Parliamentary Union, conducted a dialogue with some Kyrgyz MPs, members of a working group established to revise the homophobic bill. The dialogue aimed to promote effective rights-based law-making for the HIV response in Kyrgyzstan; in follow-up, the Secretariat and IPU provided official comments on the bill.</p> <p>In West and Central Africa, UNAIDS Secretariat carried out capacity building for the judiciary and parliamentarians to support the response to HIV through their role of legislators, with more than 150 judges, prosecutors, law enforcements agents oriented on HIV and Human Rights in Benin, Côte d'Ivoire, DRC and Senegal.</p> <p>In the Caribbean and Eastern Europe and Central Asia, the Secretariat held regional workshops on integrating human rights into HIV national strategic plans and frameworks, including Global Fund concept notes, bringing together key stakeholders across the region as well as Cosponsors.</p> <p>In Asia Pacific, the Regional Interagency Team on HIV/AIDS, led by UNESCAP, UNDP and UNAIDS Secretariat, organized dialogues in 19 countries to review legal and policy barriers to services for people living with HIV and key populations. Such efforts to implement the recommendations of the Global Commission on HIV and Law influenced the Government of Bangladesh to recognize transgender persons.</p> <p>UNESCO, UNFPA, UNAIDS Secretariat and partners conducted a review of legal and policy barriers in Asia Pacific to HIV and sexual and reproductive health information and services.</p> <p>Interventions by the UN Joint team ensured a homophobic bill was removed from the Ukraine parliament agenda.</p> <p>In Cambodia, the ILO and UNFPA helped develop regulations on working conditions, occupational safety and health for entertainment service enterprises, including entertainment workers, to prevent coercion, violence and sexual abuse.</p> <p>UNDP, with UNFPA, held a technical experts consultation to advance the Global Commission on HIV and the Law's recommendations on sex work. The consultation set the agenda for the UNAIDS Sex Work Steering Committee, which has made removing punitive laws and decriminalizing sex work a priority.</p>

Output C1.1.2 National coalitions for the removal of legal barriers to HIV programmes

Indicator

Indicator C1.1.2: UN Joint Team contributed to advocacy and reporting on removal of legal barriers to HIV prevention, treatment, care and support

Since 2012, a growing number of Joint Teams have recorded that national coalitions have, with UNAIDS support, actively advocated for the removal of legal barriers hindering access to HIV prevention, treatment and support. This is enumerated for the following key populations (comparison between 2012 and 2014 JPMS surveys):

- Sex workers (from 44% to 74%)
- Men who have sex with men (45% to 67%)
- People living with HIV (51% to 67%)
- Young people (39% to 66%)
- Migrant/mobile populations (28% to 52%)
- Prison inmates (27% to 47%)
- Transgendered people (30% to 43%)
- People who inject drugs (25% to 41%)
- People with disabilities (19% to 35%)

88% of Joint Teams (N=94) provided support in at least one of the following areas in 2014:

- National dialogues on HIV and the law
- Legal environment assessments
- Advisory support to law development and law reform processes

Core resource expenditure in 2014

Region	UNICEF	UNDP	UNFPA	ILO	UNESCO	TOTAL
Global	38 615	39 576	38 714	147 101	-	264 006
HICs	34 125	76 379	-	134 724	29 530	274 758
AP	-	15 382	-	3 007	24 677	43 066
CAR	-	4 592	-	-	-	4 592
EECA	-	8 562	49 805	-	-	58 367
ESA	43 213	17 338	-	-	5 881	66 432
LA	-	3 741	2 228	8 632	-	14 601
MENA	-	7 464	-	-	-	7 464
WCA	43 249	10 892	-	9 452	-	63 593
TOTAL	159 201	183 926	90 746	302 916	60 088	796 877

Achievements

Organization	Achievement
UNICEF	<p>In the Philippines, UNICEF, with input from UNFPA, UNAIDS Secretariat and the National Youth Council, organized high-level policy dialogues on legal reform for adolescent health and rights. UNICEF advocated for further articulation within the Reproductive Health Law and the Senate bill no 148 on proxy consent, and on the role of non-state providers of essential commodities and services. In a country where those aged under 18 require parental consent to access sexual and reproductive health and HIV services, UNAIDS helped refer minors for such services by supporting community-based models.</p> <p>UNICEF prioritized policy reform in Myanmar to remove age barriers to enable adolescents to</p>

Organization	Achievement
	<p>access HIV testing and treatment services, and supported efforts that led the Government of Thailand to declare in September 2014 that children under 18 did not require parental consent to access such services.</p>
UNDP	<p>UNDP played a key role in HIV law-making efforts in Africa. It supported the East African Community (EAC) in analysing how partner states' HIV laws align with the new EAC HIV bill, and helped the Economic Community of West African States (ECOWAS) draft a minimum HIV law package for Member States to adopt.</p> <p>UNDP helped establish the Africa Regional Judges' Forum on HIV, Human Rights and the Law, which convened its initial meeting in Johannesburg, South Africa, in October 2014. The first forum comprised judges from Botswana, Kenya, Malawi, Namibia, South Africa, Swaziland, the United Republic of Tanzania and Zimbabwe. It focused on the barriers to HIV, health and other services that laws and criminalizing provisions pose for women and girls, people living with and at higher risk of HIV and key populations that include men who have sex with men and transgender people, sex workers, people who use drugs and incarcerated populations. The forum agreed to form an expert group for judicial excellence in the context of HIV, human rights and the law in the region.</p>
ILO	<p>ILO's partnerships with civil society helped remove legal barriers to HIV services for key populations, such as sex workers, men who have sex with men and migrants. In Asia, ILO supported Cambodia, India, Thailand and Viet Nam research the working conditions, safety and access to health services for sex workers. In Cambodia, a Ministry of Labour policy clarified that entertainment and sex workers were entitled to protection under the labour law, while in China, the ILO-supported legal aid hotline has provided counselling services to about 1000 people living with HIV and other key populations. A handbook on 100 frequently asked questions was updated and disseminated among key populations in 2014. In India, an ILO study sought to document the challenges faced by lesbian, gay, bisexual, and transgender populations at work and how they can be addressed. In West and Central Africa, seven countries were provided with advice when reviewing their HIV workplace policies on men who have sex with men, sex workers, mobile and migrant workers and young people</p>
UNESCO	<p>UNESCO and Joint Programme partners continued to help remove legal and policy barriers that prevent young people exercising their right to HIV and sexual and reproductive health information and services. UNESCO and UNFPA co-hosted a satellite session during the Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) in Manila in January 2014. The session, themed 'What's the law got to do with it? Examining legal and policy barriers affecting young people's access to SRH information and services', drew more than 60 youth, government and civil society representatives, and its recommendations were reflected in the Manila Challenge outcome document.</p> <p>UNESCO gave technical assistance to the Government of the Philippines for a UNICEF/UNAIDS/WHO Town Hall meeting in December 2014. The meeting, titled Young people's rights and access to services, resulted in a national commission on law, access and options.</p>
Secretariat and Joint	<p>At the International AIDS Conference in Melbourne in 2014, UNAIDS Secretariat, UNDP and</p>

Organization	Achievement
	<p>the Inter-Parliamentary Union convened a global meeting for 70 parliamentarians to share best parliamentary practice in responding to HIV.</p> <p>In the Dominican Republic, UNAIDS Secretariat, collaborating with the United Women's Movement, the National Council on HIV and AIDS and partners, supported a bill to recognize sex work and provide comprehensive care for sex workers.</p> <p>In Côte d'Ivoire and Comoros, UNAIDS Secretariat supported HIV legislation with protective provisions for people living with HIV.</p> <p>UNAIDS Secretariat supported the roll-out of its guidance note on <i>Ending Overly Broad Criminalisation of HIV</i>. Civil society networks used the UNAIDS guidance note in Canada, Denmark, Kenya, Norway, Sweden and the USA as a critical tool for challenging overly broad criminalisation of HIV non-disclosure, exposure and transmission.</p> <p>In Nigeria, the Joint Programme supported advocacy and provided technical support for the development HIV and AIDS Anti-Discrimination Act, specifically prohibiting discrimination based on HIV status and providing for rights and dignity of people living with HIV. The Act was adopted in January 2015.</p> <p>Advocacy by UNDP, UNFPA and UNAIDS Secretariat has helped halt abusive police actions targeting sex workers in Kyrgyzstan and Tajikistan, while UNFPA convened a consultation with police and key populations in China and Ghana to promote rights-based policing and reduce arbitrary arrest, discrimination and barriers to HIV services for sex workers.</p> <p>WHO, UNODC, UNDP, UNFPA and UNAIDS Secretariat cosponsored a meeting in Amsterdam on police and HIV convened by the Law Enforcement and HIV Network and the International Development Law Organization.</p> <p>UNDP, in partnership with UNFPA, UNODC, ILO, UNHCR, UNICEF, UNAIDS Secretariat and the Global Fund, developed a guidance document for UN staff, <i>Preventing and responding to HIV-related human rights crises</i>. Launched in October 2014, the guidance details the advance steps that can be taken to prepare for a human rights crisis, emphasizing the importance of coordinated country action</p> <p>The ILO provided training to judges in Portugal and Brazil on the labour rights of persons living with HIV and members of other key populations, including lesbian, gay, bisexual, and transgender persons, sex workers, migrant workers and prisoners. A European Union-funded training event in Lisbon in April 2014 reached about 100 labour judges from Portugal and 12 other countries in the EU. Another training event held in Brasilia in October 2014 reached more than 200 federal and regional labour court judges. This event had a direct impact on a decision issued in January 2015 by a Brazilian regional labour court that found in favour of a worker dismissed due to her HIV status. The ruling cited the ILO judicial training handbook and recommendation No. 200.</p>

Output C1.2.1 Evidence on stigma and discrimination in support of legal reform

Indicator

Indicator C1.2.1: UN Joint Team contributed to Stigma Index implementation

12 countries published a Stigma Index Report in 2014 with Joint Team Support. Since 2008, 63 countries have published a Stigma Index Report; the process is supported by IPPF, UNAIDS, GNP+ and ICW.

Core resource expenditure in 2014

Region	UNHCR	UNDP	UNESCO	UNFPA	ILO	TOTAL
Global	20 000	99 017	112 101	97 187	171 618	499 923
HICs	75 800	113 684	136 292	8 139	206 102	540 017
AP	2 500	38 379	8 212	-	2 004	51 095
CAR	-	11 531	-	18 266	-	29 797
EECA	-	21 500	61 119	92 002	-	174 621
ESA	14 000	43 449	41 167	-	-	98 616
LA	2 500	9 327	-	-	5 755	17 582
MENA	17 800	18 741	-	-	-	36 541
WCA	2 400	27 269	44 491	-	10 126	84 286
TOTAL	135 000	382 898	403 382	215 594	395 605	1 532 479

Achievements

Organization	Achievement
UNDP	<p>UNDP developed guidance documents on how to conduct legal environment assessments and national dialogues to advance the findings and recommendations of the Global Commission on HIV and the Law. The documents have been used to pursue law reform and the remove punitive legislation in several countries.</p> <p>UNDP in Latin America supported the Central American Network of People Living with HIV to analyse results from the Stigma Index in four countries. As a result an abridged version of the report from Honduras was produced along with six fact-sheets presenting main findings.</p>
UNESCO	<p>In response to a study revealing that most school curricula across the West and Central Africa region did not adequately address gender and key populations, UNESCO helped develop 20 classroom activities to counter stigma, discrimination, and violence. The tools continue to be adapted to sociocultural norms in selected West African countries, including the Democratic Republic of the Congo, Ghana and Nigeria. UNESCO produced a Teaching Respect for All toolkit for reviewing educational policy and practices to support safe and tolerant learning environments, including for people living with HIV and young key populations. Pilot projects were implemented in Côte d'Ivoire, Guatemala, Indonesia, Kenya and Brazil.</p> <p>In Kyrgyzstan, UNESCO helped develop two teacher-training modules that address stigma and discrimination against people living with HIV, and violence in schools. The organization cooperated with the national in-service teacher training institute in Kazakhstan to train school officials in ways to reduce stigmatization and discrimination against people living with HIV.</p>
ILO	The ILO embedded the VCT@WORK Initiative to reach 5 million workers with voluntary and

Organization	Achievement
	<p>confidential HIV counselling and testing in strategies and programmes to reduce stigma and discrimination in the workplace. In Tanzania, to enhance the uptake of voluntary and confidential HIV counselling and testing (VCT), the ILO commissioned a study that examined the levels, magnitude and impact of HIV-related stigma and discrimination in selected public and private sectors on the mainland and in Zanzibar. In Ghana, Mozambique and South Africa, ILO and UNAIDS Secretariat supported National AIDS Councils conduct a Stigma Index study in the workplace and use the VCT@WORK Initiative as one of the ways to address the relatively high levels of HIV-related employment discrimination. In India, as part of the VCT@WORK Initiative, ILO, civil society organizations and partners developed communication materials to address stigma and discrimination; the voices of people living with HIV were used to demystify HIV testing. In Cambodia, ILO helped the Ministry of Labour introduce awards recognizing enterprises that implement effective non-discriminatory HIV workplace programmes.</p>
<p>World Bank</p>	<p>The World Bank has sought to reduce stigma and discrimination for people living with HIV and other key populations through its analytical work and by financing projects that address these groups. The Bank supported a study in Uganda on how information can help to engage beneficiaries and lead to better quality health care and outcomes. The study found health education helped reduce HIV/AIDS stigmatization, highlighting its potential to change social views on the disease.</p>
<p>Secretariat and Joint</p>	<p>In July 2014, UNAIDS Secretariat led the development of the <i>Gap report</i>, the first UNAIDS flagship report to focus on key populations that are left behind in the HIV response. The report discussed how these populations are left behind, including the legal and social reasons, and suggested responses to these.</p> <p>In West Africa, the Secretariat focus on the Stigma Index and subsequent policy programme included guidance to networks of PLHIV and advocacy with national AIDS commissions at the 5th ECOWAS multisectoral committee meeting on the HIV response. This contributed to the completion of Stigma Indexes in five countries (Chad, Ghana, Liberia, Sierra Leone and Togo). Studies were underway or being prepared in eight other countries.</p> <p>UNAIDS Secretariat advocated alongside civil society partners, led by the International Center for Research on Women and GNP+, to include questions used to construct stigma and discrimination indicators in the Demographic and Health Survey standard questionnaire. The Secretariat worked with other partners in efforts led by Health Policy Project to develop indicators on stigma and discrimination in healthcare settings, which were endorsed by the UNAIDS Monitoring and Evaluation Reference Group (MERG) Indicator Review Panel.</p> <p>In collaboration with UNAIDS Secretariat and UNDP, the ILO developed a manual on the rights of lesbian, gay, bisexual and transgender (LGBT) workers that was published in 2014. The manual highlights the principles and provisions of international laws that protect the workplace rights of LGBT workers, particularly the key principles of ILO recommendation No. 200.</p> <p>The ILO and UNAIDS Secretariat continued their collaboration with the African Union (AU) to prepare a protocol for troop and police contributing countries and the AU to guide HIV-related actions in support of peacekeepers, other military personnel and civilian populations. The draft protocol is being considered by the AU's peace support and operation division.</p> <p>UNFPA, UNDP and UNAIDS Secretariat co-led a study on violence against sex workers in</p>

Organization	Achievement
	<p>Indonesia, Myanmar, Nepal and Sri Lanka, illustrating how police violence and lack of protection negatively impact on HIV responses and sex worker access to services. Policy recommendations were developed to address the issues raised.</p> <p>UNDP with UNFPA held a technical experts global consultation on the Global Commission on HIV and the Law's recommendations on sex work. These deliberations set the agenda for the UNAIDS Sex Work Steering Committee, prioritizing punitive laws and decriminalization, and stigma and discrimination as the key areas for action.</p>

Output C1.2.2 Access to HIV-related legal services and legal literacy increased

Core resource expenditure in 2014

Region	UNDP	TOTAL
Global	118 767	118 767
HICs	136 359	136 359
AP	46 070	46 070
CAR	13 776	13 776
EECA	25 687	25 687
ESA	52 055	52 055
LA	11 170	11 170
MENA	22 392	22 392
WCA	32 715	32 715
TOTAL	458 991	458 991

Achievements

Organization	Achievement
UNICEF	<p>UNICEF developed a policy that outlines its commitment to uphold the rights of all children, irrespective of their actual or perceived sexual orientation or gender identity, and to promote all children's rights to a safe and healthy childhood free from discrimination. UNICEF is working with regions and countries, and with its partners, on how to best implement this policy within its 2014–17 strategic plan, and is collecting programme, policy and research examples to guide future actions.</p>
UNDP	<p>UNDP organized a meeting for Andean countries in the Latin American region to strengthen the capacity of legal service providers to ensure better access to justice for people living with HIV and other key affected populations. Participants from Bolivia, Colombia, Ecuador, Peru and Venezuela included directors of legal services at law faculties and legal aid clinics, litigation officials and representatives from ministries of justice, Ombudsman offices and civil society groups. This activity was co-organised with the International Development Law Organization and UNAIDS.</p> <p>UNDP co-created and supported a regional HIV legal network providing people living with HIV</p>

Organization	Achievement
	<p>and key populations most at risk of HIV with access to quality and affordable legal aid in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation and Ukraine. From January–September 2014 more than 1200 requests for legal assistance were processed, including 24 online requests through a new secure system.</p> <p>In Africa, UNDP strengthened the capacity of organizations of people living with HIV in Chad to tackle discrimination and stigmatization. In the Democratic Republic of the Congo, men who have sex with men and sex workers, prosecutors, prison wardens, civil servants and provincial parliamentarians were trained in human rights and HIV. In Malawi, civil society organizations have strengthened their technical capacity to act as <i>amicus curiae</i> (friend of the court) in the High Court case against sodomy laws.</p>
UN Women	<p>UN Women continued to build significantly on its nine-country initiative in sub-Saharan Africa on women's legal empowerment and access to property and inheritance rights in the context of HIV. It strengthened alternative means to resolve disputes and community justice systems (Kenya, Nigeria and Uganda), strove to increase women's legal awareness and literacy (Kenya, Nigeria, Uganda, the United Republic of Tanzania and Zimbabwe) and developed the capacity of community-based organizations, grass-roots networks and paralegals to respond to and/or refer women living with HIV to appropriate legal and social services (Nigeria, Uganda, the United Republic of Tanzania and Zimbabwe). In Nigeria, UN Women supported training for law enforcement agents, the judiciary and other justice-sector workers on upholding the property and inheritance rights of women living with HIV. UN Women also shared lessons learned from its regional programme on property and inheritance rights in the context of HIV at an expert group meeting on plural legal systems, gender and HIV, convened by UNDP in Ethiopia.</p>
Secretariat and Joint	<p>To assist courts make important decisions on HIV, UNAIDS Secretariat has appeared as a "friend of the court", or <i>amicus curiae</i>, in two cases in 2014: before the High Court of Malawi in the Republic v Mussa Chiwisi, the Republic v Mathew Bello and the Republic v Amon Champyuni to test the constitutional legality of laws criminalizing homosexuality; and in the European Court of Human Rights in the case of Kurmanayevskiy and others v Russia, in which the ban on opioid substitution therapy in Russia has been challenged. Both cases are pending.</p> <p>UNAIDS Secretariat supported the International Community of Women Living with HIV/AIDS (ICW) to develop a regional advocacy campaign in Eastern and Southern Africa to raise awareness of the violation of sexual and reproductive rights of women living with HIV, specifically related to coerced sterilizations. In November 2013, UNAIDS Secretariat supported the African Commission on Human and Peoples' Rights to adopt resolution 260 on involuntary sterilization and the protection of human rights in access to HIV services. In 2014, the resolution was persuasive in a successful challenge in the Supreme Court of Namibia, which held that involuntary sterilization violated human rights.</p> <p>In Latin America, UNAIDS Secretariat, the Inter American Commission on Women, and the Organisation of American States developed a Manual to strengthen the Human Rights of women living with HIV in Latin America.</p>

C2: Addressing HIV-related restrictions

Output C2.1.1 National coalitions for removal of discriminatory HIV-related travel restrictions

Indicator

Indicator C2.1.1: UN Joint Teams contributed to national advocacy for the removal of discriminatory HIV-related travel restrictions

In 2014, three countries (Australia, Comoros and Tajikistan) have either lifted or clarified that there they have no HIV-specific travel restrictions. 18 Joint Teams in countries where HIV related travel restrictions exist indicated that they had contributed to national advocacy for their removal.

Since 2011, 11 countries, territories or areas have removed their restrictions or have officially clarified that they do not apply such HIV-related travel restrictions. HIV-related travel restrictions still existed in 38 countries, territories or areas at the end of 2014.

Core resource expenditure in 2014

Region	UNHCR	UNDP	ILO	TOTAL
Global	10 000	8 239	98 067	116 306
HICs	77 998	9 459	31 451	118 908
AP	4 000	7 691	3 675	15 366
CAR	-	2 313	-	2 313
EECA	-	4 312	-	4 312
ESA	6 000	4 471	-	10 471
LA	2 000	1 844	10 551	14 395
MENA	2 580	3 759	-	6 339
WCA	6 500	5 446	-	11 946
TOTAL	109 078	47 534	143 744	300 356

Achievements

Organization	Achievement
UNDP	UNDP continued its efforts to support the ratification of the Arab convention for HIV prevention and protection of the rights of People living with HIV, which was adopted by the Arab Parliament in 2012. Article 13/4 of this convention call for free movement of people living with HIV and more specifically; the right to maintain their residency and work in the host countries. The national Parliament and government of Djibouti agreed to ratify the convention as the first country.
Secretariat and Joint	<p>In 2014, UNAIDS supported three countries to remove, or clarify that they do not have, HIV-related restrictions on entry, stay and residence.</p> <ul style="list-style-type: none"> In Tajikistan in March 2014, the Joint Team's technical support, advocacy and oversight contributed to an amended HIV law removing all HIV-related restrictions on entry, stay and residence. In the build-up to the 2014 International AIDS Conference in Melbourne, UNAIDS Secretariat worked with Australian authorities to clarify whether the country's HIV-related regulations restricted travel, in the process, strengthening its collaboration with civil society organizations, including people living with HIV. The Secretariat also

Organization	Achievement
	<p>engaged government departments, including health, justice and immigration. In July 2014, UNAIDS welcomed Australia's commitment to ensure people living with HIV do not face automatic exclusion or unequal treatment when applying for entry, stay or residence.</p> <ul style="list-style-type: none"> • In Comoros in July 2014, the Secretariat supported the adoption of HIV legislation with protections for people living with HIV and no HIV-related travel restrictions. <p>UN Joint Teams in Belarus, Egypt, Fiji, Malaysia, Papua New Guinea and Sudan provided support to civil society and government leaders to review legislation with a view to eliminating HIV-related restrictions on entry, stay and residence.</p> <p>UNAIDS Secretariat collaborated with UNHCR, UNDP and ILO to review policies, regulatory frameworks and practices in Gulf Cooperation Council (GCC) countries, as well as other migrant-receiving countries Lebanon and Jordan. In 2014, a concept note and methodology were finalized and shared with selected GCC countries for discussion.</p> <p>At a workshop on migration and development coordinated by the Economic and Social Commission for Western Asia and the International Organization for Migration in Cairo in September 2014, ILO presented a session with UNAIDS Secretariat and WHO on migrants' access to health services, including HIV-related services. This session, attended by representatives from 10 migrant-receiving GCC countries, highlighted HIV-related travel restrictions and their impact on migrant workers' access to health.</p>

C3: Addressing HIV-specific needs of women and girls

Output C3.1.1 Action and budget for women and girls in national AIDS plans

Core resource expenditure in 2014

Region	UNICEF	UNDP	UNFPA	UN Women	WHO	TOTAL
Global	50 145	79 191	74 320	268 050	55 200	526 906
HICs	39 441	90 921	5 800	427 107	69 000	632 269
AP	27 731	30 689	-	66 113	9 200	133 733
CAR	-	9 184	-	57 269	-	66 453
EECA	-	17 125	34 628	120 340	12 420	184 513
ESA	33 119	34 717	-	155 589	13 800	237 225
LA	-	14 857	-	53 715	4 600	73 172
MENA	-	14 928	-	44 955	5 980	65 863
WCA	28 593	16 338	-	10 340	13 800	69 071
TOTAL	179 029	307 949	114 748	1 203 479	184 000	1 989 205

Achievements

Organization	Achievement
UNICEF	In UBRAF-priority countries in the Eastern and Southern Africa region, UNICEF has sought a key role for its country teams in developing national strategic frameworks, combining prevention strategies and plans and Global Fund concept notes to ensure a substantial focus on adolescents, especially adolescent girls. Regional office technical assistance focused on promoting risk-reduction behaviours among adolescent girls. Technical assistance was provided to UBRAF-priority countries to strengthen condom programming, scale out HIV testing and counselling services, improve the quality of voluntary medical male circumcision for adolescents, and apply adolescent health standards to adolescents living with HIV.
WFP	WFP has been updating its gender policy for 2015–2020, based on the evaluation of the previous policy, Promoting gender equality and the empowerment of women in addressing food and nutrition challenges, presented to WFP's executive board in February 2014. The report highlights HIV/AIDS as a priority area for gender programming. Gender-sensitive approaches have already been incorporated into WFP's activities at the regional and country levels. In West and Central Africa, WFP is working to ensure food distributions take into account the specific needs of women. In Cameroon, the Central African Republic, Côte d'Ivoire and Ghana, nongovernmental partners at distribution points were trained to prioritize the needs of women, including those affected by HIV/AIDS. In Congo, shops where e-vouchers can be exchanged for food have been selected for their convenient locations, making food access and transport easier for women. In Swaziland, training for Food-by-Prescription (FbP) assistance included gender-sensitive food distribution, and guidance on how to tailor nutrition counselling and support to different clients.
UNDP	UNDP supported gender-responsive and human rights-based HIV responses in more than 20 countries and promoted sex-disaggregation of data as a key component of gender-responsive public investments and budget frameworks. UNDP supported gender integration into a range of HIV-related policies and legislation. For

Organization	Achievement
	<p>example, in Nigeria, the gender-based violence and HIV readiness assessment was incorporated into the country's UN Development Action Framework (UNDAF). In Nicaragua, UNDP helped UNAIDS conduct a gender assessment of the national HIV response, and in Jamaica and Somalia, to integrate HIV into draft sexual offences bills. In Papua New Guinea UNDP helped integrate HIV prevention, treatment and care into antenatal facilities.</p> <p>UNDP assisted national partners' environmental and social impact assessments (ESIA), increasing funding from capital projects for gender-responsive HIV programming in at least eight countries. For example, Lesotho improved its analysis of HIV and gender in ESIA reports, while Mozambique included HIV and gender integration in ESIA's in the new HIV national strategic plan.</p> <p>UNDP developed technical guidance to help countries integrate gender into national strategic plans and Global Fund processes, resulting in greater attention to the gender dimensions of HIV in Global Fund concept notes and programming in at least eight countries, including for example technical guidance for country coordinating mechanisms in Pakistan, Global Fund dialogues in Zambia and concept notes in Kyrgyzstan.</p>
<p>UNFPA</p>	<p>UNFPA supported an HIV workshop for its staff and key stakeholders on the linkages between sexual and reproductive health and rights (SRHR) and HIV in the Arab states. The workshop aimed to create 'fear-free and fearless' UNFPA country offices for HIV programming for the benefit of women and girls, and to develop country-specific HIV/SRHR linkages in Lebanon, Somalia, Sudan and Tunisia. UNFPA influenced national plans through SRHR-related recommendations for implementing the Global Plan (See A2). The document <i>Connecting HIV and SRHR in the post-2015 development agenda</i>, prepared by a UNFPA-led task group of the UNAIDS and Lancet Commission on Defeating AIDS - Advancing Global Health, contributed to integrating SRHR in sustainable development goals. Through a Global Fund memorandum of understanding, UNFPA was able to influence concept notes in 13 priority countries, addressing SRHR, including for adolescent girls. In Albania and Somalia, UNFPA supported incorporating actions for women and girls in national HIV strategic plans, including through gender assessments of the AIDS response, which in Somalia was done with UNAIDS Secretariat.</p>
<p>UN Women</p>	<p>UN Women established and co-convened with the Global Fund a technical working group comprising Cosponsors (UN Women, UNDP, UNFPA, WHO), partners, donors and civil society organizations. The group itemized prospective interventions and mapped the technical support required by countries and partners seeking to integrate gender equality in Global Fund concept notes. To promote a gender-responsive governance approach to the HIV response, UN Women produced an advocacy kit demonstrating how integrating gender equality in policies, programmes and budgets, and advancing the leadership of women living with HIV, can achieve transformational change. The kit features results and lessons learned in Cambodia, Jamaica, Kenya, Papua New Guinea and Rwanda under the European Commission-UN Women programme, which supported gender equality in the context of HIV and AIDS (2009-2013). This programme demonstrated the progress and changes that are possible when investments carry commitments on gender equality in the HIV response. These tools helped integrate gender interventions in new and existing national strategic plans in Cape Verde, Georgia, Indonesia, Kazakhstan, Kenya, Liberia, Morocco, United Republic of Tanzania, Thailand and Uganda, and in Global Fund concept notes in Indonesia, Tunisia and Uganda.</p> <p>UN Women supported mid-term reviews of national strategic plans in seven countries to identify opportunities to integrate gender equality. In Indonesia, a review of gender-responsive</p>

Organization	Achievement
	<p>budgeting for the HIV response resulted in increased government action to monitor gender-responsive actions. In Kazakhstan, technical support helped prioritize women's needs, including increased access to HIV prevention, antiretroviral therapy and opioid substitution therapy.</p>
<p>UNESCO</p>	<p>UNESCO launched in 2011 the Global Partnership for Girls' and Women's Education, known as Better Life, Better Future, with a focus on improving the quality of education for girls and women at the secondary level and in the area of literacy, including through life-skills and sexuality education. Since then, UNESCO has provided technical support to Ethiopia, Nigeria, Pakistan, Senegal, and the United Republic of Tanzania as part of the Global Partnership. The Malala Funds-in-Trust for Girls' Right to Education was launched and provincial-level activities initiated in Pakistan. Through Procter and Gamble support, UNESCO contributed to improving access to information and communications technology-based literacy and life skills education for an estimated 60 000 girls and women in Nigeria and 40 000 in Senegal. In Ethiopia, there were efforts to improve and expand skills-based health education as part of the second phase of the Packard Foundation's Crowdsourcing Girls' Education project.</p> <p>UNESCO also supported countries to mainstream gender in teacher training institutions through the <i>Guide for gender equality in teacher education policy and practice</i>, which was piloted in 10 countries and addresses the need for gender-sensitive support services for staff and students, including people living with HIV.</p>
<p>World Bank</p>	<p>The World Bank, in partnership with the UNAIDS Secretariat and Cosponsors, regularly provides technical assistance to help governments improve their national AIDS plans, gender being a key focus of this assistance.</p> <p>The Bank has provided crucial evidence for gender-transformative HIV strategies. Specifically, it has financed and conducted studies in several African countries to examine the social dimensions of transmission in young women, including a trial of different incentives, such as conditional and unconditional cash transfers, and/or a lottery system, provided to adolescent girls and their families to determine the impact on retention in school and the risk of HIV infection. The Bank is developing tools to examine sexual risk for vulnerable girls, including three questionnaires developed in conjunction with the Government of Swaziland that address sexual and reproductive history, with a focus on intergenerational and transactional sex, experiences with education, barriers to attendance, and family influences.</p> <p>The Bank's technical assistance to Gabon and Niger's HIV programmes helps bring focus and resources to female sex workers, a group traditionally under-served in HIV programmes.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat in collaboration with World Bank and UNICEF convened a high-level meeting on proven social and structural interventions to prevent sexual transmission of HIV in Eastern and Southern Africa (ESA). More than 40 participants from ministries of social welfare, health and national AIDS authorities from seven ESA countries developed plans to scale up cash transfer programmes. UNAIDS and partners have developed evidence on the key role of integrated cash transfers in preventing sexual transmission of HIV among young women, and as a result, cash transfers are included in HIV prevention services for young women. USAID and the United States President's Emergency Plan for AIDS Relief have developed a US\$ 210 million, two-year project to focus on mitigating the specific vulnerabilities affecting young</p>

Organization	Achievement
	<p>women in 10 Eastern and Southern Africa region countries.</p> <p>UNAIDS has developed several tools to help integrate gender equality and human rights throughout the planning cycle of HIV prevention and treatment, including the UNAIDS gender assessment tool for national HIV responses, which is specifically designed to support the development or review of national strategic plans (NSP) and to inform submissions to country investment cases and the Global Fund. The gender assessment tool has been implemented in more than 30 countries.</p> <p>The UNAIDS family developed the capacities of national AIDS councils and ministries of health to integrate gender into HIV policies and programmes. In Kenya, for example, the UN Joint Team, led by UNFPA, the UNAIDS Secretariat, UNDP, WHO and UNICEF, provided technical support to the Ministry of Health to develop a national prevention revolution roadmap to optimize efficiency in managing HIV and to prevent up to 75% of new HIV infections by 2019. With human rights and gender at its centre, the roadmap prioritizes women and girls and an enabling environment for key populations to access HIV services. Its recommendations were adopted in the new Kenya AIDS Strategic Framework.</p>

Output C3.1.2 HIV in national gender plans and women's human rights frameworks

Core resource expenditure in 2014

Region	UNHCR	UNDP	UNFPA	UN Women	UNESCO	TOTAL
Global	20 000	79 191	39 116	97 569	112 101	347 977
HICs	101 000	90 921	6 547	334 630	227 138	760 236
AP	12 000	30 689	-	55 671	16 465	114 825
CAR	-	9 184	-	40 701	23 355	73 240
EECA	-	17 125	-	100 330	-	117 455
ESA	12 200	34 717	-	82 745	5 881	135 543
LA	4 200	14 857	-	58 000	49 993	127 050
MENA	2 600	14 928	-	12 401	7 145	37 074
WCA	2 540	16 338	848	20 500	66 683	106 909
TOTAL	154 540	307 949	46 511	802 547	508 761	1 820 308

Achievements

Organization	Achievement
UNHCR	<p>Action against sexual and gender-based violence: an updated strategy 2011, which highlights links with HIV, UNHCR operations and partners provide assistance for sexual and gender-based violence (SGBV) using a five-year, multisectoral approach. The strategy integrates an age, gender and diversity approach. Twenty-five operations had developed five-year strategies by the end of 2014. UNHCR staff and partners in 41 countries received support in developing and monitoring SGBV strategy via six regional workshops. UNHCR funded multisectoral projects in aid of SGBV prevention and response, contributing to better quality services for those who have experienced SGBV and strengthening preventive measures, including: educational and recreational activities for youth in refugee camps in Chad; engaging internally</p>

Organization	Achievement
	<p>displaced persons (IDPs), especially men, in South Kivu in the Democratic Republic of the Congo to prevent SGBV; improving interagency data collection and monitoring SGBV activities for IDPs in Colombia; and providing safe spaces in the Bolivarian Republic of Venezuela, Ecuador, Haiti and Georgia. These projects delivered quality counselling and recreational activities to those who had experienced SGBV as well as women and girls at risk in 15 countries, with new approaches, such as art therapy, being introduced for refugees in Ecuador and Georgia.</p>
UNDP	<p>Among its key achievements, UNDP contributed to strengthening enabling legal and policy environments and supporting better access to justice for women and girls affected by HIV in more than 41 countries.</p> <p>UNDP led an experts meeting on gender and HIV in plural legal contexts. The meeting helped build a strong network that benefitted from south-south learning and will produce a guidance tool on access to justice for women affected by HIV in plural legal contexts in 2015.</p> <p>UNDP strengthened the capacity of networks of women affected by HIV in China and India to implement the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), fostering links between national networks and the International Women's Rights Action Watch Asia Pacific (IWRAP AP), which trained them in advocacy and implementing the convention, resulting in specific reference to HIV and violence against sex workers in CEDAW's concluding comments published in 2014 in the country reports.</p> <p>In Nigeria, UNDP worked with UNAIDS Secretariat, UN Women and UNFPA to strengthen the capacity of 36 staff from the Ministry of Health and the Ministry of Solidarity on Gender, Human Rights and HIV/AIDS. It also supported the country's Network of Parliamentarians on HIV/AIDS, Human Rights and Gender to develop and implement a national strategic plan on gender-based violence and HIV.</p>
UNFPA	<p>UNFPA contributed to commercial sex worker lobbying at the CSW (Commission on the Status of Women) for a resolution on Women, the Girl Child, and HIV, reached consensus on the challenges and achievements in implementing the Millennium Development Goals and provided input on a joint HIV statement by UNAIDS Secretariat. UNFPA supported the Ministry of Social Policy's move to mainstream HIV into Ukraine's UN Committee on the Elimination of Discrimination against Women (CEDAW) report, with particular emphasis on access to sexual and reproductive health (SRH) and HIV services for those women living with HIV and from key populations, including women who use drugs.</p> <p>As a result of UNFPA advocacy, the Ukraine report covers vulnerable women and access to HIV/SRH services and human rights. UNFPA also helped the Ministry of Youth and Sport develop a state programme on youth for 2016–2020 based on needs identified by young people themselves, particularly a healthy lifestyle. In Gabon, UNFPA provided technical assistance to a study on sexual and reproductive health and the human rights of women living with HIV, and for an operational plan and budget that integrates interventions to end gender inequality and reduce stigma. UNFPA Botswana supported the Gender Affairs Department to mobilize the community on gender-based violence, HIV and gender equality.</p>
UN Women	<p>In eight countries (Cambodia, Dominica, Jamaica, Nigeria, Malawi, Saint Vincent and the Grenadines, United Republic of Tanzania and Kazakhstan), UN Women integrated HIV into</p>

Organization	Achievement
	<p>gender equality strategies and national action plans on violence against women. In Cambodia, this support resulted in revisions to the National Policy on Women, the Girl Child and HIV/AIDS/STIs (sexually transmitted infections) and a policy brief on gender and HIV. In Malawi, UN Women contributed to a gender and HIV strategy to strengthen the AIDS response of the Ministry of Gender, Children, Disability and Social Welfare. In the United Republic of Tanzania, UN Women helped the National AIDS Commission review its gender operational plan, reinforce efforts to prevent gender-based violence and provide services to vulnerable groups and key populations in the national multisectoral strategic framework.</p> <p>UN Women used CEDAW reporting processes to enhance advocacy for women's HIV rights and engage networks of women living with HIV. In China and Viet Nam this has resulted in networks of women living with HIV offering alternative reports to the CEDAW oversight committee. In China, it informed the draft of the new HIV national strategic plan. UN Women also supported nationwide dialogues on the recent CEDAW concluding comments. Such dialogue led to recommendations on the specific needs of women living with HIV being incorporated into Kazakhstan's upcoming gender equality strategy and Tajikistan's national action plan on CEDAW.</p>
<p>UNESCO</p>	<p>Early and unintended pregnancy is linked to HIV and other health risks and impacts on girls' and young women's right to education. UNESCO convened a global consultation in South Africa in November 2014 attended by more than 30 participants, comprising representatives from ministries of education and health, plus bilateral, UN and civil society partners. A global guidance document will be produced in 2015.</p> <p>The Eastern and Southern Africa Ministerial Commitment includes a specific objective to reduce unintended pregnancies, gender-based violence and child marriage. As a result, in Kenya the adolescent SRH policy is being revised to include a re-entry policy for teenage mothers. Lesotho, Malawi, Swaziland and Zambia are conducting studies on rites of passage to reinforce the positive traditional SRH rights of adolescents and young people.</p> <p>Recognizing that a lack of information and sanitary facilities can impede women and girls' right to education, UNESCO teamed with UNICEF, WHO, Procter & Gamble and academia to publish a booklet, <i>Puberty education and menstrual hygiene management</i>, in March 2014 at the Commission on the Status of Women. The accompanying press release was picked up in 39 countries, with media coverage by Al Jazeera, Reuters and TIME, and 5.6 million social media hits. The publication has been disseminated to more than 12 800 people.</p>
<p>Secretariat and Joint</p>	<p>In Viet Nam, the UNAIDS Secretariat, UNDP, UNICEF and UN Women supported consultations to revise laws on family and marriage, social insurance and civil status to better reflect gender equality and to remove discriminatory provisions against vulnerable groups, such as children, women, lesbian, gay, bisexual and transgender persons, people living with HIV and key populations at risk of HIV. These consultations helped to remove an article forbidding same-sex marriage in the law on family and marriage and broadened eligible target groups for compulsory social insurance.</p> <p>Enabling legal and policy environments are critical to effective AIDS responses. The UNAIDS family supported legal reform to promote gender equality and human rights and eliminate stigma, discrimination and violence related to HIV, encouraging access to HIV prevention, treatment and support. UNAIDS Secretariat, UNDP, UNFPA, UN Women and WHO partnered</p>

Organization	Achievement
	<p>with ministries involved in national AIDS responses to develop multisectoral gender and HIV programming. In Cambodia, for example, through technical support to the Ministry of Women's Affairs, HIV is integrated into the five-year Strategic Plan on Gender Equality and Women's Empowerment.</p> <p>Similarly, in Mozambique, the UN Joint Team on AIDS supported government and civil society to pass an HIV law that decriminalizes HIV transmission and to revise the civil code and other relevant legislation to better protect women. In Jamaica, through technical and policy advice as well as partnerships with parents, communities and schools, the Joint UN Team on HIV, in particular UNESCO, UNFPA, UNICEF and UNDP, supported the Adolescent Policy Working Group and the Ministry of Health to submit recommendations on the statutory review of the Sexual Offences Act to increase young people's access to sexual and reproductive health information and services without requiring parental consent. Some 50 parliamentarians received training on enabling legal environments, human rights and gender equality from the UNAIDS Secretariat, UN Women, UNFPA and UNDP, which contributed to a protective law for people living with HIV being adopted in Côte D'Ivoire. These organizations provided technical support to the Network of Parliamentarians for a national strategic plan on gender-based violence and AIDS.</p>

Output C3.1.3 Social movements for HIV-specific needs of women and girls

Indicator

Indicator C3.1.3: UN Joint Team contributed to strengthening national capacity among civil society organizations and networks in promoting gender equality including to engage men and boys

99% of Joint Teams (N=94) provided support to strengthen national capacity among civil society organizations and networks in this area in 2014.

Core resource expenditure in 2014

Region	UNICEF	UNDP	UNFPA	UN Women	ILO	UNESCO	TOTAL
Global	51 977	118 767	71 074	183 450	159 359	56 073	640 700
HICs	39 405	136 359	6 547	386 714	172 340	68 146	809 511
AP	27 731	46 070	63 166	24 560	1 036	16 465	179 028
CAR	-	13 776	-	4 000	-	-	17 776
EECA	-	25 687	-	110 000	-	-	135 687
ESA	33 119	52 055	-	12 560	-	58 858	156 592
LA	-	22 286	-	30 567	8 057	-	60 910
MENA	-	22 392	-	23 040	-	2 382	47 814
WCA	28 629	24 526	848	37 144	18 002	22 245	131 394
TOTAL	180 861	461 919	141 635	812 036	358 794	224 169	2 179 414

Achievements

Organization	Achievement
UNICEF	UNICEF, together with UNDP in the Asia and Pacific region, developed a report that includes

Organization	Achievement
	<p>evidence, strategies and approaches on HIV prevention among intimate partners that was produced and launched at the Men Engage global symposium in New Delhi in 2014. At the symposium, the UNICEF Regional Office for South Asia presented on the HIV-specific needs of women and girls, and how engaging men and boys contribute to addressing these needs. A dissemination strategy that includes webinars, infographics on IPT issues and electronic dissemination of the report at various regional forums is currently being discussed.</p>
<p>WFP</p>	<p>WFP programmes ensured that food and nutrition assistance reached women directly, that their needs were duly considered in designing interventions and that they had the opportunity to take on leadership roles. In the Republic of Congo, for example, women living with HIV were responsible for preparing and distributing food to malnourished clients receiving antiretroviral therapy. They also led cooking demonstrations, which improved their self-esteem and respect among peers.</p> <p>To promote gender equality, social and health workers were trained on WFP's gender objectives to sensitize beneficiaries on gender issues. The WFP regional bureau for Latin America and the Caribbean coordinated a regional workshop on nutrition and HIV in Guatemala to share best practices between WFP staff, local community actors and government officials. The workshop included a site visit to a local project led by a national nongovernmental organization supported by WFP. The visit allowed participants to experience first-hand the structure, components, opportunities and challenges of the Women Friends project, a self-sustaining microbusiness that benefits women living with HIV in a poor region of Guatemala.</p>
<p>UNDP</p>	<p>In partnership with the Asia Pacific Network of People Living with HIV (APN+), UNDP developed a toolkit for protecting women's rights at healthcare settings in Nepal. Other partners, including the International Community of Women with HIV/AIDS, will help roll out the toolkit in other countries in 2015.</p> <p>UNDP's Karama initiative was highlighted as a regional development solution during the first South-South Development Expo in the Arab states, held in Doha, Qatar, in 2014. Karama, an Arabic word meaning dignity, addresses the needs of women living with HIV through 17 civil society organizations, reaching more than 1300 beneficiaries in seven countries and nearly 300 micro-projects.</p> <p>UNDP supported south-south learning and engaging women living with HIV with sex worker rights networks; for example, the Eurasian Women's Network on AIDS and the Sex Workers Action Network (SWAN).</p> <p>In Zambia, a multisectoral national dialogue on HIV and the law was coupled with targeted south-south exchanges for law enforcement agencies to increase awareness of women and adolescent girls' HIV and gender and rights.</p>
<p>UNFPA</p>	<p>UNFPA continued to support activist networks and organizations engaged in policy dialogue to improve the HIV and sexual and reproductive health (SRH) of women's and girl's lives.</p> <p>Financial and substantive support was provided to sex work networks and the Global Network of People living with HIV (GNP+) and the International Community of Women Living with HIV (ICW) to shape policy through the voices of women living with HIV and other key populations.</p>

Organization	Achievement
	<p>The GNP+/ICW survey, the <i>Quality of family planning services and integration in prevention of vertical transmission context; perspectives and experiences of women living with HIV and service providers in Cameroon, Nigeria and Zambia</i>, influenced programming for rights-based elimination of mother to child transmission and family planning.</p> <p>In South Africa and Botswana, male support for gender equality and preventing gender-based violence (GBV) was strengthened via the One Man Can toolkit. UNFPA Botswana supported a 12-episode radio series and eight listener call-in programmes on SRH, HIV/GBV prevention, condoms, and gender equality; trained 20 media personnel, resulting in increased coverage of adolescent sexual and reproductive health issues; and reached 1372 marginalized young people and 4059 community members through cultural dialogues, focus group discussions, youth engagement sessions and other outreach addressing GBV, HIV and gender, cultural and social norms.</p>
UN Women	<p>UN Women identified strategic opportunities for women living with HIV networks to engage in high-level policy dialogues, thereby supporting a new generation of leaders in more than 30 countries.</p> <p>With the UN Regional Economic and Social Commissions in Africa, Asia Pacific, the Arab states, Latin America and Europe and Central Asia, UN Women supported regional reviews of the implementation of the Beijing Platform for Action (BPfA), a major political platform on gender equality and women's rights. It arranged for representatives of women living with HIV, and in the case of Cambodia, a lesbian, gay, bisexual and transgender representative, to participate in these reviews. As a result, women influenced the civil society forums and outcome documents from interministerial meetings, highlighting gaps in implementing the BPfA and calling for action on: gender-based violence and HIV links; the leadership, participation and rights of women living with HIV, including sexual and reproductive health and rights; and comprehensive sexuality education. The outcomes of these regional reviews will feed into the 59th Commission on the Status of Women.</p>
ILO	<p>In 2014, ILO provided technical advice to 32 countries on gender activities and helped national stakeholders deliver gender-sensitive, transformative initiatives. ILO's efforts to reduce HIV-related vulnerability among young women are embedded within a broader economic enhancement approach. Women and girls in Malawi, Mozambique, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe received support from ILO and UNAIDS, in partnership with the Southern African Development Community, to implement a Corridor Economic Empowerment Project and HIV Vulnerability Reduction Programme. Focusing on young women in the informal economy, the programme, which aims to deliver HIV and AIDS services along with entrepreneurial skills, led to an increase in the proportion of women practising safer sex, a 72% increase in average profits and a 58% increase in expenditure on education.</p> <p>In Kenya, ILO Women's Entrepreneurship and Development and Economic Empowerment (WEDEE) project helped women living with HIV strengthen their psycho-social support group using the ILO Get Ahead tool. The project encouraged women to generate incomes and provided links to financial service providers and markets.</p>
UNESCO	<p>UNESCO supports social movements that address the HIV needs of women and girls through</p>

Organization	Achievement
	<p>peer education and information and communications technology. These initiatives provide comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) information in an informal setting.</p> <p>Launched in 2012, the UNESCO virtual classroom projects established information technology platforms on CSE and SRH in China, Jamaica, the Russian Federation and Zimbabwe. In Jamaica, UNESCO worked with national officials on Teen 360, a virtual platform that engages young women and men as advocates and promotes information exchange through television, radio, Facebook, Twitter and Instagram. In China, partnership with the Baidu Knows search engine on the Youth@Knows virtual classroom resulted in 400 000 users receiving information on gender equality, diversity, discrimination and gender-based violence (GBV). The first comprehensive website for adolescents on CSE and SRH in the Eastern Europe and Central Asia region, teenslive.info, was expanded to the Republic of Moldova and Ukraine in addition to the Russian Federation.</p> <p>In the Caribbean, the UNAIDS Regional Support Team, UNESCO and UNFPA organized a consultation on advocacy for HIV and sexual and reproductive health and rights for young people (Grenada, November 2014). The consultation yielded youth-led action plans to engage key stakeholders to tackle barriers to SRH services and rights.</p>
<p>Secretariat and Joint</p>	<p>The Secretariat and Cosponsors supported greater coordination and strategic planning among women living with HIV, sex workers, transgender people and harm reduction organizations in the Eastern Europe and Central Asia region. They provided technical assistance and capacity development to the Eurasian Women’s Network on AIDS. Representatives of national networks of women living with HIV from 11 countries defined an overall mission and developed a three-year and annual workplan focusing on addressing violence and identifying areas of joint collaboration with other regional organizations. The Secretariat, UNDP, UNFPA and UN Women provided technical support to networks of women living with HIV and sex worker organizations to develop Global Fund concept notes in about 15 countries, including Kyrgyzstan and Tajikistan.</p> <p>Convened by UNAIDS Secretariat Regional Support Team with the Government of Algeria, the League of Arab States and UN Women, a high level meeting of Arab women leaders working on HIV was convened in Algeria. It resulted in a call to action on addressing the sexual and reproductive health (SRH) needs of young people through youth-friendly SRH/HIV services, and promoting an enabling environment to end stigma and discrimination against women living with HIV through partnerships with media and religious leaders.</p> <p>In Latin America, the Secretariat, the Inter-American Commission on Women and the Organization of American States launched the online manual on using evidence and strategic information to improve HIV programming for women and girls.</p> <p>UN Women, the Secretariat and Sonke Gender Justice provided technical assistance and strengthened the capacities of the African Queens and Women Cultural Leaders’ Network, a platform that addresses cultural practices that undermine the sexual and reproductive health rights of women and girls and exacerbate their vulnerabilities to HIV.</p> <p>Women and girls are important partners in the advocacy, development, implementation and M&E of gender-responsive HIV programmes. In over 30 countries UNAIDS family efforts focused on developing the capacity for women living with HIV and their networks to engage in policy reviews and national strategic plans. For example, support from the UNAIDS Secretariat</p>

Organization	Achievement
	<p>and Cosponsors to the Asia Pacific Interagency Task Team (IATT) on Women, Girls, Gender Equality and HIV helped key affected women and girls shape regional and international policy and decision-making. Led by UN Women, with technical contributions from IATT partners, the UNZIP the Lips Campaign mobilized the voices of women living with and affected by HIV and influenced the outcomes of: the Asian and Pacific Conference on Gender Equality and Women's Empowerment: Beijing+20 Review, the 2014 International AIDS Conference, the International Conference on Population and Development 2014 review, and the post-2015 dialogues.</p>

C4: Stopping gender-based violence

Output C4.1.1 Evidence on GBV and HIV linkages for action

Core resource expenditure in 2014

Region	UNHCR	UNICEF	UNDP	UNFPA	UN Women	UNESCO	WHO	TOTAL
Global	10 000	103 272	111 529	71 074	100 240	115 916	55 200	567 231
HICs	88 990	57 329	72 357	27 359	587 794	204 438	55 200	1 093 467
AP	10 000	44 111	25 984	-	12 340	24 677		117 112
CAR	-	-	7 777	-	40 230	23 355		71 362
EECA	500	-	14 500	2 002	31 356	6 092		54 450
ESA	15 600	52 660	29 402	8 567	70 500	35 286		212 015
LA	8 000	-	12 580	56 430	4 050	49 993		131 053
MENA	13 500	-	12 640	-	9 004	2 382		37 526
WCA	5 620	45 547	13 833	848	20 438	13 358		99 644
TOTAL	152 210	302 919	300 601	166 280	875 952	475 495	110 400	2 383 857

Achievements

Organization	Achievement
UNHCR	<p>UNHCR's Safe from the Start initiative notes the lack of quantifiable impact assessment data and tools for designing sexual and gender-based violence (SGBV) prevention and response programmes in humanitarian emergencies. As a result the initiative will develop sound assessment tools and methodologies to strengthen evidence-based child protection and HIV and SGBV prevention and response interventions. In 2014, methodological approaches and tools were refined, based on the pilot assessment conducted in Rwanda in December 2013, and field-tested in baseline assessments in Ethiopia and Iraq. In 2015, the initiative will focus on data analysis, producing baseline assessment reports and refining and disseminating measurement tools; in 2016, end line/impact assessments will be conducted, culminating in a final assessment report.</p>
UNICEF	<p>In collaboration with the United States Centers for Disease Control and Prevention and Together for Girls, a global public-private partnership dedicated to ending violence against children, with a focus on sexual violence against girls, UNICEF conducted a series of national studies on violence against children in the Eastern and Southern Africa region. Evidence emerging from the surveys shows that:</p> <ul style="list-style-type: none"> girls that have experienced sexual violence in childhood are more likely than those who have not experienced sexual violence to engage in sexual risk-taking behaviour. only a small fraction of the respondents that have experienced sexual violence seeks and receives a service after their experience. <p>In 2014, to support implementation of the recommendations of the UN Study of Violence against Children, UNICEF's Regional Office for Latin America and the Caribbean developed a toolkit to address child sexual abuse using a community-based approach, outlining national and local coordination mechanisms and a comprehensive monitoring framework. This tool is</p>

Organization	Achievement
	<p>intended to guide country offices' work on preventing violence based on community mobilization and engagement. The toolkit and a variety of communication and advocacy materials for the Break the Silence initiative mean country offices are in a strong position to scale up their interventions.</p>
<p>UNDP</p>	<p>In Papua New Guinea, UNDP's support resulted in a gender-based violence (GBV) strategy with HIV as a key focus. The strategy addresses the links between violence and HIV transmission and increases programming for GBV and HIV services.</p> <p>UNDP launched a regional initiative with the Caribbean Vulnerable Communities, the International Community of Women living with HIV Latina and others to address violence against HIV-affected women and girls in healthcare settings</p> <p>Along with UNFPA, the Asia Pacific Network of Sex Workers, the Centre for Advocacy on Stigma and Marginalisation and the UNAIDS Regional Support Team, UNDP supported an innovative study to address violence against sex workers. Sex workers were centrally involved in conducting the research as peer interviewers, supported by qualitative researchers in four country studies in Indonesia, Nepal, Sri Lanka and Myanmar. The research will be used to support policy and legislative advocacy.</p> <p>UNDP, with UNFPA, UNAIDS Secretariat and UN Women, supported south-south learning for the Eurasian Women's Network on AIDS. Representatives of national associations of women living with HIV from 11 countries (Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Georgia, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan) took part in capacity-building activities and received training to gather evidence on the link between GBV and HIV.</p>
<p>UNFPA</p>	<p>UNFPA has consistently sought to have gender-based violence (GBV) recognized as a cause and consequence of HIV, which is reflected in its work on sexual and reproductive health and rights (SRHR) and HIV linkages.</p> <p>The SRH/HIV linkages website (www.srhivlinkages.org) increased stakeholders' commitment to addressing GBV and HIV, with thousands of site visits during 2014. UNFPA helped develop the HIV SRHR linkages country snapshot template, index of indicators and indicators <i>Compendium</i>, including the intimate partner violence indicator. UNFPA in the Republic of South Africa supported a study on violence against women, which is the first national effort to gather and analyse data on the scale, determinants, consequences and responses to such violence.</p> <p>UNFPA reviewed implementation of the 365 Days National Action Plan to End GBV, endorsed by the technical teams of the social, justice, crime prevention and security clusters, which will shape the country's national strategic plan on GBV.</p> <p>In Belize, UNFPA provided technical assistance to the National Women's Commission for a symposium on masculinity and GBV. During the symposium, 100 men from different walks of life developed an understanding of the links between gender inequality, masculinity and GBV, and made plans to develop men's organizations to address this issue.</p>
<p>UN Women</p>	<p>UN Women supported efforts to generate data on gender-based violence (GBV) that can feed into national development planning. It helped collect data and validate HIV responses in public services targeting HIV and violence against women (VAW) in Argentina, Brazil, Colombia, Peru and Uruguay, using the <i>Guide for monitoring the inclusion of VAW at the national level of the</i></p>

Organization	Achievement
	<p><i>AIDS response and the implementation of the UNAIDS agenda for women and girls.</i></p> <p>Through the UN Trust Fund to End Violence Against Women, UN Women supports the Coalition of Women Living with AIDS (COWLHA) to generate evidence on the effectiveness of the Stepping Stones methodology in preventing intimate partner violence against women living with HIV in 12 districts in Malawi. COWLHA engaged women, men and traditional leaders to challenge the norms that fuel abuse. These communities have been mobilized to advocate for more effective laws, including one criminalizing marital rape.</p> <p>In West Africa, UN Women worked on the intersections of GBV, HIV and maternal health. Health-care workers and civil society organizations have strengthened their capacity to identify GBV cases and provide integrated GBV and HIV services. A series of radio and theatre programmes were organized to promote behaviour change while highlighting discrimination and harmful traditional practices.</p>
<p>UNESCO</p>	<p>UNESCO is leading international efforts to address gender-based violence in schools due to perceived sexual orientation or gender identity. In 2014, UNESCO collaborated with its Permanent Delegations from Colombia, the Netherlands, Norway, Thailand and Uruguay to hold a seminar on protecting the right to education of lesbian, gay, bisexual and transgender children and young people to commemorate Human Rights Day</p> <p>A regional consultation was convened in Bogota in September 2014 with participants from Argentina, Brazil, Chile, Colombia, Cuba, El Salvador, Mexico, the Netherlands, Peru, Uruguay and the USA. It was the first time senior officials from ministries of education and civil society organizations in the region had met to review evidence of school-related gender-based violence and share best policy and practice.</p> <p>A study on sexuality, gender and diversity was launched in Botswana, Lesotho, Namibia, South Africa and Swaziland. In West and Central Africa, classroom modules on gender and diversity are being developed with national officials from three countries.</p> <p>UNESCO Beijing addressed school-related gender-based violence in a review report on the Convention to Eliminate all Forms of Discrimination Against Women (CEDAW) and helped nongovernmental organizations draft the shadow report for the 59th CEDAW committee to include violence and discrimination experienced by the lesbian, gay, bisexual and transgender community in China.</p>
<p>World Bank</p>	<p>The World Bank has provided significant investment in gender-transformative HIV strategies, including knowledge building and tools for evaluating gender-based HIV risks. The World Bank is supporting a study in Zimbabwe on integrating HIV and sexual and reproductive health services, including those related to gender-based violence (GBV). This study will determine the impact of the programme on coverage of GBV services. The Bank also has a comprehensive HIV and gender programme; its most recent <i>Global development report</i> focused on gender-related issues.</p>
<p>WHO</p>	<p>WHO and partners published several documents synthesizing the evidence on preventing and responding to gender-based violence (GBV), including in a HIV context. This evidence is being disseminated to countries to strengthen capacities for a public health approach to preventing and responding to violence against women (VAW). Specifically these include: a <i>Lancet</i> series</p>

Organization	Achievement
	<p>on violence against women and girls, bringing together evidence on effective strategies for prevention and health systems response to VAW; a systematic review of prevalence and correlates of violence against sex workers; and a special issue of the <i>Journal of Adolescent Health</i> on adolescent sexual and reproductive health and rights, with evidence on comprehensive sexuality education, sexual and reproductive health services, preventing GBV, youth participation and creating enabling environments for adolescent sexual and reproductive health and rights.</p>
<p>Secretariat and Joint</p>	<p>UNAIDS Secretariat worked with Cosponsors and civil society partners to raise awareness of violence against women as a human rights violation. Through its publications <i>Women living with HIV speak out against violence</i> and <i>Unite with women unite against violence</i>, UNAIDS sought to draw attention to this issue while raising the voices of women living with HIV at global forums, such as the Commission on the Status of Women.</p> <p>UNAIDS Secretariat worked with ATHENA Network to publish <i>Community innovations to address gender-based violence and HIV</i>. The document includes women from key populations, including female sex workers, transgender women and women who use drugs or whose partners use drugs, highlighting their particular risks and vulnerabilities to HIV and violence.</p> <p>In response to widespread forced sterilization of women, especially women living with HIV, transgender and intersex persons, the UN Human Rights Commission, UN Women, UNAIDS Secretariat, UNDP, UNFPA, UNICEF and WHO jointly published <i>Eliminating forced, coercive and otherwise involuntary sterilization</i>, which recommends legal, policy and service-delivery actions. It draws on lessons from historical and contemporary practices and is anchored in international human rights norms and standards. WHO, in collaboration with UNFPA and UN Women, published a handbook on health care for women subjected to intimate partner violence or sexual violence.</p> <p>To mitigate the risk of HIV infection for children and adolescents, especially girls and young women, UNESCO, UNICEF and UN Women advanced evidence and action on school-related gender-based violence (SRGBV) in the Asia and the Pacific region. Initiatives included:</p> <ul style="list-style-type: none"> ● a social media campaign on International Women’s Day; ● releasing an SRGBV infographic in English and 13 other languages on the International Day of the Girl Child; ● policy advocacy and skills-building in several policy-making forums, such as the World Conference on Youth, the Asia and Pacific Beijing +20 Review, the second MenEngage Global Symposium, and the United Nations Girls’ Education Initiative Regional Forum on Gender Equality in Education; ● developing activity-based SRGBV curriculum for secondary schools. <p>In Eastern and Southern Africa, the ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WHO and WFP supported initiatives to raise awareness of zero tolerance for gender-based violence. UNESCO commissioned a five-country study on SRGBV in southern Africa to generate evidence for developing educational policies and practices that promote safe schools for all young people, including lesbian, gay, bisexual, transgender and intersex youth.</p>

Output C4.2.1 GBV addressed in multisectoral HIV strategies and plans

Indicator

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

81% of Joint Teams (and 86% of HICs) reported that policies and/or legislation addressing violence against women and gender equality were in place.

89% Joint Teams (N=97) provided support in the areas listed below in 2014:

- Empowering women to participate in decision-making processes (including Global Fund proposals and revision of legislation) - 62% of Joint Teams, 71% HICs;
- Providing new evidence and analysis on the situation of violence against women through gender assessment processes - 63% of Joint Teams, 74% HICs;
- Advocacy to ensure a protective environment, for example towards developing gender identity laws or integrating gender and violence against women in national HIV plans - 72% of Joint Teams, 86% HICs;
- Integrating HIV into national gender plans - 56% of Joint Teams, 66% HICs.

Core resource expenditure in 2014

Region	UNHCR	UNICEF	UNDP	UNFPA	ILO	UNESCO	WHO	TOTAL
Global	20 000	23 313	46 852	71 074	134 842	7 178	32 200	335 459
HICs	87 000	14 332	162 526	6 547	96 924	45 445	36 800	449 574
AP	6 000	11 135	35 393	-	1 136	-	-	53 664
CAR	-	-	10 592	-	-	-	-	10 592
EECA	-	-	19 750	4 005	-	-	-	23 755
ESA	4 000	13 255	40 032	-	-	35 286	-	92 573
LA	3 200	-	17 135	-	8 536	-	-	28 871
MENA	1 500	-	17 216	-	-	-	-	18 716
WCA	6 380	11 459	18 842	848	20 252	22 245	-	80 026
TOTAL	128 080	73 494	368 338	82 474	261 690	110 154	69 000	1 093 230

Achievements

Organization	Achievement
UNHCR	The United States initiative Safe from the Start's initial commitment of US\$ 10 million (2014–2016) enabled UNHCR, the International Committee of the Red Cross and other humanitarian agencies and organizations to hire specialized staff, launch new programmes and develop innovative methods to protect women and girls at the onset of emergencies around the world. UNHCR in 2014 created six roving senior-level (P-4) sexual and gender-based violence (SGBV) protection officer positions to complement the four existing senior regional SGBV positions, based in Dakar, Nairobi, Panama and Amman. These officers will work closely with other HIV experts in various countries to provide technical support to develop and strengthen multisectoral GBV and HIV plans.
UNICEF	The UNICEF Regional Office for South Asia has elaborated impact measures to gauge the success of guidance from the MenEngage global symposium to engage men and boys in gender justice. The second such symposium was held in New Delhi in November 2014.

Organization	Achievement
<p>WFP</p>	<p>WFP is committed to improving gender equality and stopping gender-based violence (GBV) at the global, regional, and country levels. As part of the UN Secretary-General's campaign UNiTE to end violence against women, WFP participated in the Orange Your Neighbourhood campaign and organized activities for the 16 Days of Activism Against Gender Violence.</p> <p>In 2014, WFP focused on increasing awareness of the links between GBV and food insecurity in Eastern and Southern Africa. The WFP regional office produced three films, with support from UNHCR and UN Women, to explore the impact of food insecurity on sexual and gender-based violence (SGBV). Personal testimonies from refugees, internally displaced persons and those who have experienced sexual violence in the Democratic Republic of the Congo and Malawi highlighted the links between food insecurity and violence and sexual exploitation, and the importance of providing food to reduce sexual risk-taking and the subsequent risk of HIV transmission. The films have helped WFP staff to consider the links between SGBV, food insecurity and HIV and the need to provide protections when designing programmes.</p>
<p>UNDP</p>	<p>In 2014, UNDP supported gender-based violence (GBV) programming in more than 30 countries, focusing on access to justice in about 20.</p> <p>UNDP and WHO organized a nine-country regional consultation in the Eastern and Southern Africa region on the links between the harmful use of alcohol, GBV and HIV and the need for policy reform. Participating countries identified priorities and key activities for follow-up. In the Democratic Republic of the Congo, participants in a multisectoral consultation adopted a roadmap on actions to address HIV, GBV and alcoholism and pledged to raise funds.</p> <p>UNDP helped the Sex Worker's Rights and Advocacy Network (SWAN) write concept notes based on the Global Fund's new funding model in Kyrgyzstan and Tajikistan. In Kyrgyzstan, this resulted in sex workers' priorities being included in the concept note and endorsed by the Country Coordinating Mechanism.</p> <p>It also supported education for nurses and police in Guyana on HIV and the GBV experienced by HIV-affected women in order to reduce discrimination and provide universal access to HIV services.</p> <p>In Cambodia, UNDP implemented a new action plan on violence against women, with a focus on the violence faced by women and girls living with HIV and AIDS, including female sex workers.</p>
<p>UNFPA</p>	<p>UNFPA, through its work on linking HIV and sexual and reproductive health and rights (SRHR) at the policy, systems, and service levels, has continued to help integrate gender-based violence (GBV) in HIV strategies. UNFPA, through its advocacy to recognize GBV as a human rights violation and barrier to HIV and SRHR services, has supported the Global Network of People Living with HIV (GNP+) and the International Community of Women Living with HIV (ICW) to collect evidence on coerced and forced sterilization and to have GBV included in related strategies, such as the Global Plan to eliminate mother-to-child transmission of HIV and keep mothers alive. UNFPA launched campaigns to end child marriage in Ethiopia, Malawi, Mozambique and Zambia; there is evidence about 70 million women aged 20–24 in developing countries were married before the age of 18. This is significant since early, forced and child marriage deprives girls of their autonomy, education and health, increasing their vulnerability to HIV. UNFPA Zambia helped the Government incorporate GBV in the revised National HIV and AIDS Strategic Framework 2014–2016 and the policy addressing gender-related causes and</p>

Organization	Achievement
	impacts of HIV among women and girls, and to roll-out the Anti-GBV Act of 2011, reaching an estimated 1000 people who had experienced GBV with HIV and SRH health services.
UN Women	<p>In East Africa, Asia and Latin America, UN Women support was instrumental in placing the intersection of sexual and gender-based violence (SGBV) and HIV high on the policy agenda. Under the UN Trust Fund to End Violence Against Women, UN Women awarded US\$ 1 million in grants to support civil society organizations in 10 countries to pilot and upscale promising approaches to such intersections. In Kenya, as part of a technical working group, UN Women helped write guidelines on integrating gender-based violence (GBV) and HIV and to strengthen legal, justice, and referral systems as part of a National AIDS Control Council framework to integrate GBV and HIV. In Cambodia, UN Women provided technical advice to the second national action plan on ending violence against women, which includes a sub-chapter on women and girls at increased risk of violence, such as women from key affected populations and lesbian, bisexual and transgender women. UN Women strengthened the capacity of the Caribbean Vulnerable Communities coalition to provide integrated HIV-GBV prevention and response services. In partnership with Gestos (Brazil) and Family Care International (Ecuador), UN Women is strengthening the capacities of women living with HIV, including indigenous women, on advocacy for comprehensive, integrated responses to HIV and GBV in Argentina, Brazil, Colombia, Ecuador, Guatemala, Peru, and Uruguay.</p>
ILO	<p>In 2014, ILO supported 19 countries to integrate measures to prevent gender-based violence (GBV) and sexual harassment in multisectoral HIV strategies and plans that targeted women and girls, men and boys. Country results in 2014 included:</p> <ul style="list-style-type: none"> • In Nigeria, ILO and partners provided technical assistance to develop a community plan of action on psychosocial counselling and HIV peer education, including on GBV for the community of the Chibok girls in Borno State affected by the terrorist group Boko Haram. • In Swaziland, ILO collaborated with UNFPA and other partners on a campaign to engage men and boys on GBV. The initiative is centred in the streets of the city of Manzini, where many people converge, particularly during the weekend. • In Zimbabwe, ILO helped develop a policy for the tourism sector with provisions for GBV and a clause that prohibits GBV and harassment in organizations' codes of conduct. • Through codes of practice, policies and programmes supported by ILO, awareness of GBV and sexual harassment is increasing in workplaces and becoming increasingly prohibited.
UNESCO	<p>The UNESCO-led Inter-Agency Task Team on Education is partnering with UN Women and the UN Girls Education Initiative (UNGEI) to produce global guidance to support countries address school-related gender-based violence (SRGBV). This follows a 2013 UNESCO/UNGEI discussion paper and 2014 global partners meeting organized with the French Ministry of Foreign Affairs for 30 UN, bilateral and civil society organizations. Regional and country level initiatives include:</p> <ul style="list-style-type: none"> • UNESCO and the East Asia Pacific Regional UNGEI launched a regional report on SRGBV via a social media campaign on International Women's Day. • Data was reviewed on SRGBV in Eastern Europe and Central Asia (EECA) and a

Organization	Achievement
	<p>practical guide was produced for schools in the region. UNESCO's partner the Heinrich Böll Foundation has conducted an online survey of gender-based violence in EECA.</p> <ul style="list-style-type: none"> ● UNESCO Beirut is leading a regional study on SRGBV. Policy recommendations will complement UNESCO's teacher policy framework and resource pack for the Arab states. ● Through UNICEF and UNESCO regional advocacy in West and Central Africa, sex as survival strategy was incorporated into emergency responses in Cameroon and Chad, and into a vulnerability study of girls in Côte d'Ivoire.
HO	<p>WHO has supported 38 countries strengthen health-sector responses to violence against women through regional and country dissemination and capacity-building workshops. Such efforts helped Uganda update its national training protocols on health-sector responses to gender-based violence (GBV) for health-care providers in line with WHO clinical and policy guidelines for responding to intimate partner violence and sexual violence. Similarly, Cambodia and Viet Nam are strengthening their health-sector responses to GBV through national protocols and updated guidelines. Papua New Guinea is finalizing its national guidelines on responding to GBV through its family support centres in line with WHO guidelines.</p>
Secretariat and Joint	<p>UNAIDS Secretariat, UNFPA, UNICEF, UN Women and WHO continued to help integrate gender-based violence (GBV) in HIV national strategic plans in at least 10 countries. Working with UN Women, UNDP, UNFPA and WHO, the Secretariat published a guidance note, Gender-responsive programming for women and girls, on how to include a gender perspective and promote equality and human rights for women and girls in their national HIV responses.</p> <p>The Secretariat, UNDP, UNFPA and UN Women provided technical and financial support to the Government of Nigeria and national nongovernmental organizations to develop its National Action Plan: Addressing GBV and HIV/AIDS (2015–2017). The plan highlights the links between GBV and HIV, including women living with HIV who share their status with partners and families. Through a human rights approach it aims to enhance gender equality and protect vulnerable groups to reduce the incidence of GBV-related HIV.</p> <p>In Cameroon, Côte d'Ivoire, Senegal and Nigeria, UNAIDS Secretariat and UN Women collaborated with women's ministries to increase male community leaders' knowledge on gender and GBV and their capacity to challenge harmful social norms and gender inequalities that increase women's vulnerability to HIV. In Cameroon, UNESCO, UNFPA, UN Women, UNDP and UNAIDS Secretariat helped establish a national committee of 40 experts on gender, HIV and GBV to implement the national action plan.</p> <p>WHO and UNFPA organized two workshops to strengthen capacities for a public-health approach to prevention and response to violence against women. The workshops, attended by representatives from ministries of health and gender, UN staff and civil society organizations from 18 countries in Eastern and Southern Africa, highlighted the evidence on prevalence and health, including the HIV consequences of violence against women and evidence-based prevention strategies. They also introduced participants to WHO clinical and policy guidelines for responding to intimate partner violence and sexual violence against women. The workshops helped countries include interventions, such as the Stepping Stones, SASA, IMAGE and SHARE projects, that address the intersections of violence against women and HIV.</p>

Output C4.2.2 GBV and HIV addressed in conflict prevention and resolution efforts

Core resource expenditure in 2014

Region	UNHCR	UNICEF	UNDP	UNFPA	UN Women	TOTAL
Global	23 235	25 324	36 304	77 830	20 977	183 670
HICs	90 142	14 332	54 941	11 681	60 969	232 065
AP	2 400	11 135	15 382	-	-	28 917
CAR	-	-	6 905	-	-	6 905
EECA	-	-	-	-	-	-
ESA	8 000	13 255	13 372	-	-	34 627
LA	1 200	-	-	-	-	1 200
MENA	2 320	-	22 392	-	-	24 712
WCA	9 520	11 459	24 526	848	-	46 353
TOTAL	136 817	75 505	173 822	90 359	81 946	558 449

Achievements

Organization	Achievement
UNHCR	<p>In 2014, UNHCR worked to ensure the needs and concerns of women, men, girls and boys are understood and reflected in all planning and programming. In striving to achieve gender equality, UNHCR is attentive to the specific concerns of women and girls about protection. Recommendations from regional dialogues with women in seven countries were implemented in 2014-2015 to reduce statelessness, increase women's leadership, improve education for girls and strengthen self-reliance. All of these advances help to safeguard the lives of women and girls and reduce new HIV infections.</p> <p>UNHCR continued to disseminate its note on Working with Men and Boy Survivors of SGBV (sexual and gender based violence) in Forced Displacement in its global operations. Long-term national and international advocacy has led to more countries legislating against SGBV against women and girls, although prevention and redress remain extremely inadequate. Such violence has become a central protection concern also in displacement contexts. By contrast, SGBV against men and boys is less understood despite being a recurrent protection concern in conflict and displacement situations. It can be a cause of flight and for some refugee men and boys, a key source of vulnerability in the country of asylum.</p>
UNICEF	<p>UNICEF developed a Lessons Learned brief on the impact of the 2013 floods in Mozambique on HIV programming. In Somalia and South Sudan it is partnering UNHCR in two pilot projects: a toolkit for preventing and responding to sexual violence in humanitarian settings; and Communities Care: Transforming Lives and Preventing Violence, a community-based social norms intervention for preventing sexual violence in emergencies that also trains community health workers to care for those who have experienced sexual violence, including post-exposure prophylaxis.</p> <p>UNICEF in the Central African Republic contributed to humanitarian plans to address the rise in sexual violence and extreme vulnerability of women and girls, including the country's 100 Day Plan for Priority Humanitarian Action, Humanitarian Action for Children, the 2015 Strategic</p>

Organization	Achievement
	<p>Response Plan and the Emergency Programme Fund. Their joint advocacy resulted in the integration of GBV and HIV-related vulnerabilities, including links to prevention of mother-to-child transmission, into the 2015 interagency Regional Refugee Response Plan led by UNHCR and in the interagency appeal for neighbouring Cameroon and Chad.</p> <p>A package of commodities required in the event of sexual assault was defined to improve supplies to country offices. The package will simplify paediatric formulations of drugs for post-exposure prophylaxis.</p>
UNDP	<p>Responding to increased evidence of the association between gender-based violence (GBV) and HIV, UNDP strengthened integrated GBV and health services in countries with a high prevalence of HIV among women and girls. For example:</p> <ul style="list-style-type: none"> ● In Burundi, where 60% of people living with HIV are women, UNDP supported Centre Humura, one-stop shops for those who have experienced sexual and gender-based violence (SGBV), offering medical, psychological and legal assistance. ● In Togo, UNDP supported action to address GBV/HIV-related stigma and discrimination for more than 300 women living with HIV. ● In Sudan, UNDP programming focused on addressing the links between sexual and reproductive health and HIV. One key focus was to provide HIV training to first responders to GBV.
UN Women	<p>Women are highly vulnerable to HIV and at increased risk of sexual and gender-based violence (SGBV) in conflict settings. UN Women strengthened the capacities of the security sector and men and boys to foster women's protection and empowerment, and linked women to integrated GBH/HIV services in six countries (Burundi, Côte D'Ivoire, Malawi, Mali, Peru and Sierra Leone). In Mali, in partnership with the Ministry of Defence and Veteran Affairs, UN Women trained 4800 members of the armed forces and security personnel on women, gender and conflict. The training included a module on HIV in conflict settings. In Liberia, UN Women developed curriculum titled Engaging Liberian men and boys in gender equality. This was done to improve conflict-resolution skills and champion women's empowerment. UN Women helped design a SGBV survey in Malawi's only refugee camp, Dzaleka, and with WFP and UNCHR to develop a proposal and mobilize resources for the programme. In Sierra Leone, UN Women adapted the Maternal, Adolescent, Reproductive and Child Health (MARCH) project to respond to the Ebola outbreak by ensuring access to appropriate health information on prevention and protection from Ebola, HIV and GBV. Details were provided also on sexual and reproductive health and family planning services to prevent 600 adolescent pregnancies in eight communities.</p>
WHO	<p>In Afghanistan, WHO helped the Ministry of Public Health develop its first national protocol for the health sector's response to gender-based violence (GBV). The protocol was launched in November 2014 and includes a comprehensive approach to clinical care and psychosocial support for those who have experienced sexual violence and domestic or partner violence. The protocol is aimed at adults and children. Following the launch, Afghanistan translated into Dari and Pashto the WHO clinical handbook for health-care providers attending to women subjected to intimate partner violence or sexual violence. WHO and the Ministry of Public Health will over the next five years continue to implement the protocol by strengthening the</p>

Organization	Achievement
	capacities of health-care providers and health facilities in GBV services in all 34 provinces.
Secretariat and Joint	<p>As a result of recommendations made by UNICEF, UNHCR and UN Women to the Central African Republic's protection and health clusters, HIV was addressed when devising health and protection strategies, particularly those for sexual violence and gender vulnerabilities. In Cameroon and Chad, as a result of UNICEF and UNESCO regional advocacy in West and Central Africa, sex as a survival strategy was incorporated into emergency responses, as well as into a vulnerability study of girls in Côte D'Ivoire.</p> <p>UN Women and UNFPA helped to establish HIV prevention and response as a key element in Kenya's emergency preparedness. Together, they trained government and civil society representatives and reviewed the role of the armed services in preventing sexual violence in humanitarian emergencies. In partnership with the International Organization for Immigration and the National AIDS Control Council, multisectoral guidelines on HIV in emergencies were developed. These helped raise the profile of HIV as a cross-cutting issue requiring resources and a contextualized response, and served as an important resource in other settings in the region.</p> <p>With UNHCR, UNICEF is piloting in Somalia and South Sudan an innovative programme, Communities Care: Transforming Lives and Preventing Violence, that has adopted a social norms approach to sexual violence in emergencies. It engages communities to reflect on human rights principles and shared community values and discuss harmful norms and practices that contribute to sexual violence and possible alternatives. It also trains community health workers to provide care to survivors of sexual violence, including post-exposure prophylaxis.</p>

D1: Leadership and advocacy

Output D1.1.1 Positive Health, Dignity and Prevention programmes for people living with HIV

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	2 927 827	2 927 827
HICs	649 487	649 487
AP	-	-
CAR	-	-
EECA	68 883	68 883
ESA	349 142	349 142
LA	125 183	125 183
MENA	511 392	511 392
WCA	898 382	898 382
TOTAL	5 530 296	5 530 296

Achievements

Organization	Achievement
Secretariat	<p>Grass-roots organizations of people living with HIV were supported in 21 Global Plan countries. Criteria were established to uphold human rights and mobilize communities in efforts to eliminate mother-to-child transmission. The equitable diagnosis and treatment of key populations was emphasized at the Melbourne international AIDS conference in July 2014.</p> <p>UNAIDS Secretariat submitted <i>amicus curiae</i> (friend of the court) before the European Court of Human Rights in a case concerning access to harm reduction services in Russia, and the Secretariat responded to abusive law enforcement against people living with HIV in Egypt, Kyrgyzstan, Nigeria and Tajikistan.</p> <p>UNAIDS Secretariat worked with women living with and affected by HIV to document their experiences of and expertise in gender-based violence and HIV, culminating in the publication of <i>Women living with HIV speak out against violence</i>.</p>
Joint	<p>In 2014, a number of countries accelerated action towards creating an enabling environment and reducing HIV-related stigma and discrimination, with UNAIDS playing a key role working with governments, civil society and other stakeholders.</p> <p>For example, laws have been passed in the Comoros and Tajikistan removing HIV-related restrictions on entry, stay and residence, and abolishing discriminatory provisions affecting people living with HIV. Australia has clarified that people living with HIV do not face an automatic exclusion or unequal treatment when applying for entry, stay or residence visas.</p> <p>Namibia's Supreme Court upheld a High Court finding that three women living with HIV were subjected to coercive sterilization in public hospitals without their informed consent. The Joint Programme had worked closely with civil society and other key partners in the AIDS response in Namibia to ensure that the voices of the women affected were heard. Following the court case, UNAIDS Secretariat called on countries to investigate and address all reported cases of forced sterilization as well as other legal and social practices violating the basic rights of all people in</p>

Organization	Achievement
	health-care systems.

Output D1.1.2 Capacities to work with key populations strengthened

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	311 700	311 700
HICs	1 349 885	1 349 885
AP	405 108	405 108
CAR	622 845	622 845
EECA	923 092	923 092
ESA		-
LA		-
MENA	225 832	225 832
WCA	256 397	256 397
TOTAL	4 094 859	4 094 859

Achievements

Organization	Achievement
Secretariat	<p>Information on key populations was collated following collaboration with partners, including the Global Fund, and a plan to monitor the impact of Global Fund investments developed. This included incorporating community-based service delivery work and community mobilization, and human rights and gender equality programmes, in Global Fund concept notes.</p> <p>The Secretariat advised The Robert Carr Civil Society Networks Fund on the status of financing for community mobilization and service delivery to inform their planning. Carr was a Jamaican AIDS activist and the fund was developed to ensure national responses match local needs.</p> <p>In Vancouver in April 2014, the Scientific and Technical Advisory Committee of experts in paediatric HIV endorsed the 90-90-90 target, emphasizing equitable treatment for key populations. Under the target, by 2020 90% of people living with HIV will know their status, 90% of people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of people receiving antiretroviral therapy will have viral suppression.</p> <p>UNAIDS welcomed Uganda's Constitutional Court annulling an anti-homosexuality law and the High Court of Botswana ruling in favour of registering a lesbian, gay, bisexual, transgender and intersex (LGBTI) organization.</p>
Joint	<p>UNAIDS Secretariat convened a consultation for people at higher risk of HIV infection in the Eastern and Southern Africa (ESA) region to examine ways to improve access to services. Close the Gap – Leave No One Behind enabled sex workers, men who have sex with men, transgender people and people who inject drugs to take part in the first consultation for key populations in the ESA region alongside 28 regional and global partners. A regional results framework to strengthen HIV programming for these populations was developed.</p> <p>The Joint Programme and partners have established a sex work steering group and a UN strategic advisory group on drug use and HIV.</p>

Organization	Achievement
	<p>In the EECA region, the Secretariat and UNODC, in partnership with the CDC, the European Harm Reduction Network and country stakeholders, convened country-level consultations in Kazakhstan, Tajikistan and Ukraine. The consultations reinstated how HIV prevention among people who inject drugs is central to a successful response and enabled stakeholders to collectively review progress, discuss barriers and propose ways to improve access to HIV services. A report on the impact of the international drug control system on the HIV response was developed for the high-level segment of the 57th UN Commission on Narcotic Drugs in Vienna.</p> <p>In Eastern Europe and Central Asia, the Global Fund allocated US\$ 170 million for antiretroviral therapy and HIV prevention among key populations in the Republic of Moldova, the Russian Federation and Ukraine based on coordinated technical support from Cosponsors and the Secretariat.</p> <p>Global consultations convened in 2014 by UNAIDS addressed the needs of lesbian, gay, bisexual, transsexual and intersex (LGBTI) people in Europe.</p>

Output D1.1.3 Civil society leadership and advocacy

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	936 977	936 977
HICs	1 119 302	1 119 302
AP	1 444 202	1 444 202
CAR	6 677	6 677
EECA	-	-
ESA	-	-
LA	711 106	711 106
MENA	576 801	576 801
WCA	424 158	424 158
TOTAL	5 219 223	5 219 223

Achievements

Organization	Achievement
Secretariat	<p>UNAIDS organized the Community Dialogue Space and the Red Ribbon Award Special Session at which 10 community-based organizations were recognized for their outstanding work in the AIDS response. The Red Ribbon Award was first presented in 2006 and has since been awarded every two years at the international AIDS conference. The 2014 winners came from the Democratic Republic of the Congo, Guyana, Indonesia, the Islamic Republic of Iran, Kenya, Lebanon, Malawi, Nepal, Ukraine and the Bolivarian Republic of Venezuela.</p> <p>The UNAIDS Secretariat strengthened partnerships with civil society and further engaged with faith-based organizations to encourage leadership and advocacy. Initiatives included:</p> <ul style="list-style-type: none"> ▪ involving civil society in global retargeting; ▪ setting the ambitious 90-90-90 treatment target;

Organization	Achievement
	<ul style="list-style-type: none"> ▪ collaborations to encourage participation by young people; ▪ forming a clearer idea of the community response and its value; ▪ seeking the vocal support of faith leaders on human rights; ▪ advocacy for preventing mother-to-child transmission and service delivery at community level; ▪ engaging faith organizations in the Ebola response; ▪ working with women’s rights and gender-equality advocates by hosting of the Global Coalition on Women and AIDS; ▪ advocacy for strong HIV commitments in the Sustainable Development Goals. <p>City leaders and civil society representatives attended the Paris summit on the Fast-track Cities initiative that resulted in the Paris Declaration on Ending AIDS. The accompanying <i>Cities Report</i> provides evidence, case studies and inspiring profiles of urban innovators.</p>
<p>Joint</p>	<p>UNAIDS has enjoyed a fruitful partnership with the Asian Forum of Parliamentarians on Population and Development. The forum has championed progressive policies and promoted dialogue between politicians and civil society to scale up the AIDS response with a focus on key populations. Such dialogue and subsequent action has helped reduce stigma and discrimination, improved the legal and policy environment, and increased domestic resources for a sustainable response to end the AIDS epidemic in the region by 2030.</p> <p>UNAIDS convened a regional consultation on people left behind (sex workers, men who have sex with men, transgender people and people who inject drugs) for the first time in the Eastern and southern Africa region with a range of 28 regional and global partners in order to implement the Gap Report in the region. Community representatives from 18 countries participated and developed a regional results framework for strengthening HIV programming in countries for these populations.</p> <p>In the Eastern Europe and Central Asia region, Cosponsors and the Secretariat have strengthened the capacities of civil society networks. UNDP, UNFPA and UN Women helped the Eurasian Women’s Network on AIDS develop a long-term development strategy and resource mobilization plan. UNFPA funded full-time programme coordinator positions in the Eurasian Coalition on Male Health (ECOM) and Sex Workers Action Network (SWAN), while UNDP helped ECOM conduct regional consultations with governments to prevent homophobic laws being adopted. UNICEF and the Eastern Europe and Central Asia Union of PLHIV Organizations (ECUO) are supporting HIV-positive adolescents, building their coping and leadership capabilities.</p> <p>In more than 30 countries UN Women focused on developing the capacity of women living with HIV and their networks to engage in policy reviews and national strategic plans. UN Women together with UNAIDS Secretariat and UNDP also facilitated their participation in the reporting processes of the Committee on the Elimination of Discrimination against Women, and connected them with women’s organizations to shape a more inclusive human rights and gender equality agenda for post-2015.</p> <p>In a context of a drastic external funding decline, joint advocacy by UNAIDS and civil society led, in December 2014, the Government of Cambodia to make its first domestic allocation to treatment funding (\$3.7 million for 2015-2017) in addition to its past annual contribution to the national response to HIV of about \$5 million. A further commitment was made by senior government not to allow any successful programme to go bankrupt.</p>

Organization	Achievement
	<p>In Central Asia, UN Women improved the leadership capacities of national networks of women living with HIV, advising on advocacy and negotiating skills so they can influence decision-making more effectively. In total, 15 women were supported to run for decision-making bodies. In Kazakhstan, two of four new voting places for people living with HIV were filled by representatives from the National Network of Women Living with HIV to serve on the Country Coordinating Mechanism in 2015–2017.</p> <p>UN Women continued to reinforce the organizational capacities of networks of women living with HIV in Côte d'Ivoire, Jamaica, the Republic of Moldova, Rwanda, Tunisia and Uzbekistan, and several countries in Latin America, as well as the Eurasian Women's Network on AIDS. In Tunisia, UN Women helped the Association of Positive Prevention elaborate a four-year strategic plan, meet potential partners and to design projects. In Rwanda, the organization trained 50 women representatives of HIV networks in gender analysis in the context of HIV. It also trained 270 board members from RRP+, the Rwanda Network of people Living with HIV/AIDS, on gender analysis and gender-based violence prevention and response. UN Women also helped 60 indigenous women leaders in Guatemala hone their leadership and advocacy skills to pursue better access to comprehensive HIV care.</p>

Output D1.2.1 Know Your Epidemic – Know Your Response for resource allocation

Core resource expenditure in 2014

Region	UNDP	World Bank	Secretariat	TOTAL
Global	91 702	29 394	432 806	553 902
HICs	49 637	184 756	6 481 870	6 716 263
AP	24 416	31 883	823 944	880 243
CAR	5 497	4 657	696 223	706 377
EECA	10 250	9 509	1 172 949	1 192 708
ESA	24 171	14 499	540 393	579 063
LA	4 446	5 232	838 738	848 416
MENA	4 467	4 956	582 827	592 250
WCA	16 457	17 830	1 235 341	1 269 628
TOTAL	231 045	302 716	12 805 091	13 338 852

Achievements

Organization	Achievement
UNDP	<p>UNDP developed a checklist for integrating gender into the new funding model of the Global Fund. Each stage of the model requires specific actions on the gender dimensions of HIV in developing and implementing grants. The checklist sets out steps and examples. Four webinars, attracting about 100 participants globally, were conducted in English and Spanish to introduce the checklist to the UN and its partners.</p> <p>In sub-Saharan Africa, UNDP continued to help governments and civil society use environmental and social impact assessment regulations and guidelines to release funding from capital projects for HIV prevention, care and treatment. Seven countries adapted the guidelines in practical ways across ministries and through public-private partnerships. Mozambique integrated the guidelines in its new national strategic plan. UNDP guided six new countries towards this regional initiative</p>

Organization	Achievement
	<p>while the African Development Bank is using the guidance for their capital projects. Botswana, Namibia, Zambia and Zimbabwe jointly developed a five-year plan to support the environmental and social impact assessment (ESIA) review process and to monitor the ESIA management plan for the new Kazungula Bridge over the Zambesi River.</p>
World Bank	<p>The Bank has played a leading role in economic and financial aspects of the HIV response by generating strategic information and evaluating the impact of the epidemic.</p> <p>Through its financing and efficiency analyses, impact evaluation studies, operations research, and use of an HIV programme science approach, the Bank has:</p> <ul style="list-style-type: none"> ▪ enhanced national strategic planning; ▪ used epidemic evidence for global dialogue to improve the focus, quality and scale of programmes; ▪ developed a handbook on the effectiveness of impact evaluations and supported the conduct of such evaluations to ensure funding is allocated strategically; ▪ provided detailed evidence on the size, typology and locations of most-at-risk populations for more targeted programme planning. <p>The Bank has developed regional capacity through training workshops in the Eastern Europe and Central Asia, Latin America and West and Central Africa regions, enabling countries to conduct their own epidemic appraisals and analyses on the allocation of funds. An analysis comparing measured HIV incidence and prevalence trends with projected trends since 1990 and in relation to antiretroviral therapy scale-up in 20 sub-Saharan countries has shown the historical effectiveness of national AIDS responses.</p>
Secretariat	<p>The UNAIDS Secretariat, through the data and analysis included in its flagship reports and disseminated through AIDSinfo and other publications, provided strategic information for countries and partners, helping them drive a more focused, evidence-based approach to planning and monitoring:</p> <ul style="list-style-type: none"> ▪ The <i>Gap report</i> highlighted the need to close the gap between people who can get services and those who cannot. ▪ Consultations to develop prevention and zero discrimination targets promoted the 90-90-90 target as part of the <i>Fast-Track Strategy for ending the AIDS epidemic by 2030</i>. Latin America and the Caribbean were the first regions to endorse the 90-90-90 targets. ▪ Modelling of location-specific epidemics provided a list of 200 cities with high HIV prevalence, setting the foundation for a Fast-Track Cities Initiative, which is aligned with the Fast-Track Strategy to leverage existing HIV programmes. ▪ The UNAIDS Treatment Situation Room, which provide UNAIDS and stakeholders with easy access to HIV information, collected and disseminated age-specific data on treatment numbers, data on antiretroviral therapy and prevention of mother-to-child transmission, and data on subnational areas for 50 countries. ▪ A programme intelligence tool was launched to monitor the High Level Meeting targets in 97 countries. ▪ The digest <i>HIV this Month</i> provided information on science and research and summaries of relevant literature.

Organization	Achievement
Joint	<p>The Regional Support Team working with its Technical Support Facility for Eastern and Southern Africa on a workshop for submitting single tuberculosis and HIV concept notes. The workshop was organized in partnership with UNAIDS, WHO, the Stop TB Partnership and the Global Fund.</p> <p>UNAIDS, working with the Department of Peacekeeping Operations and the Office for the Coordination of Humanitarian Affairs, has supported contingency plans in conflict-related countries, and helped mobilize resources through the Consolidated Emergency Response Fund.</p> <p>The Joint Programme continued its core role supporting national reviews of HIV strategic plans and developing investment cases and country concept notes, crucially mobilizing financial resources from the Global Fund under the new funding model. UNAIDS supported 95% of countries (44 in total) submitting HIV or single HIV and TB concept notes in 2014. Support provided by UNAIDS included for example provision of strategic information including epi data and antiretroviral coverage data, gap analysis or modelling to complement investment cases and national strategic plans. Furthermore, UNAIDS Secretariat supported 56 countries in developing HIV investment cases or reviewing/developing national HIV strategies or developing concept notes (HIV or HIV/TB). Together these countries accounted for 88% of total Global Fund HIV allocated funding.</p>

Output D1.2.2 Stakeholders' commitment to the UNAIDS Strategy

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	5 298 670	5 298 670
HICs	5 362 066	5 362 066
AP	1 419 764	1 419 764
CAR		-
EECA	183 834	183 834
ESA	1 279 768	1 279 768
LA	502 146	502 146
MENA	91 370	91 370
WCA	717 622	717 622
TOTAL	14 855 240	14 855 240

Achievements

Organization	Achievement
Secretariat	<p>The UNAIDS Secretariat co-convened with the UN Conference on Trade and Development (UNCTAD) a successful high-level session at the World Investment Forum. The session promoted investment in pharmaceutical production in developing countries and established a follow-up advisory panel.</p> <p>African leaders and key multilateral organizations strengthened and broadened their support for the local production of medicines on the continent. The Secretariat's contribution ensured such enhanced support for local production was one of the key outcomes of the Seventh Joint African Union Conference of Ministers of Economy and Finance and the UN Economic Commission for</p>

	<p>Africa Conference of African Ministers of Finance, Planning and Economic Development that was held in Abuja, Nigeria, in March-April 2014. Benefits of local production include shortened supply chains that help to reduce stock-outs and improve the capacity of local regulatory authorities to oversee quality standards.</p> <p>A sustainable HIV financing tool has been produced for national professionals expected to develop such plans.</p>
<p>Joint</p>	<p>UNAIDS used the UN General Assembly to generate support for the 90-90-90 target, which states that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. The UNAIDS Executive Director was joined by heads of state from Ghana, South Africa and Switzerland, and by the US Secretary of State, to strongly endorse the new global target.</p> <p>The UNAIDS Financing Dialogue in Geneva in November 2014 recognized that continued joint programming is necessary to fast-track the response, enshrine HIV as an entry point for social transformation and ensure its positioning post-2015.</p> <p>UNAIDS contributed to the Report of the Secretary-General on women and peace and security and ensured HIV was part of the discussion on the post-2015 development agenda. This was done via high-level political processes and forums, including the Commission on the Status of Women (CSW) and the International AIDS Conference.</p> <p>The Joint Programme provided support as the League of Arab States endorsed an Arab AIDS Strategy (2014–2020) to address the region’s growing epidemic.</p> <p>The Joint Programme helped implement the African Union’s Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa. In Eastern and Southern Africa, 21 countries committed to end AIDS by 2030, and 16 developed their own roadmaps. Domestic resources have grown to more than 70% of the AIDS budget in Botswana, Mauritania, Mauritius, Namibia and South Africa.</p> <p>Caribbean countries have begun to develop their own roadmap following UNAIDS regional dialogue on shared responsibility and global solidarity. A UNAIDS initiative to promote collaboration between the African Union and the Caribbean Community led to the Caribbean HIV Roadmap, which will go before Caribbean heads of government in 2015.</p>

Output D1.3.1 Transformative leadership and commitment for sustainable AIDS response

Core resource expenditure in 2014

Region	UNDP	Secretariat	TOTAL
Global	91 702	5 759 246	5 850 948
HICs	49 637	2 349 429	2 399 066
AP	24 416	1 722 097	1 746 513
CAR	5 497	900 908	906 405
EECA	10 250	31 698	41 948
ESA	24 171	16 918	41 089
LA	4 446	565 281	569 727
MENA	4 467	258 885	263 352

WCA	9 779	733 490	743 269
TOTAL	224 367	12 337 952	12 562 319

Achievements

Organization	Achievement
UNDP	See UNDP results under A.1.2.1, C1 and C3/4.
Secretariat	<p>In 2014 fashion designer Victoria Beckham became a UNAIDS Goodwill Ambassador, supporting the campaign to ensure all children are born free from HIV and that women living with and affected by HIV have access to medicine and care. Footballers David Luiz, of Brazil and Paris Saint-Germain, and Gervinho, of Côte d'Ivoire and AS Roma, helped mobilize support for zero discrimination, advocating for HIV prevention and access to treatment for people living with AIDS. The singer Vera Brezhneva promoted the UNAIDS 90-90-90 treatment target during visits to Armenia and Ukraine. Under the 2020 target, 90% of people living with HIV will know their status, 90% of people with diagnosed HIV will receive sustained antiretroviral therapy and 90% of people receiving antiretroviral therapy will have viral suppression.</p> <p>The UNAIDS Protect the Goal initiative, launched at the 2010 FIFA World Cup in South Africa, became a global movement for using sport to promote the three zeros (zero new HIV infections, zero discrimination and zero AIDS-related deaths), end violence against women, promote social justice and protect human rights. In 2014 the message was endorsed by more than 20 heads of state from five continents. The tour visited five African countries that qualified for the 2014 FIFA World Cup finals (Algeria, Cameroon, Côte d'Ivoire, Ghana and Nigeria). The tour continued in Latin America visiting five countries: Honduras, Costa Rica, Colombia, Chile, Argentina and ending in Brazil). In host nation Brazil, HIV testing, awareness and condom distribution were promoted at stadiums.</p> <p>In West Africa, UNAIDS interventions at the 15th Francophonie conference in Dakar helped ensure commitment to the AIDS response at the highest political level. Mayors from 9 major cities in the region signed the Paris Declaration on 1 December 2014; later in the month, 37 additional mayors from Côte d'Ivoire did the same.</p>
Joint	<p>At the UNAIDS Fast-Track event in September 2014, the United States Secretary of State and the Presidents of Ghana, South Africa and Switzerland endorsed ending the AIDS epidemic by 2030. With other world leaders, they embraced the people-centred Fast-Track Initiative that aims to leave no one behind. The initiative emphasizes a focus on the countries, cities and communities most affected by HIV and recommends that resources be concentrated in the areas where the greatest impact can be achieved. UNAIDS, together with governments, civil society and other partners, will help countries identify the areas.</p> <p>If fully implemented the fast-track approach will avert 18 million new HIV infections and 11 million deaths by 2030. This will have a huge impact on reducing the amount of investment needed for the AIDS response beyond 2020. However, UNAIDS modelling shows that if the targets for 2020 are not achieved until a decade later costs will continue to spiral upwards.</p> <p>UN Women continued to identify opportunities for networks of women living with HIV to join policy discussions at national, regional and global levels. At the International AIDS Conference in Australia in 2014, UN Women helped representatives of women living with HIV and community-based organizations to highlight how women's leadership is crucial in shaping HIV policies to advance women's needs. Through its support for the Women's Networking Zone in the Global Village, a community forum within the International AIDS Conference, UN Women increased the visibility of women's organizations. It supported the International Community of Women Living</p>

Organization	Achievement
	<p>with HIV at the launch of its global strategy and campaign 'I am ICW' and paved the way for talks with key donors.</p> <p>In Cambodia and Uganda, UN Women helped nongovernmental organizations and women from key affected populations develop messages on women's and girls' needs in HIV prevention and treatment. In both countries, this advocacy shaped HIV national strategic plans to incorporate gender-responsive and rights-based policy actions.</p>

Output D1.3.2 Gender equality and rights-based AIDS response

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	2 797 546	2 797 546
HICs	3 095 178	3 095 178
AP	201 355	201 355
CAR	72 184	72 184
EECA	294 722	294 722
ESA	289 013	289 013
LA	248 984	248 984
MENA	356 128	356 128
WCA	519 930	519 930
TOTAL	7 875 040	7 875 040

Achievements

Organization	Achievement
Secretariat	<p>The Organization of First Ladies of Africa, with the full support of UNAIDS, are calling on governments and communities to ensure all babies in Africa are born HIV-free and their mothers stay healthy. The broadcast and social media campaign by the Organization of African First Ladies Against HIV/AIDS and UNAIDS, in association with the African Broadcast Media Partnership, will be aired on more than 150 radio stations and 100 TV stations in 38 African countries throughout 2015.</p> <p>The Secretariat worked with the Global Fund on an information note on strategic investment for HIV programmes to guide applications under the new funding model, which included guidance on gender equality and a rights-based approach. Support was provided to 13 countries in 2014 that had or were in the process of developing investment documents at the time: DRC, Ethiopia, Ghana, Haiti, Niger, Nigeria, Swaziland, Tanzania, Thailand, Togo, Uganda, Ukraine and Viet Nam.</p> <p>To meet the needs of the marginalized and excluded after the 2015 deadline for the Millennium Development Goals, the Secretariat partnered with the International AIDS Alliance to build community advocacy at country level, and advised the United States President's Emergency Plan for AIDS Relief (PEPFAR) on its community engagement work and strategy. The Secretariat worked with the International Council of AIDS Services Organizations to support a civil society working group, bringing together HIV and sexual and reproductive health and rights advocates to consider the post-2015 development agenda.</p>

Organization	Achievement
<p>Joint</p>	<p>The UNAIDS/UNICEF All In initiative, which aims to end the epidemic among adolescents, was launched at the International AIDS Conference in Melbourne in 2014. Young people are among those most neglected by the AIDS response, yet AIDS is the second highest cause of adolescent death globally. The initiative seeks to close the prevention and treatment gap and will focus on 25 countries that represent 90% of AIDS-related deaths and 85% of new infections among adolescents.</p> <p>In partnership with PACT, a collaboration of 25 youth organizations, including young people living with HIV and young people from key populations, committed to working together to ensure the health, well-being and human rights of all young people, UNAIDS launched ACT!2015, an initiative to build a global youth movement, with national youth alliances established in 10 countries, and the Secretariat and UNFPA supporting a further nine countries. A Global Fund youth participation tool was developed with PACT, to ensure the Global Fund's investments work effectively for young people.</p> <p>A milestone was achieved when a report on concrete action by the Joint Programme to reduce stigma and discrimination in all its forms went to the 35th Programme Coordinating Board. It generated a decision point supporting the UNAIDS agenda: to address the legal and social environment and to ensure stigma and discrimination were appropriately monitored through sound data collection.</p> <p>UN Women continued to build alliances with parliamentary groups and regional organizations. To support the implementation of a law on HIV and AIDS in Côte d'Ivoire and strengthen the national response, UN Women backed a network of parliamentarians. They trained 50 deputies, the social committee and the Caucus of Women Parliamentarians on HIV in gender and human rights, which led to the development of the network's three-year plan.</p> <p>Women's participation in decision-making is vital for shaping a gender-transformative HIV response. With UNAIDS Regional Support Team, the League of Arab States and the Government of Algeria, UN Women co-convened a High Level Meeting of Arab women leaders working on HIV. The meeting aimed to mobilize society to implement the Arab AIDS Strategy and resulted in calls to address the sexual and reproductive health (SRH) needs of young people through youth-friendly SRH/HIV services, and to promote, in partnership with media and religious leaders, an enabling environment for ending stigma and discrimination against women living with HIV.</p>

Output D1.4.1 Links between HIV responses and the broader MDG agenda are visible

Indicator

Indicator D1.4.1: With UN Joint Team support, UNAIDS policy guidance documents provided and used to develop and/or review country policies and strategies or implement key actions

Joint Teams listed the top five UNAIDS policy guidance documents that countries referred to in 2014 developing and/or reviewing country policies and strategies or implementing key actions, with their support, as follows:

1. 90-90-90: An ambitious treatment target to help end the AIDS epidemic
2. UNAIDS Gap report 2014
3. Fast-track: ending the AIDS epidemic by 2030
4. UNAIDS 2011-2015 Strategy
5. Treatment 2015

Other documents appearing consistently among the ten most used documents since 2012 have been the Investment Framework and the eMTCT Global Plan. The main stakeholders using the documents were governments (65%) and civil society (10%).

Core resource expenditure in 2014

Region	UNDP	WHO	Secretariat	TOTAL
Global	163 655	108 100	2 946 777	3 218 532
HICs	76 511	105 800	474 790	657 101
AP	44 950	11 500		56 450
CAR	10 089			10 089
EECA	18 812	11 500		30 312
ESA	44 419	11 500	5 918	61 837
LA	8 134	6 900	107 488	122 522
MENA	8 172	9 200		17 372
WCA	17 928	11 500	151 794	181 222
TOTAL	392 671	276 000	3 686 767	4 355 438

Achievements

Organization	Achievement
UNDP	<p>UNDP, building on social protection portfolios and leveraging experiences in responding to HIV, provided cash payments to the 50 000 Ebola response workers in West Africa. The outbreak had a direct impact on the Global Fund programmes in Guinea, Liberia and Sierra Leone, jeopardizing the continuity of HIV services and people on treatment. UNDP sought to secure access to antiretroviral drugs and HIV prevention interventions, including for mother-to-child transmission, by helping reprogramme existing Global Fund grants to ensure continued access to essential services and treatment.</p> <p>UNDP relied on its experiences in HIV governance and multisectoral programming to move forward on the prevention and control of noncommunicable diseases (NCDs). With HIV now a chronic condition, it increasingly shares features with NCDs. UNDP results include helping develop the terms of reference for the UN Interagency Task Force on NCDs, and publishing two guidance notes, one with WHO on integrating the WHO Framework Convention on Tobacco Control (FCTC) into UN and national development planning instruments, and the other with WHO on integrating NCDs in UN Development Assistance Frameworks (UNDAFs).</p>
WHO	WHO promoted synergy between the AIDS response and the Millennium Development Goals,

Organization	Achievement
	<p>the framework for global development, by bringing together the Chief Executives Board, United Nations Development Group (UNDG) and Committee of Cosponsoring Organizations (CCO), and intergovernmental forums such as the United Nations Economic and Social Council and the United Nations General Assembly for discussions. Synergies were pursued also through dialogue and participation in the governing bodies of international health organizations, such as the, the Global Alliance for Vaccines and Immunisation (GAVI), and the global health initiative UNITAID.</p> <p>As part of this effort, WHO developed a guidance note for all staff on how to optimize synergies across Millennium Development Goals 4, 5, and 6. In many countries, programme planning and financial and technical support need to be better aligned with national health policies, strategies and plans. The guidance will help programming and resource mobilization, especially from the Global Fund and Global Alliance for Vaccines and Immunization. An internal WHO working group was established to ensure effective coordination between relevant departments to improve maternal and child health by using prevention of mother-to-child transmission as the entry point.</p>
Secretariat	<p>The UNAIDS and Lancet Commission: Defeating AIDS – Advancing global health continued its deliberations on strategies to ensure the vision of the global AIDS movement is realised over the coming decades. The second meeting of the Commission, in London, considered the results of 22 global consultations and principals agreed on a programme of action. Since it was established in 2013, more than 40 heads of state and political leaders, HIV and health experts, young people, scientists and private sector representatives have taken part in dynamic think-tank consultations and debates.</p> <p>The Secretariat advanced UNAIDS’ corporate priorities at conferences and High Level Meetings in 2014, including the International AIDS Conference in Melbourne. This provided a global platform to promote key messages about the importance of the AIDS response in the post-2015 development agenda, of ensuring no one is left behind and ending the AIDS epidemic as a public health threat by 2030.</p> <p>The Secretariat, using innovative financing strategies, helped 14 countries in sub-Saharan Africa estimate their capacity to increase fiscal space for HIV through government budgetary allocation.</p>
Joint	<p>The 34th and 35th Programme Coordinating Board meetings were updated on the AIDS response after 2015, and the Chair of the 34th PCB conveyed the decision on positioning the AIDS response in the post-2015 development agenda to the President of the United Nations General Assembly and the Secretary-General.</p> <p>UNAIDS’ engagement in the UN Chief Executives Board (CEB) and its three subsidiary bodies, the United Nations Development Group, the High Level Committee on Management (HLCM) and the High Level Committee on Programmes (HLCP), helped ensure the contributions of the Joint Programme were included in the system-wide discussions and processes on ‘fit for purpose’ and the post-2015 agenda. These discussions devoted significant attention to improving operational effectiveness and alignment in the UN system across key themes such as workforce, new business models, accountability, risk management and data.</p> <p>The 12th ASEAN Health Ministers Meeting in Viet Nam in September 2014 issued a joint statement reiterating its commitment to better health for the ASEAN community beyond 2015. Twelve resolutions were agreed, the ninth a commitment to mobilize and diversify resources at national, regional and international level to accelerate the Declaration on the Conduct of Parties in the South China Sea on getting to zero and and Millennium Development Goal 6. The meeting committed to reviewing the ASEAN AIDS response and working towards ending HIV/AIDS as a</p>

Organization	Achievement
	public health threat, and increasing domestic funding to sustain the response.

D2: Coordination, coherence and partnerships

Output D2.1.1 National capacity to address prevention, treatment, care and support

Indicator

Indicator D2.1.1: UN Joint Team contributed to strengthen national capacity to adapt and use normative guidance, policy advocacy and technical support for the implementation of priority areas of the AIDS response.

90% of Joint Teams (N=95) contributed to strengthen national capacity to adapt and use policy advocacy for the implementation of priority area of the AIDS response in 2014; 85% supported the use of technical support; 71% strengthened national capacity to use normative guidance.

Core resource expenditure in 2014

Region	World Bank	Secretariat	TOTAL
Global	15 534	7 144 561	7 160 095
HICs	92 559	4 512 230	4 604 789
AP	14 747	1 311 880	1 326 627
CAR	5 813	477 034	482 847
EECA	11 917	870 640	882 557
ESA	26 250	203 877	230 127
LA	6 531	691 288	697 819
MENA	4 920	301 723	306 643
WCA	13 130	511 096	524 226
TOTAL	191 401	16 024 329	16 215 730

Achievements

Organization	Achievement
World Bank	The World Bank, through its analytical work and technical assistance, nurtures close partnerships with governments, domestic and international nongovernmental organizations, civil society organizations and academic partners, supporting national capacity to address prevention, treatment and care. The Bank has worked in several high-priority countries through a joint regional initiative with the UNAIDS Secretariat and USAID for scaling up services for female sex workers and also via regional training sessions to enhance the capacity of country programme managers and civil society organizations to deliver services. It has built capacity to conduct multi-country epidemic and allocative efficiency analyses through regional workshops that will facilitate national strategic planning. The Bank, with UNAIDS, UNDP and its partners, supported countries in Eastern Europe and Central Asia to develop investment cases, bringing together cost-effectiveness and implementation science data to help them make informed cases for sustaining investments in HIV and AIDS.
Secretariat	The Secretariat organized a global HIV prevention meeting in April 2014 to re-energize global commitment to HIV prevention and make recommendations for future actions. National AIDS commission managers from 14 priority countries and key partners, including civil society

Organization	Achievement
	<p>organizations, attended the consultation that sought to increase the focus and intensity of HIV prevention efforts, with emphasis on innovation and accountability. A framework and ambitious targets towards ending AIDS were agreed (500 000 new adult infections by 2020, 200 000 by 2030). Countries were invited to consider integrating new HIV prevention elements into their strategies based on identified gaps; for example, preventing mother-to-child transmission, treatment and testing, and key populations. These elements include new and digital media, expanding business models to scale up key population interventions, innovative ways to distribute condoms, and promoting cash transfers (social protection) for young women, pre-exposure prophylaxis (PrEP) and non-surgical male circumcision.</p> <p>Four global work platforms were established to support efforts to reach the 90-90-90 target, which states that by 2020, 90% of people living with HIV will know their status, 90% of people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of people receiving antiretroviral therapy will have viral suppression: diagnostics access initiative; global paediatric treatment initiative; key populations; human resources.</p> <p>The platforms aim to be self-supporting, with Secretariat back-up and strategic guidance, and will work with partners including the Centers for Disease Control and Prevention and the International Association of Providers of AIDS Care.</p> <p>Progress continued on the 'Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive', led by UNAIDS and PEPFAR. Since 2009, eight of the 21 priority countries have achieved reductions of 50% or more in new HIV infections among children.</p>
<p>Joint</p>	<p>The Secretariat, the World Bank, the Global Fund and PEPFAR, recognizing the challenges of protecting young women and adolescent girls and their disproportionate vulnerability to HIV, developed preliminary guidance after a series of consultations, specifically on cash transfers, plus a Programme Coordinating Board session on social protection. The PEPFAR DREAMS initiative, to ensure girls have an opportunity to live determined, resilient, empowered, AIDS-free, mentored and safe lives, is closely modelled around this joint work for expanding HIV prevention and on gender-based violence. UNDP, UNFPA and UN Women also contribute to the partnership, which works with a range of other organizations (including the International Association of Providers of AIDS Care, the human settlements programme UN-Habitat, the Centre for the AIDS Programme of Research in South Africa, and Stop TB) and the BRICS countries (Brazil, China, India, the Russian Federation and South Africa) to increase country capacity in dealing with national HIV processes, including prevention, treatment, gender equality and Global Fund concept notes.</p> <p>In the Caribbean region UNAIDS led the process of advocating for countries to develop investment cases to sustain their AIDS response. Following the adoption of the 90-90-90 targets in the region the 10 investment cases developed by countries and the one for the Eastern Caribbean region have aligned to the 2020 targets.</p> <p>In the West and Central Africa region, more than 500 UN staff and dependents took part in a UN Cares/UN family day in Dakar organized by national and regional UN agencies and civil society partners. In addition to AIDS and other regional issues, they were sensitized on Ebola. Youth organizations AIESEC and One World, and people living with HIV, led sessions for young people and adults.</p>

Output D2.1.2 Partnerships for the elimination of new child infections

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	440 938	440 938
HICs	1 927 022	1 927 022
AP		-
CAR	62 180	62 180
EECA	121 272	121 272
ESA	1 249 350	1 249 350
LA	502 640	502 640
MENA		-
WCA	1 338 181	1 338 181
TOTAL	5 641 583	5 641 583

Achievements

Organization	Achievement
Secretariat	<p>The Secretariat helped to advance the African Union's Pharmaceutical Manufacturing Plan to locally produce essential medicines on the continent. Using the opportunity of the African Union conference of ministers of finance, planning and economic development in Abuja in March 2014, the AU, UNAIDS, UNECA and UNIDO invited the ministers to a high-level meeting on <i>Local Manufacture of Pharmaceuticals: an Untapped Opportunity for Inclusive and Sustainable Industrial Development in Africa</i>.</p> <p>The singer Rihanna, through her partnership with the M*A*C AIDS Fund, now serves as a global ambassador to promote HIV testing and treatment scale-up for young people. Financial support from the M*A*C fund, the governments of Japan and Luxembourg and the Canadian province of British Columbia, the Centers for Disease Control and Prevention, and the African Society of Laboratory Medicine helped UNAIDS to scale-up of treatment. The thinking on scale-up was disseminated throughout the AIDS scientific world by UNAIDS Special Advisor on HIV Treatment Dr Julio Montaner.</p> <p>Some examples of work in the West African region include initiatives such as the promotion of task shifting policy for ART in Chad and Côte d'Ivoire, and B+ in four WCA countries. The first ladies of Chad, Côte d'Ivoire and Gabon were mobilized as EMTCT champions that helped to increase the involvement of professional societies (gynaecologists and midwives) for accelerated EMTCT, task shifting and integration of services.</p>
Joint	<p>The number of children living with HIV is decreasing in areas of the world that account for most new infections. This is mainly due to the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive, a country-led initiative co-chaired by UNAIDS and the United States President's Emergency Plan for AIDS Relief (PEPFAR), and implemented in collaboration with WHO, UNICEF and core partners.</p> <p>Since 2009, there has been a 43% decline in new HIV infections among children in the 21 sub-Saharan priority countries, from 350 000 in 2009 to 199 000 in 2013. Eight priority countries in sub-Saharan Africa (Botswana, Ethiopia, Ghana, Malawi, Mozambique, Namibia, South Africa and Zimbabwe) have reduced new HIV infections among children by 50% or more. In 2013, nearly 70 per cent of pregnant women living with HIV in the focus countries were receiving</p>

Organization	Achievement
	<p>antiretroviral prophylaxis to prevent transmission of HIV to their infants</p> <p>The Global Plan initiative supported a country-by-country strategy to accelerate results, including access to and use of prevention of mother-to-child transmission services. Six countries representing more than 60% of new child infections (Kenya, Mozambique, Nigeria, Uganda, the United Republic of Tanzania and Zambia) were identified as highest priority. The Global Plan is mobilizing efforts to support women during the breastfeeding period, and ensure nursing mothers living with HIV have access to antiretroviral medicines to reduce the risk of HIV transmission. UNAIDS and the Global Fund renewed their cooperation agreement to help countries achieve fast-track targets to end the AIDS epidemic as a global health threat by 2030. Coordination with PEPFAR continued on several levels, including the DREAMS initiative for expanding HIV prevention and work on gender-based violence.</p> <p>UNAIDS Secretariat helped countries improve health services for women, newborns, children and adolescents. As part of H4+, the Swedish International Development Cooperation Agency funds to UNAIDS are managed and directed to support country-level activities in Cameroon, Côte d'Ivoire, Ethiopia, Guinea-Bissau, Liberia and Zimbabwe. Efforts are being made to strengthen community engagement and a human rights based approach in reproductive, maternal and child health interventions. The Secretariat is strategically engaged with the Executive Office of the Secretary-General to develop the Every Woman Every Child Global Strategy 2016–2030.</p> <p>UNAIDS and WHO are supporting efforts to validate countries that achieve elimination of mother-to-child transmission of HIV and syphilis.</p>

Output D2.2.1 Community data influencing HIV policies and plans

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	28 527	28 527
HICs	321 196	321 196
AP		-
CAR		-
EECA		-
ESA		-
LA	504 195	504 195
MENA		-
WCA	350 298	350 298
TOTAL	1 204 216	1 204 216

Achievements

Organization	Achievement
Secretariat	<p>The <i>Cities Report</i> published in December 2014 shows that urban areas globally, which are home to more than a quarter of people living with HIV and particularly affected by HIV, have a critical need for effective leadership at the local level. Complementing the report, mayors from around the world made a set of commitments to end AIDS. Earlier in the year, the inaugural Cities for Social Transformation meeting took place on the sidelines of the 20th International AIDS</p>

Organization	Achievement
	<p>Conference in Melbourne where it was agreed that cities and local leadership were crucial to ending the epidemic by 2030.</p> <p>The Secretariat led UN work with faith-based organizations to address the Ebola epidemic, providing technical support to develop a strategy and community engagement guidelines in vaccine clinical trials, and inputs for a safe and dignified burial protocol.</p>
Joint	<p>Community-level results have not always been systematically and rigorously evaluated. To address this, the World Bank and partners (UNAIDS Secretariat, the Bill & Melinda Gates Foundation, the Department for International Development and StopAIDS) conducted 17 studies, including evaluations in Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, Republic of South Africa and Zimbabwe to build a robust pool of evidence on the effects of community responses to the HIV epidemic. The findings suggest communities have produced significant results, such as improving HIV knowledge, changing behaviours, increasing the use of HIV and health services and decreasing sexually transmitted infections among sex workers. Such advances support the efficacy of multisectoral AIDS plans that include communities and civil society for lasting social change.</p> <p>The Joint Programme developed new models to engage communities in preventing mother-to-child transmission and to empower women living with HIV to advocate for a human rights-based approach in sexual, reproductive and maternal child health policies and programmes.</p> <p>The Global Coalition of Women and AIDS disseminated strategic information on the challenges faced by adolescent girls and young women in the context of HIV, violence and their sexual and reproductive health and rights. This contributed to the high-level discussions at the 58th session of the Commission on the Status of Women and through the Open Working Group on the Sustainable Development Goals, to ensure gender was included in HIV and other health-related targets.</p> <p>In the Eastern Europe and Central Asia (EECA) region, UNESCO, UNICEF and UNDP supported the development of ICT-based resources to boost outreach to key audiences, for example: multi-language website for adolescents on sexual and reproductive health (teenslive.info); interactive educational video game about the harm caused by drug use (Xroad.tv); resource for sex workers (malina-center.by), and a new mobile application to assess personal risks of HIV and locate a youth health centre for HIV testing and counselling on a Google map.</p> <p>More than 26 000 educators from EECA countries benefited from access to multiple resources on health and life skills, sexual and reproductive health and HIV education available in Russian and Ukrainian at www.autta.org.ua.</p>

Output D2.2.2 Civil society in national planning and programmes

Indicators

Indicator D2.2.2a: UN Joint Team contributed to strengthen civil society engagement in the national response

All Joint Teams (N=99) provided support to strengthen civil society engagement in the national response in 2014. Advocacy, technical assistance and training were the most significant forms of support provided by Joint Teams.

Indicator D2.2.2b: National Strategic Plans benefited from a UN quality assurance/peer review

71% of Joint teams (N=99) were involved in the development of their country's NSP in 2014. The Joint Teams further reported that these NSP development processes benefitted from external quality assurance /peer review

by the following entities:

- ASAP : 89%
- Other UN: 97%
- Bilateral: 73%

Core resource expenditure in 2014

Region	World Bank	Secretariat	TOTAL
Global	44 095	4 909 626	4 953 721
HICs	182 798	141 477	324 275
AP	47 803	-	47 803
CAR	3 349	-	3 349
EECA	6 690	-	6 690
ESA	13 105	-	13 105
LA	3 869	130 400	134 269
MENA	3 558	104 042	107 600
WCA	15 679	208 232	223 911
TOTAL	320 946	5 493 777	5 814 723

Achievements

Organization	Achievement
World Bank	<p>Community-level results have not always been systematically and rigorously evaluated. To address this, the World Bank and partners UNAIDS Secretariat, the Bill & Melinda Gates Foundation, the Department for International Development and StopAIDS conducted 17 studies, including evaluations in Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa and Zimbabwe to build a robust pool of evidence on the effects of community responses to HIV and AIDS. The findings suggest communities have produced significant results, such as improving HIV knowledge, changing behaviours, increasing the use of HIV/health services and decreasing sexually transmitted infections among sex workers. These advances show the benefits of having multisectoral AIDS plans that engage communities and civil society for lasting social change. World Bank-financed HIV programmes for key populations are typically delivered through nongovernmental organizations with local experience and expertise.</p>
Secretariat	<p>The Secretariat promoted technology innovation to accelerate progress in planning and programming in simple, cost-effective ways. For example, iMonitor, a mobile application used in Asia, allows communities to report in real time on treatment disruption, stock-outs, quality of services and stigma. It helped programme managers in Thailand respond rapidly to sex workers' reports of police harassment. In Rwanda, the TRACnet system permits health workers to more easily access and share health information via mobile phones.</p> <p>UNAIDS country and regional offices have led inclusive consultative country processes with specific outreach to ensure civil society engagement and representation at the planning table for Global Fund Concept Note development. Country dialogues have been convened in 44 countries submitting HIV or single HIV and TB Concept Notes in 2014.</p> <p>UNAIDS is taking advantage of the data revolution by enabling the Global Fund, PEPFAR and other partners and countries to use location-population approaches to invest funds where they are most needed and to monitor results in real time. Using household surveys, it is possible to map the locations of greatest burden and need, which in turn enables resources to be allocated</p>

Organization	Achievement
	<p>more efficiently. One example was when the Secretariat disaggregated data in Nigeria to facilitate State-level planning.</p> <p>The National AIDS Spending Assessments tool has been updated to align it with PEPFAR's expenditure analysis, which shows how PEPFAR funds are used in each country/region, according to detailed cost categories and the WHO/Organisation for Economic Co-operation and Development health accounts system. Guidance will be launched in 2015 to simplify and promote social accounting of HIV investments.</p>
<p>Joint</p>	<p>The Joint Programme worked with the Global Fund to help implement gender assessments in more than 30 countries in all regions, using the UNAIDS Gender Assessment Tool to analyse epidemics, context and responses. Such work led to strategic recommendations on national processes and inputs into Global Fund concept notes, and provided the basis for consolidating and using evidence on violence and women and girls and HIV. UN Women established a Technical Working Group, co-convened with the Global Fund, with the participation of UNAIDS Secretariat, UNDP, UNFPA, WHO, donors and civil society organizations, to provide countries with technical assistance and continuing support for identifying opportunities to integrate gender equality priorities and women's and girls' needs in the Global Fund concept notes. A menu of key interventions on gender-transformative programming to support the development of concept notes was commissioned and disseminated for country use.</p> <p>In the Asia and Pacific region, a study on violence against sex workers conducted by UNDP, UNFPA, UNAIDS Secretariat, the Asia Pacific Network of Sex Workers and the Center for Advocacy on Stigma and Marginalization, received the Robert Carr Memorial Award for its partnership approach. The award is a continuation of the Jamaican AIDS activist's vision of collaboration between community representatives, academic researchers and advocates to advance human rights-based practices.</p> <p>UN Women supported representatives of women living with HIV to take part in decision-making processes in 33 countries where they helped develop or review national strategic plans, prepare Global Fund concept notes and shadow reporting on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and draft constitutions. These forums enabled women living with HIV and key affected populations to highlight stigma and gaps in access to services. For example, the Kenya AIDS Strategic Framework now includes specific strategies to address: inequity in condom distribution, especially female condoms, to priority populations; the high rate of HIV infections among young girls and women of reproductive age; and late entry to treatment and care of pregnant women living with HIV.</p>

Output D2.2.3 Skills built on gender, greater involvement of people living with HIV and human rights

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	43 595	43 595
HICs	1 328 872	1 328 872
AP	266 678	266 678
CAR	108 775	108 775
EECA	148 514	148 514
ESA	21 132	21 132

LA	17 414	17 414
MENA		-
WCA	6 252	6 252
TOTAL	1 941 232	1 941 232

Achievements

Organization	Achievement
Secretariat	<p>UNAIDS and Funders Concerned About AIDS organization convened a meeting in Geneva in June 2014 with private funders, donor government representatives, the Global Fund, and leading human rights activists to consider findings that less than 1% of annual funding for the global AIDS response supported human rights programming. The meeting considered how to break down silos between HIV donors and human rights donors, and articulated a shared commitment to sustain human rights work related to HIV. (http://www.unaids.org/en/resources/presscentre/featurestories/2014/june/20140617rightsfundes)</p> <p>The Secretariat worked with the International AIDS Alliance and the Ford Foundation to develop a training resource pack for country-level workshops to integrate human rights in national strategic plans.</p> <p>The Secretariat organized two regional workshops in the Caribbean and Eastern Europe and Central Asia to build capacities of more than 100 key national stakeholders to integrate human rights programming into national strategic plans on HIV, investment cases and concept notes to the Global Fund New Funding Model.</p> <p>In Latin America, recognising the lack of documentation of gender responsive HIV programming, the Secretariat developed a peer reviewed publication covering sexual and reproductive health rights, female condom promotion and distribution, prevention among lesbian and bisexual women, and vulnerabilities among transgender women. The documented innovative and good practices were widely disseminated, including through online webinars, promoting South-South exchange and learning, and with policy makers in a joint event between UNAIDS and the Inter-American Commission on Women</p>
Joint	<p>UN Plus, a global group of more than 200 United Nations staff living with HIV, reframed its mandate and refocused its direction after its first evaluation. The results from this exercise will feed into programmes and strategies for 2015.</p> <p>To commemorate International Day for the Elimination of Violence against Women in November and the 16 Days of Activism against gender-based violence, UNAIDS and the Namibian Ambassador to the UN launched <i>Women living with HIV speak out against violence</i>, a collection of essays written by women living with and affected by HIV. Other publications included <i>Unite with Women, Unite Against Violence and HIV</i>, which was launched in March during the High Level Panel at the 58th session of the Commission on the Status of Women.</p>

Output D2.3.1 HIV plans alignment and integration into health and development plans

Core resource expenditure in 2014

Region	Secretariat	WHO	World Bank	TOTAL
Global	724 853	170 200	30 508	925 561
HICs	874 510	103 500	182 772	1 160 782
AP	516 967	36 800	14 604	568 371
CAR	63 477	4 600	4 512	72 589
EECA	634 704	23 000	19 017	676 721
ESA	-	46 000	6 482	52 482
LA	230 384	9 200	5 212	244 796
MENA	71 824	23 000	3 495	98 319
WCA	739 971	43 700	7 983	791 654
TOTAL	3 856 690	460 000	274 585	4 591 275

Achievements

Organization	Achievement
WHO	WHO supported 23 countries carry out epidemiological analyses and 29 countries conduct programme reviews as a prelude to developing new national AIDS strategies. In addition, WHO helped 16 countries revise or update their national AIDS strategies.
Secretariat	<p>A technical guide for demonstrating value for money of HIV interventions, for national strategic planning and proposals to donors, will be rolled out in countries in 2015. The guide delineates the principles, gives practical advice and examples, and lists different tools and analysis that can be used to show value for money.</p> <p>The Secretariat, using innovative financing strategies, helped 14 countries in sub-Saharan Africa estimate their capacity to increase fiscal space for HIV through direct government budgetary allocation.</p> <p>Greater investment in HIV through domestic funding contributes to ownership and sustainability of HIV responses. The Secretariat helped 14 countries in sub-Saharan Africa estimate their capacity to increase fiscal space for HIV through direct government budgetary allocation and innovative financing mechanisms. Several countries in Sub-Saharan Africa, including Zimbabwe, Malawi, DRC and Liberia reported more than a 100% increase in domestic spending between 2009 and 2013. In Botswana, Seychelles, Mauritius, domestic resources for HIV accounted for more than 70% of total AIDS funding.</p> <p>UNAIDS is taking advantage of the data revolution, enabling the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other partners and countries to use location-population approaches to invest funds where they are most needed and to monitor results in real time. Using household surveys, it is possible to map the locations of greatest burden and need, which in turn enables resources to be allocated efficiently.</p>
Joint	<p>WHO worked closely with the World Bank, the UNAIDS Secretariat and other Cosponsors to finalize the UNAIDS guidance note on national HIV strategies.</p> <p>The Secretariat worked with the World Bank and the Global Fund to increase the effectiveness</p>

Organization	Achievement
	<p>of AIDS investments. In a recent example, support was provided to Sudan to reallocate almost 40% of its Global Fund application to avert 20 000 additional infections, or 36% of all new infections, for the same overall budget.</p> <p>UNAIDS continues to collaborate with PEPFAR to help countries implement the investment approach in national planning processes. The UNAIDS investment approach closely aligns with PEPFAR's planning methodologies and is designed to use epidemiological and other relevant data to target resource allocation based on geography and the type of intervention.</p>

Output D2.3.2 Strategic information tools for decision-making

Indicator

Indicator D2.3.2: Standardised and recognised strategic information tools for NSP reviews are used with UN Joint Team support

In comparison with 2012 JPMS survey results, there has been a significant increase in the use of standardised and recognised strategic information tools for NSP reviews with Joint Teams support, in particular:

- Modes of transmission: 49% to 75%
- AIDSInfo: 59% to 80%
- National AIDS Spending Assessment: 66% to 70%
- Gender Audit: 29% to 69%
- EPP/Spectrum: 79% to 97%

Core resource expenditure in 2014

Region	WHO	World Bank	Secretariat	TOTAL
Global	340 400	15 534	5 161 312	5 517 246
HICs	184 000	137 326	2 661 402	2 982 728
AP	27 600	14 747	25 843	68 190
CAR	4 600	4 612	48 201	57 413
EECA	16 100	11 917	35 387	63 404
ESA	31 280	26 080	168 793	226 153
LA	5 980	2 624	32 419	41 023
MENA	9 200	2 349	136 519	148 068
WCA	24 840	13 130	378 173	416 143
TOTAL	644 000	228 319	8 648 049	9 520 368

Achievements

Organization	Achievement
WHO	<p>WHO updated the Second Generation Surveillance for HIV/AIDS package (2012–2013) with two new modules: guidelines to measure mortality; and guidelines on replacing antenatal care surveillance with programmatic data from prevention of mother-to-child transmission. Both guides aim to improve surveillance and help create more reliable and sustainable systems in the long term. The WHO HIV incidence technical working group recommended a technical update on the use of HIV incidence assays for estimating HIV incidence at population level. An update of the national population surveillance guidelines is planned for 2015.</p>

Organization	Achievement
World Bank	<p>The World Bank, working with the Secretariat, used its economic and technical expertise and links with finance and planning ministries to help countries prioritize and fine-tune their HIV responses to maximize resources through allocative and implementation efficiencies, and programme effectiveness. Allocative efficiency analyses in several high-priority countries have provided financial and epidemiologic projections that will shape national HIV investments. Technical efficiency studies to improve HIV service and intervention delivery have been conducted, and programme effectiveness studied through impact evaluation, modelling and desk reviews. Adherence to antiretroviral therapy has been evaluated in South Africa, while efforts to create demand for voluntary medical male circumcision are continuing in Malawi. An open-access desk review of global HIV incidence trends in 20 sub-Saharan countries since 1990 provides information on the historical effectiveness of national HIV responses. The Bank has developed a financial diagnostic tool for assessing the sustainability of national HIV programmes and helped governments develop strategies for financial sustainability, including integrating HIV and universal health coverage.</p>
Secretariat	<p>The UNAIDS Secretariat helped produce high-quality, nationally owned estimates that guided strategic decisions on AIDS responses in 158 countries. These estimates were used to calculate potential future impacts, helping the Secretariat and partners determine service needs. For example, in Angola the national HIV/AIDS estimation and projection fed into the Global AIDS Response Progress Report (GARPR), which in turn was used during the NSP IV review and NSP V formulation and costing exercises. The process helped to ensure better engagement of civil society and key populations in government strategic planning, and was vital in developing the Global Fund concept note.</p> <p>Modelling of location-specific epidemics provided a list of 200 cities with high HIV prevalence, setting the foundation for a Fast-Track Cities strategy. The cost of a Fast-Track approach and the returns on investment to end the AIDS epidemic by 2030 were also studied. Analysis showed that implementing a Fast Track approach to ending the AIDS epidemic worldwide by 2030 could provide a 15-to-1 return on investment.</p> <p>The Secretariat generated strategic information on AIDS economics and financing, including global resource flows, resource needs estimates and unit costs, as well as a costing guideline and tools for estimating unit costs in facilities. Subnational maps for 12 countries showing HIV prevalence and density at district level were used for programming and planning.</p>
Joint	<p>UNAIDS coordinated the preparation of the 2014 report of the UN Secretary-General, <i>Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era</i>. (http://www.unaids.org/sites/default/files/media_asset/20140606_UN_SG_GA.pdf)</p> <p>The Economics Reference Group (ERG) convened by UNAIDS identified four domains of sustainable financing as a basis for supporting countries. The group developed a policy brief on the experiences of 13 countries, including HIV interventions in national health financing schemes and benefits. A standard donor-country compact supporting the smooth transition of HIV financing towards domestic sources has been established following case studies in South Africa and Thailand. The ERG Technical Working Group on Allocative Efficiency and Programme Effectiveness (chaired by the World Bank) has produced an inventory of the different resource allocation models and will provide guidance to countries on these. The ERG Technical Working Group for Costing and Technical Efficiency (Chaired by the Gates Foundation and the US CDC) has identified overlaps and gaps in costing and technical efficiency studies, and is working towards defining a framework for measurement of technical efficiency for HIV interventions and producing guidance on how countries can reflect the costing data into their programme planning</p>

Organization	Achievement
	<p>and implementation.</p> <p>An indicator working group within the UNAIDS Monitoring and Evaluation Reference Group updated its indicator standards. It recommended key population data be reported, age ranges in surveys extended and reporting requirements between stakeholders harmonized. It also developed a plan for reviewing global indicators and revising the UNAIDS National Commitments Policy Index to reflect post-2015 interests..</p> <p>A systematic review of the quality of HIV/AIDS evaluations was initiated in 2014, focusing on treatment and prevention in peer-reviewed over the past five years. The study will identify gaps in evaluation quality and concentrate future efforts to promote standards.</p> <p>In the Asia and Pacific region, the joint efforts of UNAIDS Secretariat, UNESCO, UNFPA and UNICEF helped expand skills to promote high-quality strategic information on young key populations in Asia, including support for a five-country review of available data by UNICEF's Regional Office for South Asia.</p> <p>The Consolidated Strategic Information Guide will be released in May 2015 after the UNAIDS Secretariat, the Global Fund, UNICEF, and the US President's Emergency Plan for AIDS Relief worked to bring together the indicators across the health sector response to HIV. A surveillance component has been added to ensure data is generated to fill the key indicators.</p>

Output D2.4.1 Technical support to strengthen community systems and HIV services

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	3 214 272	3 214 272
HICs	1 156 534	1 156 534
AP	324 934	324 934
CAR	-	-
EECA	37 981	37 981
ESA	36 167	36 167
LA	61 202	61 202
MENA	565 233	565 233
WCA	404 743	404 743
TOTAL	5 801 066	5 801 066

Achievements

Organization	Achievement
Secretariat	<p>The UNAIDS Secretariat regional support teams assisted more than 60 countries through 125 assignments under the Global Fund's new funding model.</p> <p>The Secretariat through the TSFs helped 95% of countries in Africa and Asia submit concept notes in windows 1 to 4 in 2014. This was through support for the building blocks of the concept note, including: investment cases developed in 33 countries; national strategic plans reviewed and revised in 18 countries; concept notes developed in 49 countries.</p> <p>In the Asia and Pacific region, the regional support team helped civil society organizations and</p>

Organization	Achievement
	<p>young people take part in dialogues with government delegates from 32 states at the UN Economic and Social Commission for Asia and the Pacific High Level Meeting on HIV/AIDS. More than 190 civil society participants, many representing key populations, raised issues around meeting targets, addressing legal barriers and efforts to sustain financing for national responses. The regional support team continued to assist the Partnership Forum on joint work with key populations.</p>
Joint	<p>A group of bilateral and multilateral partners who provide technical assistance for Global Fund grant support has been formed. The group, which includes the Government of the United States, the German BACKUP Initiative, the French 5% Initiative, UNAIDS Secretariat, WHO, Stop TB, Roll Back Malaria and the Global Fund, convenes monthly to improve the coordination of technical assistance requests from countries and other programme activities.</p> <p>Two subcommittees have been created, one on risk management, the other on quality assurance of technical support.</p>

D3: Mutual accountability

Indicators

Indicator D3.1a: Assessment of Joint UN Teams and Joint Programmes of Support on AIDS (JPS)

Joint UN Team on AIDS in 2014

- 83% of responding countries (N=98), including 33 High Impact Countries, have a functioning Joint Team that met at least two times in 2014. Average Joint Team membership is 10 ranging from 3 - 16
- 63% of Joint Teams conducted an annual multistakeholder review, of which 81% included the participation of national authorities.
- 79% of Joint Teams had adopted the UNAIDS Division of Labour.

Joint Programme of Support in 2014:

- 86% of Joint Teams have a Joint UN Programme of Support on AIDS that include an annual workplan
- 78% of Joint Teams have a Joint Programme of Support that had been adopted and/or endorsed by the UN theme group and/or UNCT
- 85% of Joint Teams has a Joint Programme of Support which was derived from the UNDAF (85%)
- 94% of Joint Teams had a Joint Programme of Support that was aligned to the National Strategic Plan

Indicator D3.1.1b: Financial expenditure of UN Joint Teams on AIDS by strategic goal/ function, country and geographical area

Financial data for all High Impact Countries was provided by all Cosponsors and the Secretariat globally for 2014, using the same method as 2012-2013, and as reflected in the country snapshots appearing on <http://results.unaids.org>

Output D3.1.1 Mutual accountability frameworks

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	14 485 392	14 485 392
HICs	635 491	635 491
AP	8 303	8 303
CAR	-	-
EECA	-	-
ESA	232 750	232 750
LA	108 212	108 212
MENA	-	-
WCA	-	-
TOTAL	15 470 148	15 470 148

Achievements

Organization	Achievement
Secretariat	The UNAIDS financing web portal, Investing for Results (https://results.unaids.org/), was introduced in November 2014 to better communicate the results of the Joint Programme and increase transparency and accountability around its work and its financing.. It provides an interactive platform with information on action at country level, results against priorities (UBRAF goals and functions), how UNAIDS raises and spends resources, and funding trends. The portal will complement paper-based reporting to the Programme Coordinating Board (PCB) by providing regularly updated programmatic and financial information.

Organization	Achievement
	Performance measuring and planning has become more systematic under the UBRAF, with progress against approved budgets and workplans assessed annually through a peer review process involving all UNAIDS Cosponsors and the Secretariat. Using the Joint Programme Monitoring System (JPMS) – at the core of the UBRAF reporting – every area of work reports consistently on achievements, challenges and future actions. Three years into the UBRAF, this has ensured more coherent planning, allowing the different parts of the Joint Programme to better understand and respond to changing epidemic priorities, and to adjust plans accordingly.
Joint	At the request of the 35 th PCB, UNAIDS started a multi-stakeholder consultative process to update and extend the UNAIDS 2011–2015 Strategy through the fast-track period 2016–2021. This will take account of the 2011 Political Declaration on HIV and AIDS, discussions on the post-2015 sustainable development goals (SDGs), and the quadrennial comprehensive policy review (QCPR). Building on the <i>Gap report</i> , and <i>Fast-Track</i> and <i>Cities</i> reports, the strategy will aim to mobilize political commitment and focus resources more sharply. It will also be accompanied by a 2016–2021 UBRAF.

Output D3.1.2 UNAIDS Division of Labour operational at all levels and monitored

Core resource expenditure in 2014

Region	WHO	World Bank	Secretariat	TOTAL
Global	138 000	14 697	5 821 181	5 973 878
HICs	46 000	91 826	1 014 207	1 152 033
AP	9 200	15 877	461 818	486 895
CAR	3 680	2 331		6 011
EECA	6 440	4 774		11 214
ESA	6 900	7 316	219 862	234 078
LA	4 600	2 619	24 185	31 404
MENA	8 280	2 468	299 016	309 764
WCA	6 900	11 838	493 702	512 440
TOTAL	230 000	153 746	8 333 971	8 717 717

Achievements

Organization	Achievement
Secretariat	<p>Guidance was updated for joint UN programmes and teams on AIDS to help work towards the 2015 global AIDS targets and to accelerate progress towards the common vision of the three zeros, including addressing gaps in country programmes and to speak out on key issues and drivers of the epidemic.</p> <p>Each of UNAIDS seven regions has a regional joint team with a slightly different approach. For example in West Africa, the RST coordinates the 'JURTA' which in 2012 expanded to include non-UN stakeholders. The 32 member organizations ranging from Cosponsors and other UN entities (OHCHR, OCHA, IOM); regional organizations (ECOWAS/WAHO, ECCAS); bilateral organizations (USAID, French 5% initiative), medical/pharmaceutical networks (Solthis, Esther, ACAME) to civil society organizations (for example specializing in HIV response such as AfriCASO or Aids Alliance; key populations such as AMSHeR and PLHIV networks; and human rights such as RADDHO or Association des Femmes Juristes). The JURTA operates through thematic working groups to collectively deliver on regional priorities, observing the Division of Labour.</p>
Joint	<p>A retreat with Cosponsor global coordinators and senior Secretariat staff was held in Vienna in October to consider how best to align the Joint Programme with the post-2015 development agenda and towards the goal of ending AIDS by 2030. The retreat resulted in a commitment to the Joint Programme and to ways of strengthening the partnership.</p> <p>The Division of Labour (DOL) was updated to integrate UN Women, the UN organization dedicated to gender equality and the empowerment of women, into the matrix. The DOL framework continues to guide planning and reporting at all levels.</p> <p>WHO promoted the Division of Labour framework at all levels in the UNAIDS system, taking an active role in the DOL areas in which it is the convening agency (treatment, HIV-associated tuberculosis, and as co-convenor with UNICEF on preventing mother-to-child transmission). WHO contributes to other DOL areas in collaboration with the convening agency and other Cosponsors.</p> <p>The Cosponsor Evaluation Working Group (CEWG), administered by the Secretariat, brings together Cosponsor focal points and monitoring & evaluation experts. It provides a global platform to discuss and advise on Joint Programme planning, reporting, and monitoring & evaluation. In 2014, it met every month and played a central role for UBRAF, case study and indicator development.</p>

Output D3.1.3 Cosponsors' HIV and AIDS results frameworks harmonization and alignment

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	1 151 635	1 151 635
HICs	41 798	41 798
AP	8 249	8 249
CAR	-	-

EECA	11 760	11 760
ESA	17 445	17 445
LA	2 778	2 778
MENA	-	-
WCA	24 255	24 255
TOTAL	1 257 920	1 257 920

Achievements

Organization	Achievement
Secretariat	<p>The Secretariat has been actively involved in developing the Standard Operating Procedures (SOPs), as part of joint UN efforts for a more coherent and results-oriented system, in line with the recommendations on improved functioning of the United Nations development system in the quadrennial comprehensive policy review (QCPR).</p> <p>The web-based tool, the Joint Programme Monitoring System (JPMS) introduced in 2012 is now the backbone of UNAIDS performance reporting. Reporting in the JPMS captures the country, regional and global organizational and thematic levels, with each successive level able to provide complementary reporting. As well as being linked to UNAIDS strategic goals and the global AIDS targets, the JPMS reporting is also aligned to country results frameworks, normally the UN Development Assistance Framework (UNDAF). Experience of the JPMS has showed that the existence of the four-year UBRAF structure and reporting has increasingly led to better planning and articulation of results by the Cosponsors and Secretariat at country and regional levels. 110 Joint UN Teams on AIDS produced a report. It has also increased transparency, accountability and access to performance information as the system acts as a database fully accessible across the Joint Programme. The ability to review results for a particular theme across all parts of the Joint Programme has facilitated reviews, planning and links to global groups such as inter-agency task teams.</p>
Joint	<p>Cosponsors' HIV frameworks are harmonized and aligned to the UNAIDS Strategy. Examples of integration between Cosponsor frameworks and the UBRAF include:</p> <ul style="list-style-type: none"> ▪ UNFPA The Integrated Results and Resources Framework (IRRF) refers to the organization's role in implementing UBRAF, with one outcome indicator sourced from UBRAF. ▪ UN Women The Strategic Plan 2014–2017 seeks to converge planning, particularly on results frameworks, by using UBRAF performance indicators to help monitor progress in addressing HIV and AIDS. ▪ UNODC The Global Programme is more aligned with the UBRAF, demonstrating its relevance in meeting broader, global commitments as one of the UNAIDS Cosponsors. ▪ UNESCO The Programme and Budget 2014–2017 translates UNESCO's responsibilities under the UNAIDS Division of Labour and the UBRAF into a specific expected result, and integrates Global AIDS Response Progress Reporting (GARPR) indicators and those developed with the UNAIDS Inter-Agency Task Team (IATT) on Education. At the workplan level, UBRAF indicators are used to assess projects funded by core and non-core UBRAF funds.

Output D3.2.1 UBRAF management and monitoring

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	10 241 954	10 241 954
HICs	254 070	254 070
AP	-	-
CAR	199 507	199 507
EECA	-	-
ESA	3 304	3 304
LA	-	-
MENA	-	-
WCA	208 482	208 482
TOTAL	10 907 317	10 907 317

Achievements

Organization	Achievement
Secretariat	<p>Extensive data collection and analysis went into the mid-term review of the UBRAF, which was presented to the 34th Programme Coordinating Board (PCB). A series of documents were prepared, including the main report, six country case studies (Cameroon, Guatemala, Indonesia, the Islamic Republic of Iran, Jamaica and Ukraine), reports on performance and financial monitoring and a compilation of external reviews. Conference room papers included those on UNAIDS' collaboration with the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and civil society, plus snapshots of the Joint Programme at country level in the High Impact Countries.</p> <p>It was the second year UNAIDS financial statements had been prepared under the International Public Sector Accounting Standards (IPSAS), providing a higher standard of financial reporting, greater transparency and increased accountability.</p> <p>The Secretariat modernized its human resources policies to promote organizational effectiveness and better support its staff. A document on the strategic realignment, <i>Strengthening UNAIDS Secretariat to deliver on the global AIDS targets and position AIDS in the post-2015 agenda</i>, demonstrated how costs were reduced by US\$ 48 million over a two-year period. General operating costs were reduced by 20%, and staffing decreased by 10% while the proportion of staff in the field rose to 70%.</p>
Joint	<p>Regular multi-stakeholder consultations were held to monitor UBRAF implementation. In October 2013, for example, a consultation considered the financial accountability and planning of the Joint Programme. It provided input for a Secretariat-structured risk-management strategy and helped finalize the revised indicator framework agreed by the 34th PCB. In March 2014, a multi-stakeholder consultation reviewed the context of the HIV epidemic and response, considered selected contributions of the Joint Programme, and made recommendations on reporting, data and priorities.</p> <p>In November 2014, a global Financing Dialogue was held with UNAIDS donors on efforts to mobilize political and financial support for ending AIDS. The consultation, a vote of confidence in</p>

Organization	Achievement
	<p>the UNAIDS leadership, recognized the relevance of continued joint programming for the post-2015 period and the need to maintain momentum and avoid complacency. UNAIDS developed a paper on the lessons learned from HIV and the Joint Programme that could be relevant for the Ebola response, which was presented to the Board in December 2014.</p> <p>The PCB visited Indonesia in October 2014 and saw how the country's integrated, decentralized response to AIDS has accelerated the strategic use of HIV treatment, increased testing and counselling, and strengthened HIV prevention services for key populations. The delegation included representatives from Australia, Brazil, El Salvador, the Islamic Republic of Iran, Luxembourg, Ukraine and Zimbabwe, as well as from the PCB nongovernmental organizations delegation.</p>

Output D3.2.2: Effective and efficient management of UNAIDS resources

Core resource expenditure in 2014

Region	Secretariat	TOTAL
Global	3 704 196	3 704 196
HICs	2 593 305	2 593 305
AP	274 171	274 171
CAR	79 330	79 330
EECA	328 044	328 044
ESA	448 816	448 816
LA	115 896	115 896
MENA	83 533	83 533
WCA	601 073	601 073
TOTAL	8 228 364	8 228 364

Achievements

Organization	Achievement
Secretariat	<p>The Secretariat pursued a proactive strategy for change to better support countries achieve the targets of the 2011 Political Declaration, and to position the organization to deliver most effectively after 2015. The organizational realignment focused on: aligning human and financial resources with UNAIDS vision and corporate priorities; strengthening staff deployment and skills for an increased country focus; and demonstrating value for money and cost-effectiveness.</p> <p>This realignment aimed to reinforce the Secretariat as an organization 'fit for purpose' in the global response to AIDS. It has focused on strengthening the organization by deploying staff and resources to best effect, including championing staff development and innovation, and enhancing the business model for greater effectiveness, efficiency and accountability.</p> <p>The Secretariat is reducing costs while maintaining the quality of support to countries and partners. Realignment provided an opportunity to rethink how resources are used and allocated for maximum impact. As a result, general operating expenses were reduced by 20% in the 2012–2013 biennium compared with 2010–2011.</p>

Summary: Joint Programme 2014 Expenditure

Strategic Goal / Function	Core	Other AIDS fund	Grand Total
A1: Reducing sexual transmission			
UNHCR	1 379 303	8 441 890	9 821 193
UNICEF	2 349 969	28 983 059	31 333 029
UNDP	2 287 508	106 246 856	108 534 364
UNFPA	6 648 328	38 096 257	44 744 585
UNODC	-	1 314 596	1 314 596
ILO	1 411 676	1 261 176	2 672 852
UNESCO	3 384 776	9 183 947	12 568 723
WHO	3 008 400	9 315 720	12 324 120
World Bank	921 991	1 296 967 084	1 297 889 075
Subtotal A1	21 391 951	1 499 810 585	1 521 202 537
A2: Eliminating vertical transmission			
UNHCR	433 603	3 857 169	4 290 772
UNICEF	1 956 063	23 141 667	25 097 730
WFP	551 694	597 370	1 149 064
UNDP	-	4 737 763	4 737 763
UNFPA	695 440	18 500 378	19 195 818
UNODC	-	281 691	281 691
WHO	2 681 800	9 330 840	12 012 640
Subtotal A2	6 318 600	60 446 878	66 765 478
A3: Preventing HIV among people who use drugs			
UNICEF	316 641	3 511 740	3 828 381
UNDP	168 565	19 980 064	20 148 629
UNFPA	98 343	54 257	152 600
UNODC	5 750 000	7 793 631	13 543 631
UNESCO	196 351	393 228	589 579
WHO	929 200	2 992 320	3 921 520
World Bank	3 279 716	-	3 279 716
Subtotal A3	10 738 816	34 725 240	45 464 056
TOTAL (PREVENTION)	38 449 367	1 594 982 703	1 633 432 071

Strategic Goal / Function	Core	Other AIDS fund	Grand Total
B1: Accessing treatment			
UNHCR	968 771	4 454 644	5 423 415
UNICEF	1 036 959	11 857 190	12 894 149
WFP	1 533 217	22 567 093	24 100 310
UNDP	460 378	67 684 907	68 145 285
UNODC	-	514 755	514 755
ILO	771 183	922 542	1 693 725
UNESCO	121 339	568 034	689 373
WHO	5 934 000	19 794 960	25 728 960
World Bank	-	154 695 382	154 695 382
Subtotal B1	10 825 847	283 059 507	293 885 354
B2: Avoiding TB deaths among people living with HIV			
UNICEF	78 487	928 190	1 006 677
WFP	35 989	6 822 281	6 858 270
UNDP	-	47 828 258	47 828 258
UNODC	-	686 317	686 317
ILO	220 931	662 907	883 838
WHO	1 403 000	5 292 360	6 695 360
Subtotal B2	1 738 407	62 220 313	63 958 720
B3: Protecting the vulnerable			
UNHCR	1 116 019	3 616 583	4 732 602
UNICEF	1 868 776	21 206 790	23 075 566
WFP	2 275 379	15 277 779	17 553 158
UNDP	466 318	11 783 418	12 249 736
UNODC	-	358 775	358 775
ILO	720 584	1 104 194	1 824 778
UNESCO	122 872	598 454	721 326
WHO	170 200	1 355 760	1 525 960
World Bank	1 769 659	-	1 769 659
Subtotal B3	8 509 807	55 301 753	63 811 560
TOTAL (TREATMENT CARE AND SUPPORT)	21 074 061	400 581 573	421 655 633

Strategic Goal / Function	Core	Other AIDS fund	Grand Total
C1: Reducing punitive laws			
UNHCR	321 579	1 043 387	1 364 966
UNICEF	202 270	1 741 966	1 944 236
UNDP	1 638 013	17 238 446	18 876 459
UNFPA	435 665	778 372	1 214 037
UNODC	-	1 185 861	1 185 861
ILO	1 180 662	1 171 378	2 352 040
UNESCO	463 470	615 278	1 078 748
WHO		585 360	585 360
Subtotal C1	4 241 659	24 360 048	28 601 707
C2: Eliminating HIV-related travel restrictions			
UNHCR	109 078	662 904	771 982
UNDP	47 534	-	47 534
ILO	143 744	238 550	382 294
Subtotal C2	300 356	901 454	1 201 810
C3: Addressing HIV needs of women and girls			
UNHCR	154 540	1 679 125	1 833 665
UNICEF	359 890	3 347 184	3 707 074
UNDP	1 077 817	22 807 416	23 885 233
UNFPA	302 894	776 391	1 079 285
UNODC	-	1 647 071	1 647 071
UN Women	2 818 062	9 027 738	11 845 800
ILO	358 794	891 273	1 250 067
UNESCO	732 930	1 748 549	2 481 479
WHO	184 000	1 083 240	1 267 240
Subtotal C3	5 988 927	43 007 987	48 996 914
C4: Stopping gender-based violence			
UNHCR	417 107	808 679	1 225 786
UNICEF	451 919	3 777 079	4 228 998
WFP	-	-	-
UNDP	842 761	8 032 741	8 875 502
UNFPA	339 113	6 431 865	6 770 978
UNODC	-	461 203	461 203
UN Women	957 898	8 323 394	9 281 292
ILO	261 690	806 841	1 068 531
UNESCO	585 649	1 646 950	2 232 599
WHO	179 400	756 720	936 120
World Bank	-	69 275 000	69 275 000
Subtotal C4	4 035 537	100 320 472	104 356 009
TOTAL (HUMAN RIGHTS AND GENDER)	14 566 478	168 589 961	183 156 439

Strategic Goal / Function	Core	Other AIDS fund	Grand Total
D1. Leadership and advocacy			
UNDP	848 083	19 719 335	20 567 418
WHO	276 000	1 274 040	1 550 040
World Bank	302 716	547 317 792	547 620 508
Secretariat	66 404 468	14 892 093	81 296 561
Subtotal D1	67 831 267	583 203 260	651 034 527
D2: Coordination coherence and partnerships			
WHO	1 104 000	7 616 880	8 720 880
World Bank	1 015 251	-	1 015 251
Secretariat	48 610 942	26 269 792	74 880 734
Subtotal D2	50 730 193	33 886 672	84 616 865
D3: Mutual accountability			
WHO	230 000	1 452 240	1 682 240
World Bank	153 746	-	153 746
Secretariat	44 197 720	2 707 163	46 904 883
Subtotal D3	44 581 466	4 159 403	48 740 869
TOTAL STRATEGIC FUNCTIONS)	163 142 926	621 249 335	784 392 261
Grand Total	237 232 832	2 785 403 572	3 022 636 404