



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (37)/15.19
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THIRTY- SEVENTH MEETING

Date: 26 – 28 October 2015

Venue: Executive Board Room, WHO, Geneva

Agenda item 4

UNAIDS Unified Budget, Results and Accountability Framework 2016–2021

Additional documents for this item:

- UNAIDS Unified Budget, Results and Accountability Framework 2016-2021 (Part II) *Draft 2016-2017 Budget, Results and Accountability Matrix* (UNAIDS/PCB(37)/15.9/CRP)

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

63. *Approve* the 2016-2021 Unified Budget, Results and Accountability Framework, taking into account the views expressed by the Board;
64. *Approve* US\$ 485 million as the core budget for 2016-2017 and the budget allocations of the Cosponsors and the Secretariat;
65. *Request* UNAIDS to report back annually to the Programme Coordinating Board on the implementation of the 2016-2021 Unified Budget, Results and Accountability Framework;
66. *Urge* all constituencies to use the UNAIDS 2016-2021 Results and Accountability Framework to meet their reporting needs;
67. *Note* the value of the multi-stakeholder engagement in the formulation of the 2016-2021 Unified Budget, Results and Accountability Framework and the further refinement of the Results and Accountability Matrix;
68. *Look forward*, in accordance with decision 7.2 of the 36th meeting, to the presentation of a revised Results and Accountability Matrix for approval at the 38th meeting of the Programme Coordinating Board;
69. *Look forward* to a second Financing Dialogue, aimed at ensuring predictable and sustained funding for the implementation of the 2016-2021 UBRAF, to be held before the 38th meeting of the Programme Coordinating Board.

Cost implications of decisions: US\$ 485 million

UNAIDS 2016-2021
UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK



UNAIDS 2016-2021 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

BUSINESS PLAN

TRANSLATING UNAIDS 2016-2021 STRATEGY INTO ACTION

2016-2021 UBRAF: BUSINESS PLAN

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1. TRANSLATING THE UNAIDS STRATEGY INTO ACTION

1. The UNAIDS 2016–2021 Strategy, “Fast-Tracking to Zero”, outlines the essential features required in the global AIDS response to end the AIDS epidemic as a public health threat by 2030. The Strategy aims to advance progress towards reaching UNAIDS’ vision of the “Three Zeros”: zero new HIV infections, zero discrimination, and zero AIDS-related deaths. The focus remains on the strategic directions of prevention; treatment, care and support; and human rights and gender equality. The 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF) is the instrument of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to operationalize the UNAIDS Strategy.
2. Fast-tracking the AIDS response will depend on and reinforce development efforts under the Sustainable Development Goals (SDGs). Five of the SDGs are particularly relevant to the AIDS response, and the UNAIDS 2016–2021 Strategy and UBRAF are organized around these five SDGs: good health and well-being, reduced inequalities, gender equality, just, peaceful and inclusive societies and global partnerships. The UBRAF is structured based on the result areas in the Strategy and uses the terminology of the Strategy. Key terms are included in a glossary, attached as an annex.
3. The UBRAF outlines the role of the Joint Programme in the AIDS response, and comprises a business plan and a results, accountability and budget matrix. It guides operational planning at global, regional and country levels by identifying the expected results of the Joint Programme, providing the framework against which budgetary allocations are made, and provides the basis for performance monitoring and strengthened accountability of the Joint Programme. Resources are linked to results and allocated where the biggest return on investments can be achieved.
4. To support national priorities, the UBRAF is designed to maximize the effectiveness and impact of the HIV-related resources of the UN delivering as one. Through the UNAIDS Division of Labour between and among the Cosponsors and the Secretariat, the UBRAF presents the efforts of the Joint Programme based on the comparative advantage and mandates of each organization, in-country presence, existing national capacities and resources, and the availability of funding from different sources.
5. Through its unique multisectoral approach, the Joint Programme advances country-level progress towards ending AIDS while contributing to broader development outcomes. To promote a transformative response with a core budget that represents approximately one per cent of total global AIDS investments, the Joint Programme focuses on actions that are:
 - A. Strategic - the Joint Programme supports the Fast-Track approach set out in the UNAIDS Strategy by focusing on a limited number of measurable results that will accelerate progress towards the Three Zeros;
 - B. Catalytic - the Joint Programme identifies and addresses critical capacity gaps and structural challenges; leverages increased funding from different sources; and advances greater shared responsibility and global solidarity;
 - C. Progressive - the Joint Programme galvanises political momentum and supports activities and interventions that go beyond traditional prevention, treatment, care and support programmes and service delivery, and;
 - D. People-centred - the Joint Programme promotes a people-centred response built on participation of civil society, people living with HIV and young people, with programmes and services that benefit all people with no one left behind.

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

UNAIDS - THE JOINT UN PROGRAMME ON HIV AND AIDS

The only cosponsored joint programme of the United Nations System, UNAIDS is a tangible example of a multisectoral response to a multifaceted issue - HIV. Its strength derives from the diverse expertise, experience and mandate of its 11 Cosponsors and the UNAIDS Secretariat, which is reinforced through UNAIDS Division of Labour, thus ensuring coherence and reciprocal accountability among Cosponsors and the UNAIDS Secretariat at the global, regional and country levels. The Cosponsors are:

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

The Joint Programme has been recognized as uniquely able to take on and build consensus on politically difficult and sensitive issues. The Joint Programme has demonstrated effective leadership and advocacy for global health and social justice by promoting bold and ambitious targets in intergovernmental fora as well as with non-state actors. The value and impact of this model is acknowledged in the longer-term positioning of the United Nations Development System. In its 2015 resolution on UNAIDS, the United Nations Economic and Social Council (ECOSOC) affirmed that the Joint Programme offers the United Nations System a useful model for the post-2015 era to enhance strategic coherence, coordination, results-based focus, inclusive governance and country-level impact.

Under the leadership of UNAIDS Executive Director, UNAIDS Secretariat coordinates the Joint Programme and is responsible for ensuring that it is aligned, accountable and able to achieve the results identified in the UBRAF. The five core functions of the UNAIDS Secretariat comprise: leadership, communication and advocacy; effective partnerships for impact and sustainability; strategic information for planning, monitoring and evaluation; coordination, coherence and convening, and; mutual accountability. Regional and country teams on AIDS ensure coordinated regional- and country-level action and maximize UN System coherence and strategic impact in supporting national AIDS responses. Global interagency mechanisms bring together the collective resources of the Joint Programme to guide global policy and country programming.

2. ROLE OF THE UBRAF

7. The 2016–2021 UBRAF is the Joint Programme’s instrument to operationalize the UNAIDS Strategy for 2016–2021. In operationalizing the Strategy, the UBRAF contributes to *Transforming our World: the 2030 Sustainable Development Agenda* as a “robust, voluntary, effective, participatory, transparent and integrated follow-up and review framework [to] help countries to maximize and track progress”¹.

WHAT’S NEW?

The 2016-2021 UBRAF has been developed in parallel with the updated and extended 2016-2021 UNAIDS Strategy taking into account lessons learned from the current UBRAF, feedback received through formal reviews and assessments of the UBRAF as well as consultations with stakeholders.

At its core the UBRAF remains an instrument to catalyze country level action against AIDS, which in the 2016-2021 period that it covers is **aligned with the 2030 Sustainable Development Agenda**. Compared to the 2012-2015 UBRAF, the 2016-2021 UBRAF has **a clearer, simpler structure and fewer outputs** (27 compared to 64 previously); **a stronger link between resources and results** and **improved reflection of regional differences and priorities**.

8. The UBRAF is aligned with the principles outlined in the UNAIDS 2016–2021 Strategy that are required to fast-track progress, namely:
- Consideration of regional epidemics and front loading of investments
 - Priority-setting and focus on location and population
 - Shared responsibility and global solidarity
 - Innovation and speeding up science for people
 - Cross-sectoral partnerships: leveraging the contributions of diverse stakeholders
 - People-centred accountability for inclusive, effective and legitimate responses.
9. The UBRAF identifies the expected results, indicative budgets and performance metrics of the Joint Programme over a six year period, which provides a planning framework that is synchronized with the strategic planning cycles of the Cosponsors and the other United Nations funds, programmes and agencies, as required by the Quadrennial Comprehensive Policy Review (QCPR).
10. As UNAIDS’ instrument to operationalize the Strategy, the UBRAF:
- **articulates the Joint Programme’s role in the AIDS response** in the context of other global, regional, national and subnational stakeholders and efforts; it focuses Cosponsors and Secretariat support in the areas of comparative advantage, as well as added value through joint initiatives and effective collaboration;
 - **guides operational planning** at headquarters, regional and country levels, by identifying the expected results of the Joint Programme and providing the framework against which budgetary allocations are made and performance monitoring takes place;
 - **maximizes the coherence, coordination and impact of the UN’s AIDS response** by bringing together in one single framework the outputs of the Joint Programme;

¹ <https://sustainabledevelopment.un.org/post2015/transformingourworld>

the budgetary allocations to achieve these results; and targets, indicators, and milestones to monitor progress; it guides, aligns and synergizes the work of the Joint Programme at every level, and;

- **provides the basis for strengthened accountability** among and between the 11 Cosponsors and Secretariat by defining clear results to finance and implement an effective and efficient AIDS response; it enables Member States and other stakeholders, including through the Programme Coordinating Board (PCB) and ECOSOC, to hold the Joint Programme accountable.

POLITICAL ADVOCACY AND LEADERSHIP - A CORE FUNCTION OF UNAIDS

UNAIDS aims to lead the world in its historic quest to end the AIDS epidemic as a public health threat and attain the Three Zeros vision. Its strength derives from the diversity of its Cosponsors and the added value of the UNAIDS Secretariat to support multisectoral responses, as well as its unique governance body, which comprises Member States, UNAIDS Cosponsors and representatives of nongovernmental organizations. The AIDS response has recognised UNAIDS as uniquely able to confront and build consensus around politically difficult issues that others cannot. Increasingly, it exercises political leadership and exerts advocacy for global health and social justice. As part of the 2016-2021 UBRAF, UNAIDS will strengthen its political advocacy and strategic policy advice, its normative and technical leadership, and its partnerships to support countries make optimal use of domestic and international resources to fast-track the response to AIDS.

3. STRUCTURE OF THE UBRAF

11. The 2016-2021 UBRAF is structured based on the five SDGs that are most relevant to the AIDS response and the eight result areas in the UNAIDS 2016-2021 Strategy to ensure maximum linkages and synergies with the broader development agenda and to take into account new dynamics and opportunities for the response, and adapt to shifts in the development context.
12. The 2016–2021 UBRAF is organized in two parts:
 - **The UBRAF Business Plan** (Part I) outlines the context and structure of the UBRAF and presents the outputs, budget and resource allocation, performance monitoring processes and mechanisms.
 - **The Unified Budget, Results, Accountability Matrix** (Part II) includes the results, performance metrics and budgets of the Cosponsors and Secretariat, updated biennially. During the lifetime of the 2016–2021 UBRAF, three Budget, Results, Accountability Matrices will be produced, one for each biennium.

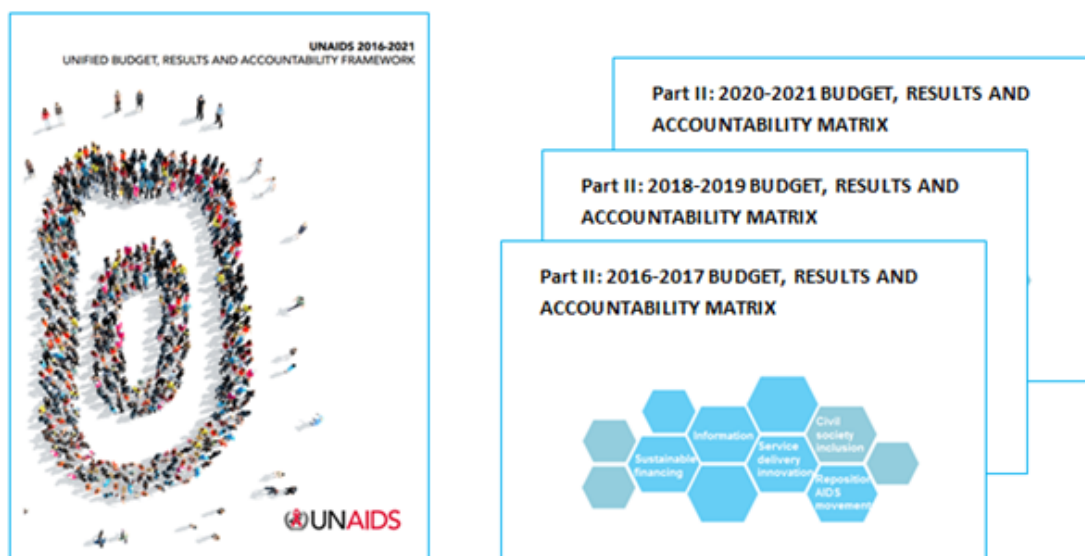


Figure 1: Structure of the 2016–2021 UBRAF

13. The results framework of the UBRAF consists of 27 high level outputs; 22 of which capture the contribution of the Joint Programme to specific results in the UNAIDS 2016-2021 Strategy; and, five which relate to the core functions of the UNAIDS Secretariat. By achieving the 27 outputs in the UBRAF, UNAIDS maximizes progress towards the targets and results in the 2016-2021 Strategy. A detailed matrix of these outputs along with associated budgets and indicators is included in Part II, which will be presented to the PCB along with the Business Plan of the UBRAF (Part I).
14. The five core aspects of the response of the Joint Programme identified in the UNAIDS Strategy - information, investment, inclusion, integration and innovation - underpin the work of the Joint Programme and are captured in the UBRAF outputs.

STRENGTHENING ENGAGEMENT OF CIVIL SOCIETY - A CORE FUNCTION OF UNAIDS

Supporting and strengthening the engagement of civil society, including organizations representing people living with HIV and key populations*, in the AIDS response has been a core function of UNAIDS since its establishment. This includes:

1. Building a supportive and sustainable political environment
2. Fostering an enabling policy and social environment
3. Strengthening civil society architecture and leadership
4. Promoting and protecting universal human rights and gender equality
5. Prioritizing key populations with no one left behind
6. Reinforcing and innovating community-based service delivery
7. Mobilizing sustainable and innovative financing for civil society/communities
8. Advancing integration and sustainability in the post-2015 agenda

(Source: UNAIDS/PCB (36)/15.6 CRP3 UNAIDS engagement with civil society. Synthesis of UNAIDS engagement with civil society in Cambodia, Zambia and the Middle East and North Africa Region) * See glossary.

15. A schematic illustration of the results framework of the UBRAF and the link between the UBRAF and the Strategy is shown in figure 2 below, linking the expected outputs of the Cosponsors and the Secretariat to the achievement of the goals and targets of the Strategy and UNAIDS' ultimate vision of the three Zeros.

3.1 OVERALL FRAMEWORK

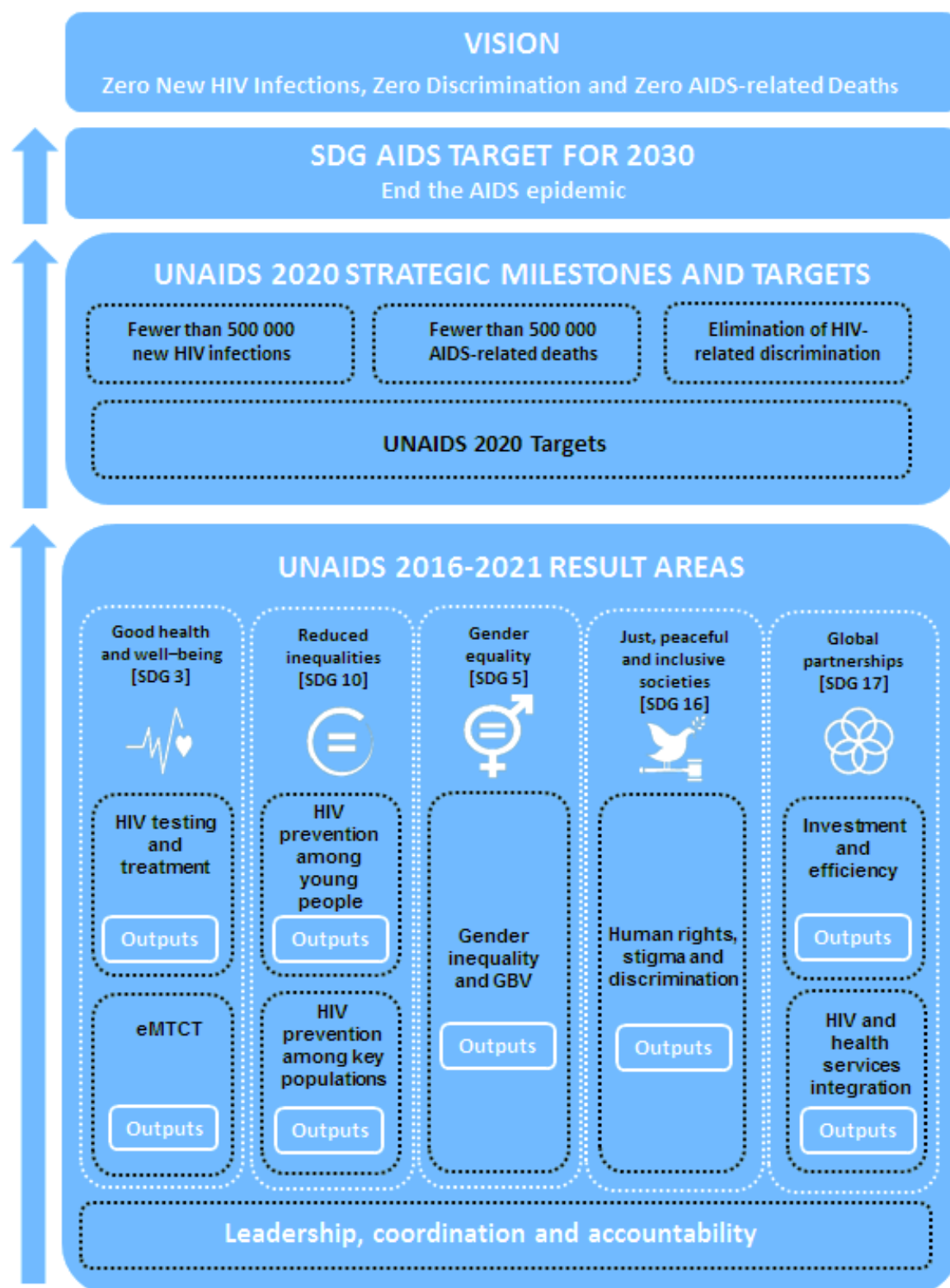


Figure 2: Overall results framework for 2016-2021 - linking outputs to goals, targets and ultimate vision.

3.2 RESULT AREAS AND OUTPUTS

Ensure healthy lives and promote well-being for all at all ages [SDG3]	
Strategy Result Area 1 – Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment	
1.1	Innovative and targeted HIV testing and counselling programmes introduced
1.2	Country capacity, policies and systems for access to HIV treatment cascade enhanced
1.3	Systems that enable children and adolescents to meet 90-90-90 targets strengthened
1.4	High-burden cities fast-track HIV services
1.5	Mechanisms developed to provide HIV-related services in humanitarian emergencies
1.6	Mechanisms to ensure access to medicines and commodities strengthened
Strategy Result Area 2 - New HIV infections among children eliminated and their mother's health and well-being is sustained	
2.1	Access and quality of comprehensive eMTCT services improved
Reduce inequality in access to services and commodities [SDG 10]	
Strategy Result Area 3 - Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV	
3.1	Targeted combination prevention programmes defined and implemented
3.2	Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened
Strategy Result Area 4 - Tailored HIV combination prevention services are accessible to key populations including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants	
4.1	Evidence-based HIV services for key populations implemented
4.2	Comprehensive package of harm reduction services established for people who inject drugs
Achieve gender equality and empower women and girls [SDG 5]	
Strategy Result Area 5 – Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV	
5.1	Structural and social change interventions to transform unequal gender norms and systemic barriers defined and implemented
5.2	Strategic actions for women and girls included and resourced in AIDS responses
5.3	Actions to address and prevent all forms of gender-based violence implemented

Promote inclusive societies for sustainable development [SDG 16]	
Strategy Result Area 6 - Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed	
6.1	HIV-related legal and policy reforms catalysed and supported
6.2	National capacity to promote legal literacy, access to justice and enforcement of rights expanded
6.3	Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care

Strengthen the means of implementation [SDG 17]	
Strategy Result Area 7 - AIDS response is fully funded and efficiently implemented based on reliable strategic information	
7.1	AIDS response sustainability and transitions strengthened
7.2	Efficiency and effectiveness of national AIDS responses improved
7.3	Technological, service delivery and mHealth innovations fostered
Strategy Result Area 8 - People-centred HIV and health services are integrated in the context of stronger systems for health	
8.1	Decentralization and integration of HIV related services strengthened
8.2	HIV sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children strengthened

Leadership, coordination and accountability	
S.1	Leadership, advocacy and communication to fast track the AIDS response
S.2	Effective and inclusive partnerships for impact and sustainability
S.3	Strategic information for an evidence informed response and global political agenda
S.4	Coordination, coherence and convening
S.5	Mutual accountability

3.3 REGIONAL PRIORITIES

16. Work at the regional level is a vital interface between the global and country levels. At regional level, the Joint Programme helps adapt the global vision and translate it into practice that suits regional contexts and enables an effective AIDS response in each country. UNAIDS Regional Support Teams (RSTs) and Cosponsor regional staff are at the centre of this work. Their work includes convening and coordinating the work of regional Joint Teams, acting as hubs to provide technical support, and engaging regional entities to address common issues, and share learning and best practices.
17. The UNAIDS 2016-2021 Strategy provides regional profiles of the epidemic, including people left behind, as well as priority targets, and also identifies game changers for

accelerating progress, countries and cities where particular gains are needed, and opportunities for regional collaborative approaches to meet regional targets. This provides the basis for UNAIDS work at the regional level.

18. While all UBRAF outputs apply to all regions, specific outputs have been prioritised in different regions, bearing in mind that local evidence and contexts ultimately shape the work of the Joint Programme in each country. A graphic illustration of the priority outputs for each region is included as an attachment, and more details of UNAIDS work in each region can be found in the annex which contains output descriptions.

4. INVESTING FOR RESULTS: THE UBRAF PROCESS

19. A schematic illustration of the UBRAF planning, implementation, monitoring and reporting cycle is shown in figure 3 below.



Figure 3: UBRAF planning, implementation, monitoring and reporting cycle

4.1 PLANNING

20. The UBRAF serves as the main reference for planning by Cosponsor and Secretariat staff at all levels. At country and regional levels, consultations take place with partners to ensure alignment of Joint UN Programmes of Support on HIV - as part of the United Nations Development Assistance Framework (UNDAF) - with the plans and priorities of national and other international partners.
21. The UNAIDS Strategy and UBRAF are the basis for the HIV-related work of the UN and the main reference for UN System planning instruments, such as the UNDAF - the platform for UN coordination at country level. The planning and alignment processes are

facilitated by Joint UN Teams on AIDS, normally chaired by UNAIDS Country Directors, under the overall leadership of the UN Resident Coordinator.

22. Increasingly, planning at all levels extends beyond the UN and involves consultation with other partners, reflecting the multisectoral nature of the AIDS response and the range of partners involved. This is an essential part of the work of the Joint Programme, which has seen some of its greatest successes based on its ability to identify new and innovative ways of working both across and beyond the UN System.

4.2 IMPLEMENTATION

23. To support national priorities, the UBRAF and the Division of Labour among UNAIDS Cosponsors and Secretariat maximize the effectiveness and impact of UN HIV-related resources. They provide a basis for adapting work based on the comparative advantage and core mandates of each organization, their in-country presence, existing national priorities, capacity, and the availability of funding. The Joint UN Teams on AIDS are responsible to ensure the activities of the Joint Programme are strategic, catalytic, innovative and inclusive for greater impact.
24. Experience across regions has shown that 'one size does not fit for all' in the development and implementation of Joint UN Programmes of Support and that in many ways the process is as important as the final product with respect to its impact on harmonization, coordination and sound programming. The focus of the Joint UN Programme of Support on HIV therefore depends on the country epidemiological context and effective collaboration with stakeholders and key partners. The capacity of the Joint UN Team on AIDS to deliver depends on Cosponsor and Secretariat presence and resources mobilized.

MOBILIZING AND LEVERAGING RESOURCES - A CORE FUNCTION OF UNAIDS

UNAIDS plays a key role supporting countries and regions to optimize the investments of Global Fund resources. This includes:

1. Developing investment cases, concept notes and national strategic plans to inform decisions
2. Supporting robust strategic information as a basis for planning, monitoring and oversight
3. Convening stakeholders for inclusive country and regional dialogues
4. Ensuring meaningful engagement of communities and civil society throughout the grant cycle
5. Coordinating technical support as countries develop grants and implement programmes
6. Promoting a focus on key populations, gender equality and respect for human rights
7. Promoting integration of HIV, SRH and TB as part of sustainable systems for health
8. Mobilizing sustained commitment to the AIDS response and increased domestic funding

4.3 PERFORMANCE MONITORING

25. The PCB has identified a number of parameters and principles to guide UNAIDS performance monitoring, reporting and accountability:
- measure progress against the UBRAF;
 - report annually to the PCB focusing on results at country level;
 - demonstrate links between investments and results;
 - highlight joint achievements as well as individual contributions, and;
 - align UNAIDS performance monitoring with Cosponsors' own results reporting.
26. Since the introduction of the first 2012-2015 UBRAF, performance monitoring, accountability tools and methodologies have been developed and continue to evolve based on experience, lessons learned and stakeholder feedback.
27. The Cosponsors and the Secretariat are assessed based on achievement of results, progress against indicators and resource utilisation. The added value of the Joint Programme is also assessed from a qualitative perspective based on:
- relevance and scope of technical expertise and core functions, including capacity, strategic partnerships and influence in priority areas and in specific countries to fast-track the response;
 - role in supporting implementation of evidence-informed AIDS strategies in particular countries while meeting standards with regard to quality and cost effectiveness, and
 - role in driving technical, normative and advocacy work at global and regional levels in areas where such work is a clear priority and influences country responses and impacts policies, programmes and outcomes.

STRATEGIC INFORMATION - A CORE FUNCTION OF UNAIDS

As the global repository of data on HIV and AIDS, UNAIDS houses the most extensive and disaggregated data collection available on the HIV epidemic and the response to AIDS. Consultations on the 2016-2021 Strategy and the UBRAF have highlighted the importance of UNAIDS' role on strategic information. This includes:

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

28. A web-based tool, the Joint Programme Monitoring System (JPMS) was introduced in 2012 to streamline collecting, collating and analysing performance information. The JPMS was developed by the UNAIDS Secretariat in consultation with the Cosponsors to enhance collection of data from country, regional and global levels. Information is fully shareable across the Joint Programme from data entry to final reporting. Reporting in the JPMS starts at the country level, by Joint UN Teams on AIDS, and provides the basis for adjustments in plans and programmes.

Performance metrics

29. UNAIDS draws upon a range of performance metrics and sources of monitoring information. A selection of the metrics which are considered to be the most appropriate for tracking progress over the lifetime of the UBRAF have been selected as indicators and included in the UBRAF. During the analysis of performance, these may be complemented by other measures from a range of sources, including those specific to particular organizations, regions and countries.
30. The full set of 2016-2021 UBRAF indicators will be presented to the 38th PCB in 2016. The indicators will be developed and finalised through a consultative process, including independent advice provided by the working group to review and revise the Results and Accountability Framework, established by the PCB at its 36th meeting (decision 7.2). The 2016-2021 UBRAF indicators will build upon the indicator framework and previous processes of refinement undertaken, which involved a comprehensive review and multi-stakeholder inputs as part of the mid-term review of the 2012-2015 UBRAF presented at the 34th PCB meeting.
31. All indicators are reviewed as part of the annual review process to ensure that they remain appropriate and relevant. As noted, they are not the only data source for reporting, and require triangulation with other sources such as narrative and financial reporting to give a fuller picture of the work of the Joint Programme.

Performance review

32. Annual performance reviews, conducted by Cosponsors and the Secretariat, take place at country, regional and global levels. Reviews identify achievements by the Joint Programme, resources budgeted and spent, and areas where progress is not being achieved as expected, and provide the basis for future budget allocations.
33. As part of the review process, resources mobilized and utilised are also reviewed. The culmination of the annual review process is a performance monitoring report aimed at providing the PCB with a clear and simple overview of progress and achievements against the UBRAF as well as challenges and lessons learned.
34. Regular external participation is built into the planning, implementation and reporting cycle of the UBRAF, including performance reviews, and a multi-stakeholder mid-term review of the UBRAF is envisaged to take place in 2018 to assess progress and to make adjustments to the 2016-2021 UBRAF, as necessary.

Evaluation

35. There are three main types of independent evaluations related to the work of the Joint Programme:
- external evaluations mandated by the PCB or Member States for specific aspects or areas of UNAIDS work;
 - assessments, reviews and evaluations commissioned by UNAIDS Secretariat and conducted by independent external experts; and
 - evaluations independently commissioned by Cosponsors related to their work on HIV.
36. The Monitoring and Evaluation Reference Group (MERG), a technical expert body with representatives from national AIDS programmes, donor agencies, civil society, academia, and Cosponsors, serves an important function in harmonizing monitoring and evaluation of international and national AIDS programmes, and also advises UNAIDS on

monitoring and evaluation. Guidance is also provided by the Cosponsor Evaluation Working Group (CEWG) on ways to strengthen relevance, coherence, effectiveness and efficiency of performance monitoring, evaluation and reporting.

4.4 REPORTING AND ACCOUNTABILITY

37. Reporting on the UBRAF aims to demonstrate the catalytic role of the UBRAF and added value of the Joint Programme. Reporting seeks to be concise yet comprehensive, providing the required level of accountability. An annual performance monitoring report is the primary tool used to report to the PCB on results against the UBRAF. It includes a narrative highlighting the Joint Programme's contributions, progress against indicators, expenditures, case studies, and key evaluation findings.
38. The annual performance monitoring report is distinct from the UNAIDS Global AIDS Report and the progress report of the Secretary-General on AIDS, which present progress against global AIDS targets and commitments, beyond the contributions of the Joint Programme. These global reports are built on the extensive reporting systems and processes of national governments supported by UNAIDS.
39. A schematic illustration of the different performance monitoring tools used by UNAIDS and sources of information for reporting are shown in figure 4 below:

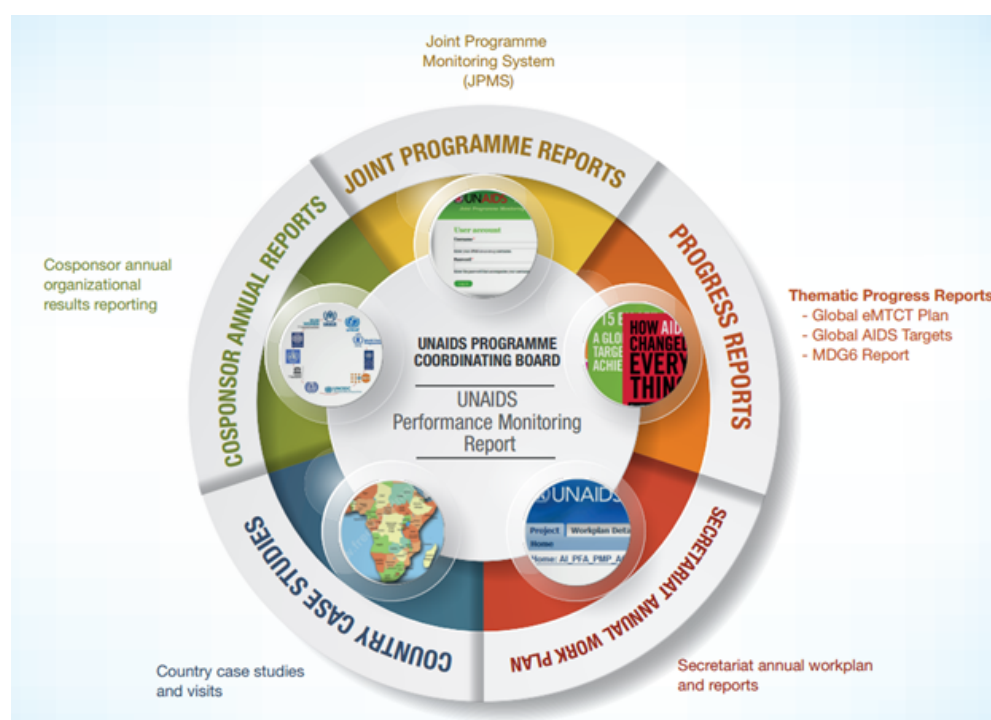


Figure 4: UNAIDS Performance Monitoring Report - sources of information

40. The five core aspects of the work of Joint Programme, identified in the UNAIDS Strategy - information, investment, inclusion, integration and innovation - offer a critical reporting lens for all UBRAF outputs.
41. To complement the paper-based reporting to the PCB and enhance communication with Board members and observers, a web portal, *Investing for Results* (<https://results.unaids.org/>) was launched in November 2014 to provide regularly updated

programmatic and financial information on achievements, progress against priorities, funding trends and expenditures. The web portal will continue to evolve as a tool for reporting on Joint Programme results during the lifetime of the 2016-2021 UBRAF.

42. Beyond the PCB meetings, engagement of PCB members and observers is maintained through a number of channels. Field visits by the PCB provide insights to the work of the Joint Programme at country level and inform discussions at PCB meetings. Ongoing feedback is also provided during multi-stakeholder consultations and through ad hoc working groups on specific issues, such as civil society engagement and resourcing.
43. External assessments of the Joint Programme, such as the Multilateral Organisations Performance Assessment Network (MOPAN) and the United Kingdom's Department for International Development Multilateral Aid Review (DFID MAR) provide an important independent perspective to complement internal reviews and reporting. Recent external assessments have appreciated UNAIDS global advocacy and leadership in the AIDS response; its leadership on issues such as gender, rights and stigma reduction; and its strong partnership behaviour, which starts with the inclusion of civil society representatives on the PCB.

ACCOUNTABILITY - A CORE FUNCTION OF UNAIDS

Accountability rests on monitoring, review and remedial action, where necessary. Accountability is not simply a technocratic exercise; it needs to be transparent and participatory. Citizen engagement to drive social change is simultaneously one of the biggest challenges and one of the greatest opportunities of the 2030 Agenda for Sustainable Development. To track progress and drive action, political leaders have committed to a people-centred review process at the global, regional and country levels that is transparent, ensures accountability to citizens and fosters exchange of best practices and mutual learning. Accordingly, the UBRAF needs to be supported by diverse webs of accountability arrangements, including independent reviews of progress and results in addition to internal monitoring and reporting.

In this context, progress towards the goals and targets in UNAIDS Strategy - and the contributions of the Joint Programme - will rely on a range of tools and measures ensure to accountability for achievements and commitments. Inspired, animated and guided by affected communities, the AIDS movement has been a pioneer in political accountability by demanding and creating the political space for open and inclusive dialogue. The experience of the AIDS response therefore has the potential to leverage existing accountability frameworks to address complex multi-sectoral challenges in the post-2015 period.

5. BUDGET AND RESOURCE ALLOCATION

44. The UBRAF is constructed based on two main categories of funding, which provide a near-comprehensive view of the UN System's funding for HIV:

- **Core funds** - intended to fund the core functions of the Secretariat and provide catalytic funding for HIV-related work of 11 Cosponsors, traditionally mobilized by the Secretariat; and
- **Other AIDS funds** - in the context of the UBRAF, defined as the HIV-related budgets of the Cosponsors and the non-core funds that Cosponsors and the Secretariat mobilize at country, regional and global levels.

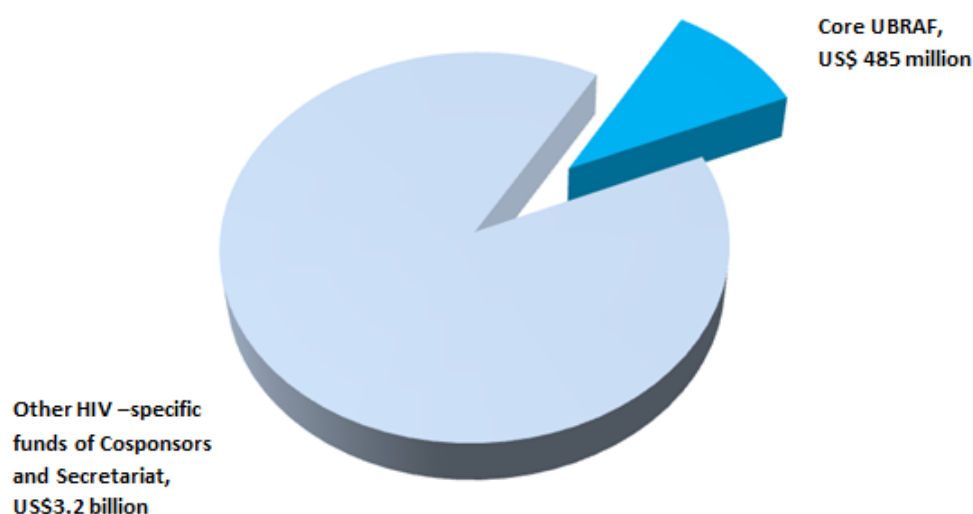


Figure 5: Categories of funding in the 2016-2017 UBRAF - core funds and other AIDS funds

45. The founding ECOSOC Resolution that established UNAIDS (1994/24) stipulated that *"The co-sponsors will contribute to the resource needs of the programme"* and that *"Funding for country-level activities will be obtained primarily through the existing fund-raising mechanisms of the co-sponsors."* Over time, however, Cosponsors have received core funding allocations from UNAIDS to support their mobilization of funds and leveraging of their own resources. Approximately one third of the core UBRAF funds are allocated to the Cosponsors in the budget for 2016-2017 (see table 4 below).

Core funds

46. The vast majority of the core funds in the UBRAF are for development activities. For the Secretariat, development activities account for approximately 80 percent of its budget, and include the work of six regional support teams and 85 country offices as well as global level work covering the five core functions, including leadership, advocacy, communication, strategic information, coordination, coherence, partnerships and accountability.

47. In addition to the development activities, approximately 20 percent of the Secretariat's budget is allocated for management and governance. This includes reporting and accountability to ECOSOC and the PCB (including funding participation of civil society), human resources management, budget, finance, information and communication technology, administrative services, office running costs, rent, utilities, etc. This funding also allows the Secretariat to manage Cosponsors' allocations from the UBRAF,

undertake joint resource planning, monitoring and reporting to the PCB on progress towards implementation of the UNAIDS Strategy.

48. The core funding from the UBRAF for the Cosponsors enables positioning, building and maintaining strong HIV programmes within the Cosponsors. As well as being used for essential internal coordination, staff and other costs, the core UBRAF funding plays a key role in catalyzing and influencing significant amounts of the other contributions mobilized by the Cosponsors for the UN response to AIDS. As an ongoing, regular and flexible source of funding, it sends a strong message to, and mobilizes Cosponsor Boards, partners and staff about the ongoing and multisectoral importance of the AIDS response under the SDG framework.
49. The allocation of core funds continues to be guided by the decisions, recommendations and conclusions of the PCB, relating to epidemic priorities, the comparative advantages of the UN and the performance of the Cosponsors and the Secretariat. UNAIDS activities take place at global, regional and country level, with a shift over the last two biennia to allocate up to 70 percent of core resources at regional and country level (see figure 7 below).

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

Figure 6: Target allocation of UBRAF resources

50. To achieve the ambitious target of fast-tracking the AIDS response in low- and middle-income countries and ending the epidemic by 2030, a number of countries have been identified for intensified action at country level by the Joint Programme. These 'Fast-Track' countries include i) countries with the largest number of HIV infections and people dying from AIDS-related causes, ii) countries that have high levels of infections among vulnerable populations, and iii) countries of key geopolitical relevance, such as those affected by humanitarian emergencies.
51. Drawing on the experience of the 2011-2015 UBRAF, resources are allocated based on criteria that take into account new HIV infections and AIDS deaths as well as other variables to ensure that the resources are directed where they can have the biggest impact. This includes the availability of other financial and human resources for HIV at country level, as well as specific epidemic patterns and considerations.

Other AIDS funds

52. Other AIDS funds (i.e., funds other than the core UBRAF) represent over 85 percent of the total amount of funding that are expected to be raised and managed by the Joint Programme. These are reflected in the UBRAF to provide a comprehensive view of the UN system's overall funding for AIDS responses.

53. Non-core UBRAF funds reflect regular or extra budgetary resources that directly contribute to the UBRAF results. The figures included in the tables below represent best estimates and are subject to change as funds are mobilized throughout the biennia. By encompassing both core and non-core contributions in the UBRAF, the Joint Programme seeks to reduce duplication and ensure coherence in utilisation of resources.
54. The core UBRAF funds provide Cosponsors with a crucial tool to leverage additional resources for the AIDS response, by supporting them to build robust and sustainable HIV programmes anchored on the goal and targets of the UNAIDS Strategy and the results and indicators in the UBRAF. Contributions mobilized by the Cosponsors beyond the core UBRAF are therefore part of a coordinated resource mobilisation plan aimed at achieving an efficient and sustainable AIDS response.
55. A significant degree of variation is to be expected between the resource mobilization among the different Cosponsors, particularly between specialized agencies and funds and programmes (for example, World Bank loans and grants through IDA and IBRD, which account for a significant overall proportion of non-core UBRAF funds, and cases where UNDP is the interim principal recipient of the Global Fund).
56. While the accountability of non-core funds falls with each Cosponsor and their respective Boards, the nexus between finance and governance is such that it offers one of the best opportunities for the PCB (where member states often have representation on multiple Cosponsor boards) to guide the planning and implementation of the UN system response to AIDS.

Breakdown of the budget

57. The table below shows the core UBRAF as well as the non-core funds expected to be mobilized in 2016-2017. Detailed budgetary information is provided in Part II, which is updated biennially to coincide with UNAIDS planning cycle.

Funding Type	Estimated resources (core funds and other AIDS funds)	Per cent
Core funds	484,820,000	13%
Other AIDS funds	3,218,834,000	87%
Grand total	3,703,654,000	100%

Table 1: Overview of 2016-2017 UNAIDS Cosponsor and Secretariat funding for AIDS (US\$)

58. An overview of the allocation of core UBRAF for 2016-2017 by Result Area and UNAIDS Secretariat Core Function is presented below in tables 2 and 3.

Result Area	Core funds	Per cent
1. HIV testing and treatment	50,905,800	29%
2. Elimination of Mother To Child Transmission	9,259,800	5%
3. HIV prevention among young people	27,588,500	16%
4. HIV prevention among key populations	27,730,900	16%
5. Gender inequality and GBV	17,980,200	10%
6. Human rights , stigma and discrimination	13,040,700	8%
7. Investment and efficiency	10,905,900	6%
8. HIV and health services Integration	17,188,200	10%
Grand total	174,600,000	100%

Table 2: Core 2016-2017 budget allocation by Result Area (US\$)

Core functions	Core funds	Per cent
1. Leadership, communication and advocacy	83,443,000	27%
2. Effective partnerships for impact and sustainability	55,797,000	18%
3. Strategic information for planning and evaluation	49,268,000	16%
4. Coordination, coherence and convening role	60,004,000	19%
5. Mutual accountability	61,708,000	20%
Grand total	310,220,000	100%

Table 3: Core 2016-2017 budget allocation by Secretariat Core Functions (US\$)

59. Since 2008-2009, UNAIDS core budget has remained constant at US\$ 485 million in nominal terms, which means a significant reduction in real terms. During this period, the budgets of the Cosponsors have been increased to allow them to participate as full members of the Joint Programme, and the budget of the Secretariat has been decreased accordingly. Table 4 presents the core allocations of the Cosponsors in 2016-2017 as well as approved budgets from the four previous biennia.

Cosponsor	2008-2009 approved core budget	2010-2011 approved core budget	2012-2013 approved core budget	2014-2015 approved core budget	2016-2017 proposed core budget	2016-2017 share as per cent
UNHCR	6,400,000	8,500,000	9,800,000	9,800,000	9,800,000	6%
UNICEF	20,800,000	23,950,000	24,000,000	24,000,000	24,000,000	14%
WFP	7,000,000	8,500,000	9,800,000	9,800,000	9,800,000	6%
UNDP	13,760,000	17,010,000	17,200,000	17,200,000	17,200,000	9%
UNFPA	18,200,000	20,975,000	21,000,000	21,000,000	21,000,000	12%
UNODC	9,500,000	11,475,000	11,500,000	11,500,000	11,500,000	7%
UN Women	-	-	-	7,600,000	7,600,000	4%
ILO	9,500,000	10,950,000	9,800,000	10,900,000	10,900,000	6%
UNESCO	10,600,000	12,300,000	12,400,000	12,400,000	12,400,000	7%
WHO	26,500,000	31,900,000	35,000,000	35,000,000	35,000,000	20%
World Bank	12,410,000	15,410,000	14,000,000	15,400,000	15,400,000	9%
TOTAL	136,670,000	160,970,000	164,500,000	174,600,000	174,600,000	100%

Table 4: Breakdown of the core budget by Cosponsor (US\$)

60. Table 5 below shows all projected UN funds on AIDS for 2016-2017: core UBRAF and other HIV-related (non-core) funds of the Cosponsors and Secretariat.

Organization	Core funds	Other AIDS funds	Total
UNHCR	9,800,000	83,199,806	92,999,806
UNICEF	24,000,000	200,000,000	224,000,000
WFP	9,800,000	55,514,022	65,314,022
UNDP	17,200,000	490,000,000	507,200,000
UNFPA	21,000,000	110,707,150	131,707,150
UNODC	11,500,000	28,000,000	39,500,000
UN Women	7,600,000	26,709,000	34,309,000
ILO	10,900,000	15,000,000	25,900,000
UNESCO	12,400,000	35,640,501	48,040,501
WHO	35,000,000	109,900,000	144,900,000
World Bank	15,400,000	2,004,163,500	2,019,563,500
Secretariat	310,220,000	60,000,000	370,220,000
Grand total	484,820,000	3,218,834,000	3,703,654,000

Table 5: Overview of all estimated UNAIDS Cosponsor and Secretariat funds for AIDS in 2016-2017

61. Table 6 shows the breakdown of the core budget for global level activities, support to the fast-track countries and all other countries.

Funding level	Total resources (core funds and other AIDS funds)	Per cent
Global level	290,609,000	8%
Fast-track countries	2,331,983,000	63%
Other countries	1,081,062,000	29%
Grand total	3,703,654,000	100%

Table 6: Total 2016-2017 budget for global level, fast-track countries and other countries (US\$)

62. Table 7 below shows the 2016-2017 core UBRAF allocation and other HIV-related funds of Cosponsors and Secretariat broken down by global level, fast-track countries and other countries. Overall, the estimated total UN resources for AIDS in 2016-2017 are expected to match the resources available in 2014-2015.

Organization	Global	Fast-track countries	AP (All other countries)	EECA (All Other countries)	ESA (All Other countries)	LA/CAR (All other countries)	MENA (All other countries)	WCA (All other countries)	TOTAL
UNHCR	5,374,189	46,185,522	1,286,148	1,519,065	8,014,523	630,753	24,460,160	5,529,445	92,999,805
UNICEF	11,174,700	120,419,400	30,219,300	7,242,100	23,666,900	9,882,700	4,900,800	16,494,200	224,000,000
WFP	4,265,003	31,876,071	1,844,412	2,346,862	5,281,348	431,454	1,384,035	17,884,837	65,314,022
UNDP	9,160,000	343,619,000	25,935,700	33,175,100	6,361,600	19,238,100	60,652,500	9,058,000	507,200,000
UNFPA	7,606,527	71,560,315	5,230,764	7,503,598	7,008,349	17,193,551	8,468,447	7,135,655	131,707,210
UNODC	4,850,000	10,700,000	8,382,500	7,185,000	4,790,000	1,197,500	1,676,500	718,500	39,500,000
UN Women	3,260,000	15,500,000	4,204,000	1,270,000	2,430,000	4,455,000	1,195,000	1,995,000	34,309,000
ILO	7,960,000	13,877,500	927,000	-	1,186,000	668,000	484,000	797,500	25,900,000
UNESCO	7,180,194	21,254,718	3,157,547	898,845	2,162,995	1,190,099	11,239,968	956,134	48,040,500
WHO	50,643,000	44,120,000	13,180,000	9,235,000	7,936,000	4,615,000	7,230,000	7,941,000	144,900,000
World Bank	11,440,000	1,533,807,000	136,035,500	67,522,500	37,701,000	121,357,000	17,205,000	94,495,500	2,019,563,500
Secretariat	167,695,000	79,064,000	23,235,000	20,354,000	23,492,000	19,231,000	13,522,000	23,627,000	370,220,000
GRAND TOTAL	290,608,615	2,331,983,526	253,637,873	158,252,072	130,030,717	200,090,159	152,418,410	186,632,771	3,703,654,000

Table 7: Total 2016-2017 budget by global level, fast-track countries and other countries (US\$)

ATTACHMENT: OVERVIEW OF REGIONAL PRIORITIES

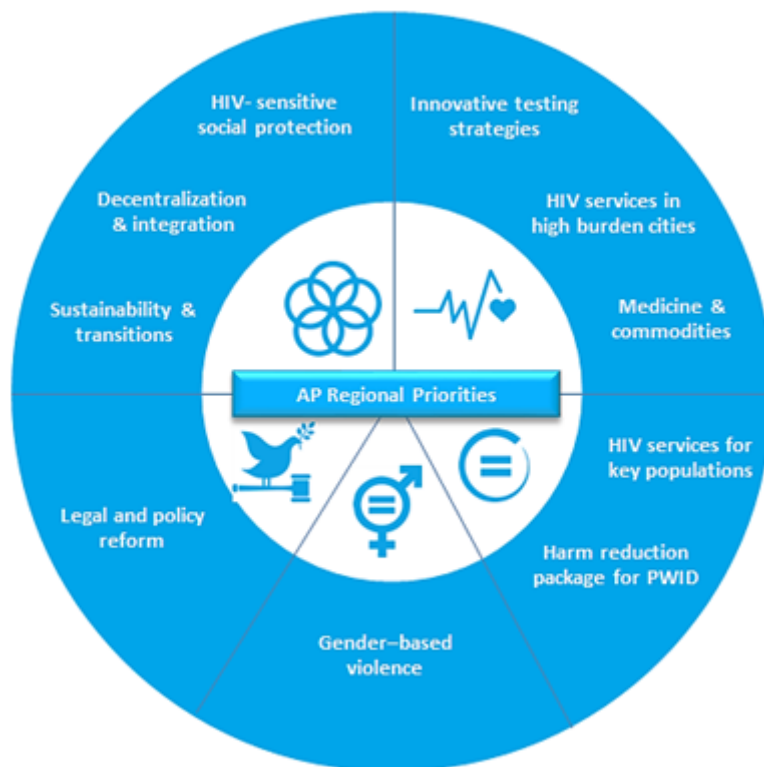


Figure 1: Asia and Pacific: Regional Priorities

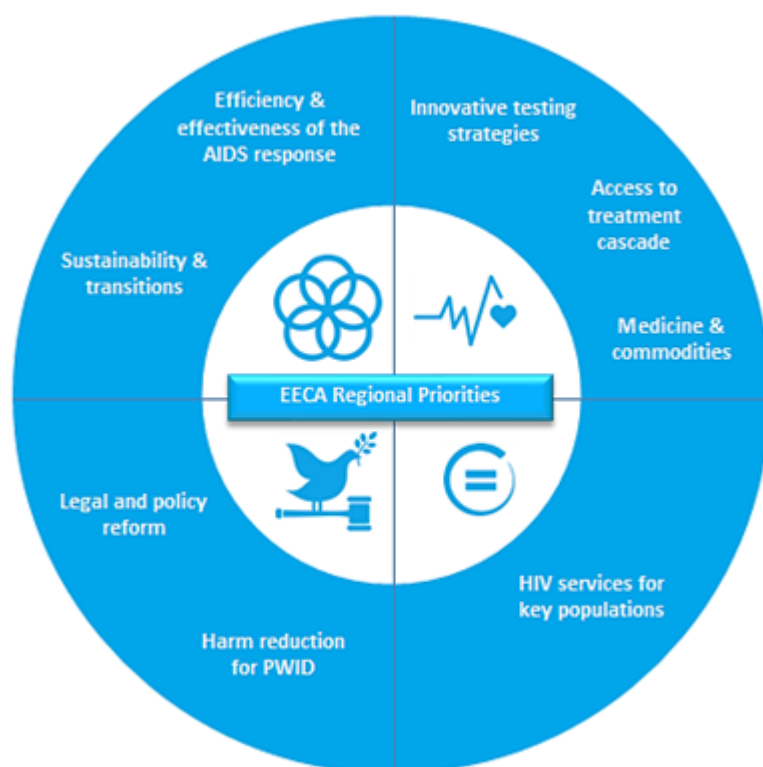


Figure 2: Eastern Europe and Central Asia: Regional Priorities

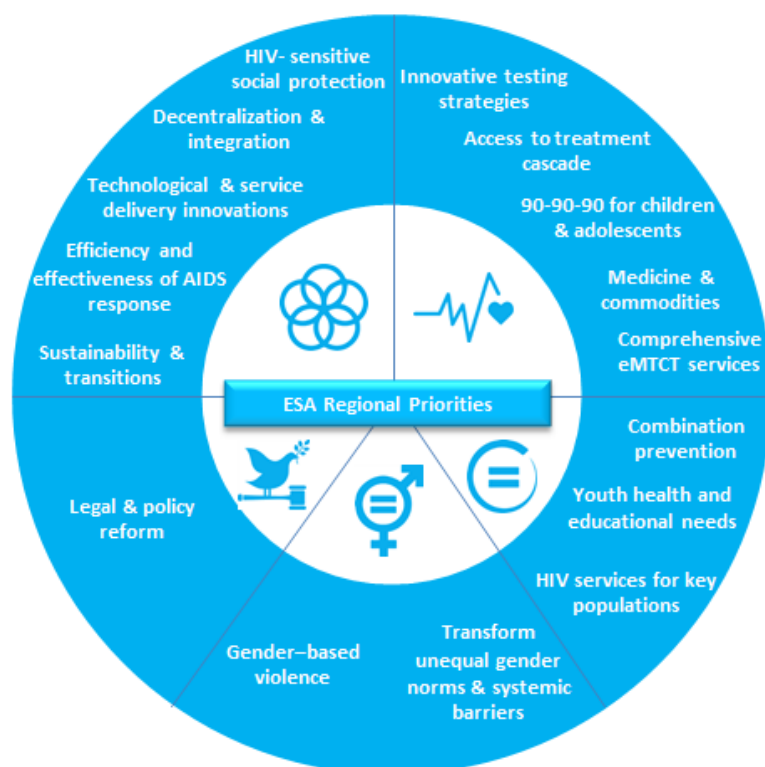


Figure 3 : East and Southern Africa: Regional Priorities

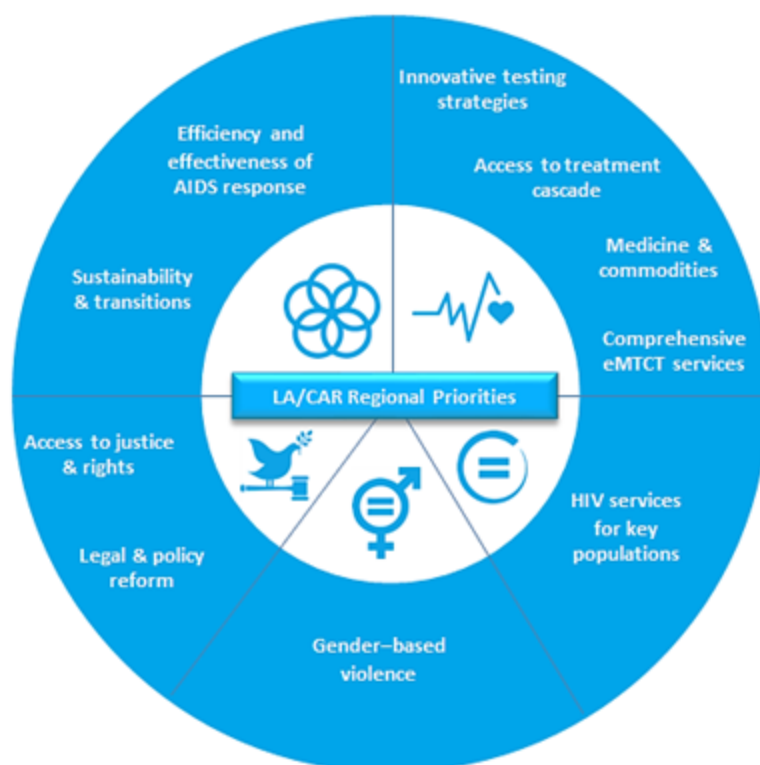


Figure 4: Latin America and the Caribbean: Regional Priorities

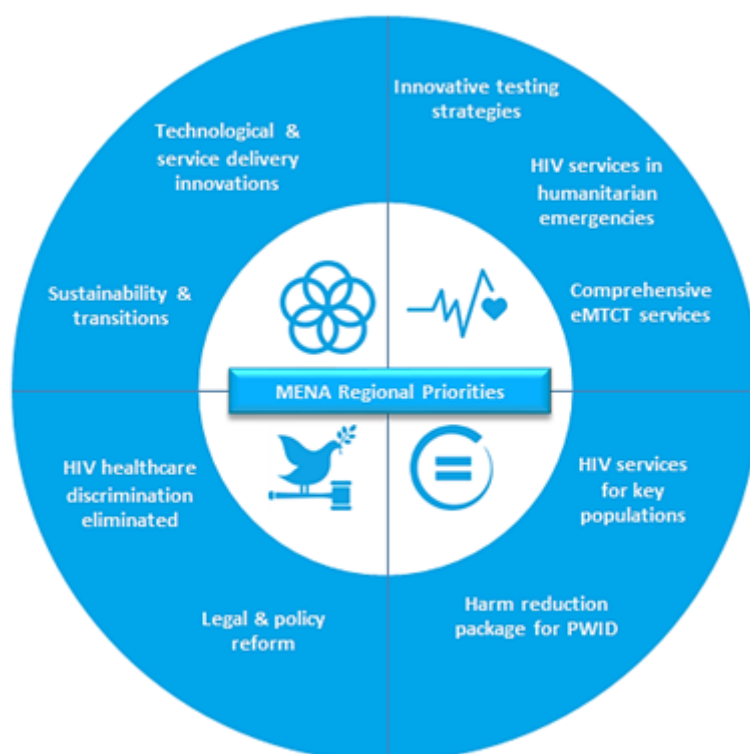


Figure 5: Middle East and North Africa: Regional Priorities

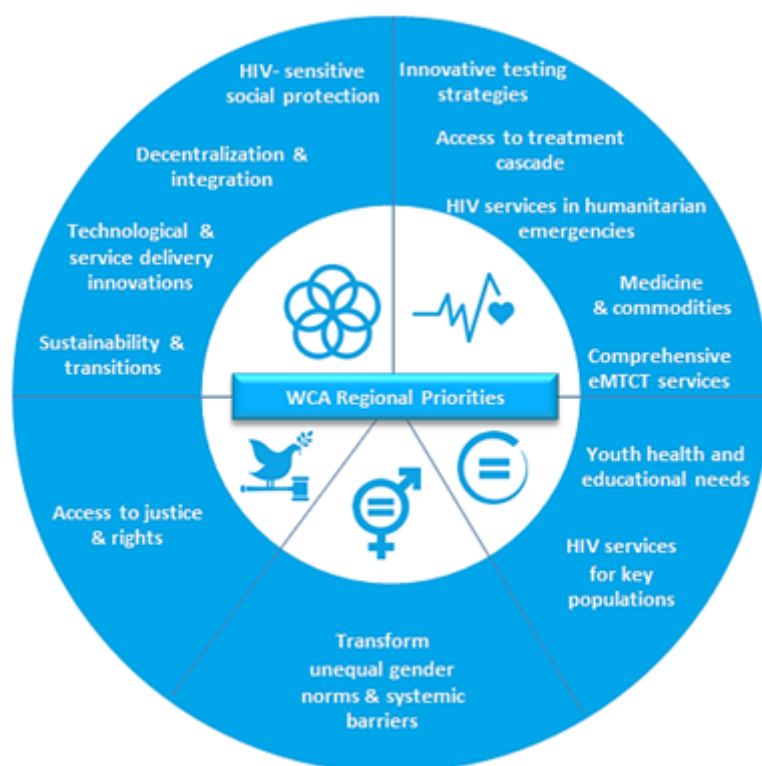


Figure 6: West and Central Africa: Regional Priorities

DECISIONS

63. Approve the 2016-2021 Unified Budget, Results and Accountability Framework, taking into account the views expressed by the Board;
64. *Approve* US\$ 485 million as the core budget for 2016-2017 and the budget allocations of the Cosponsors and the Secretariat;
65. *Request* UNAIDS to report back annually to the Programme Coordinating Board on the implementation of the 2016-2021 Unified Budget, Results and Accountability Framework;
66. *Urge* all constituencies to use the UNAIDS 2016-2021 Results and Accountability Framework to meet their reporting needs;
67. *Note* the value of the multi-stakeholder engagement in the formulation of the 2016-2021 Unified Budget, Results and Accountability Framework and the further refinement of the Results and Accountability Matrix;
68. *Look forward*, in accordance with decision 7.2 of the 36th meeting, to the presentation of a revised Results and Accountability Matrix for approval at the 38th meeting of the Programme Coordinating Board;
69. *Look forward* to a second Financing Dialogue, aimed at ensuring predictable and sustained funding for the implementation of the 2016-2021 UBRAF, to be held before the 38th meeting of the Programme Coordinating Board.

Annex I

UBRAF 2016-2021 DETAILED OUTPUTS

Ensure healthy lives and promote well-being for all at all ages (SDG3)

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

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

Output 1.1 Innovative and targeted HIV testing and counselling programmes introduced (UNICEF, WFP, UNODC, ILO, WHO, World Bank)

Content description²

The Joint Programme will support national efforts to increase demand for HIV testing and implement an optimally strategic mix of facility- and community-based approaches. HIV testing must be accessible and integrated within broader health services while retaining informed consent, confidentiality, counselling, correct test results, and connection or linkage to prevention, care and treatment. The Joint Programme will intensify the VCT@WORK Initiative in Fast-Track countries, help countries strengthen quality assurance, and provide advocacy, tools, guidance, and technical support to expand access to new technologies, including self-testing.

Key elements of this output include the following:

- Support countries to introduce and monitor implementation of a strategic mix of HIV testing

² Indicators for all outputs are presented in the 2016-2017 Budget, Results and Accountability Matrix (UBRAF Part II)

approaches and services relevant to their HIV epidemics and systems. These include self-testing, use of trained and supervised “lay testers”, Index partner/couple and family testing, improved provider-initiated testing and counselling for adolescents, workplace testing in high-prevalence settings and other community-centred approaches

- Provide and support use of testing-related standards and guidance, including for the procurement and quality assurance of HIV diagnostics, scale-up of HIV Testing Services (HTS), testing services for adolescents, and use of WHO-recommended testing algorithms
- Support countries to set up or strengthen referral systems (including protection for safe disclosure) and promote integration of stigma-free HIV testing in a broad array of health services and health-enabling services
- Use non-stigmatizing media and targeted communication material to promote HIV testing, including linkage of testing to campaigns on safer sex and comprehensive sexuality education
- Address age of consent laws and other structural barriers that prevent adolescents from accessing HIV testing services
- Promote community empowerment and engagement in generating demand for HIV testing and to improve access and linkages to the care and prevention cascades.

Selected Joint Programme regional interventions³

Asia and the Pacific. Providing technical support for introducing different models of HIV testing, including the use of new technologies, and supporting expansion of community-led testing, with special focus on key populations.

Eastern Europe and Central Asia. Promoting the regional ‘Know your HIV Status’ campaign and supporting the revision of national testing policies to introduce different models to reach and test those most at risk of HIV outside of medical settings.

East and Southern Africa. Promoting the creation of a social movement on HIV testing and supporting countries to use broadened, innovative HIV testing approaches.

Caribbean. Supporting countries to address both demand and supply for HIV testing, including public education, review of testing and counselling protocols and expanded community-led services, especially in countries with higher prevalence and for key populations. Supporting countries to roll out HIV and Wellness Counselling and testing in formal and informal workplaces.

Latin America. Supporting community-led testing with special focus on key populations, including community based testing, self-testing options, task shifting as well as new technologies for early diagnosis.

Middle East and North Africa. Supporting countries to increase demand of diagnosis and treatment, especially for PWID and supporting countries to develop new, targeted HIV testing and counselling approaches.

West and Central Africa. Focusing on the introduction of self-testing options, community-based testing, case-finding using Index partner/couple and family centred approach to HIV testing, improved provider-initiated testing and counselling for children and adolescents, task shifting and use of new technologies.

Output 1.2 Country capacity, policies and systems for access to HIV treatment cascade enhanced (UNHCR, UNICEF, WFP, UNDP, UNODC, UN Women, WHO, World Bank)

Content description

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

³ Selected interventions of the Joint Programme are presented only for the outputs that are of a higher priority in each region (priority outputs per region are presented in the UBRAF Business Plan (UBRAF Part I))

emergencies and support to address structural and gender-related barriers to treatment access and adherence.

Key elements of this output include the following:

- Provide guidance and tools for improved national planning, strengthened legal, policy and regulatory environments and better management of antiretroviral stocks and related health technologies
- Support scale-up and integration of viral load testing
- Advance an evaluation and research agenda to identify gaps in treatment and laboratory capacity and strengthen programme quality
- Support routine monitoring of treatment response across populations (with age and sex disaggregation) and scale-up of viral load monitoring
- Strengthen community ART delivery and linkages between community services and health facilities, as well as peer-based interventions and innovative treatment literacy and adherence support efforts
- Provide normative guidance and engage people living with HIV and groups likely to face structural and gender related barriers, to improve service uptake and treatment adherence
- Strengthen access to HIV treatment in prisons and linkages with health facilities in the community
- Provide normative guidance on the assessment and management of major coinfections and comorbidities, (e.g. TB and hepatitis) and on effective management of HIV in individuals as they age
- Support implementation of population-based HIV drug resistance surveillance
- Strengthen the capacity of governments and communities to scale up nutritional assessments, counselling and programmes to address nutritional needs of vulnerable groups, food or cash transfers

Selected Joint Programme regional interventions

Eastern Europe and Central Asia. Supporting countries to adopt “test-and-treat” policy, offer fixed dose regimens as the 1st line therapy, simplify laboratory testing and monitoring to make access to antiretroviral therapy simpler, faster and less expensive.

East and Southern Africa. Supporting countries to identify gaps in the cascade of services, including on procurement and supply chain and systems to ensure long term retention in care.

Latin America and Caribbean. Advocating for the expansion of treatment, care and support services, including (especially in Latin America) scale up of ART for people living with TB-HIV co-infection, improvement of adherence programmes and (especially in the Caribbean) supporting countries to strengthen laboratory capacity and health systems.

West and Central Africa. Scaling up of community-based ART delivery and task-shifting, as well as of the use of new technologies.

Output 1.3 Systems that enable children and adolescents to meet 90-90-90 targets strengthened (UNICEF, WFP, UNESCO, WHO, World Bank)

Content description

With many children with perinatally acquired HIV infection reaching adolescence (often still undiagnosed), innovative service delivery models are needed to enhance HIV case finding, ensure prompt treatment initiation, improve management of transition to adolescent care, and increase retention in treatment and care. The Joint Programme will support the design and implementation of strategies that promote HIV integration in routine maternal, neonatal and child health (MNCH) services. The Joint Programme will provide normative guidance, continue to advocate for improved paediatric antiretroviral treatment formulations, and identify and support uptake of programmatic innovations to improve treatment outcomes for children and adolescents. In addition the Joint Programme will support countries to devise HIV testing strategies outside health facilities to identify older children and adolescents, as well as promoting strengthened uptake and adherence through formal and non-formal school programmes that promote treatment literacy and health-seeking behaviours.

Key elements of this output include the following:

- Advocate for development and uptake of improved antiretroviral formulations for infants, children and adolescents
- Through guidance, advocacy and technical support, facilitate uptake of service delivery models to

<p>improve outcomes across the paediatric and adolescent treatment cascade, with particular focus on adolescent transitioning of care and integration of HIV in broader child survival platforms</p> <ul style="list-style-type: none"> • Support programmes providing psychosocial support, including special needs of OVCs • Promote scale-up of early infant diagnosis and point-of care testing, through health worker training, guidance and support for demand creation activities • Support countries to introduce innovative HIV testing and referral approaches for children outside PMTCT sites, including HIV testing and referral strategies outside health facilities, to identify older children and adolescents, including targeted testing of siblings of adults on ART • Support efforts to make infant and adolescent testing and treatment services accessible in locations close to families and caretakers, and to enhance the provision of comprehensive youth-friendly HIV-related information and services • Partner with other sectors that cater to the needs of children and adolescents to promote testing, care, education (including treatment literacy) and support • Support optimal infant and young child feeding practices, including nutritional assessment and counselling, and distribution of specialized food products to child health service delivery • Promote community engagement to ensure that children and adolescents living with HIV have access to and are retained in care • Support countries to identify, document, and respond to HIV-related stigma and discrimination faced by children and caregivers
<p>Selected Joint Programme regional interventions East and Southern Africa. Advocating and providing support for scale up of treatment for children, adolescents and key populations.</p>

Output 1.4 High-burden cities fast track HIV services (UNICEF, UNDP, UNFPA, UNODC, World Bank)

Content description

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

Key elements of this output include the following:

- Mobilize political support and strengthen capacities of municipal authorities to design and implement programmes and interventions that are effective, developed and implemented through broadly participatory and inclusive processes, age-appropriate, gender-sensitive and based on human rights
- Support municipal programmes to engage urban adolescent girls and boys and young women and men, including from key populations, in HIV prevention and the elimination of stigma and discrimination, and to ensure their access to HIV-related services and comprehensive sexuality education
- Mobilize partnerships, including across cities, with national programmes, CSOs, community providers and the private sector including to address challenges faced by people in urban slums
- Support use of local sex- and age-disaggregated data, size estimations and geographic mapping to improve local service delivery and monitoring
- Address HIV-related stigma and discrimination, violence and human rights violations, and strengthen access to justice for key populations, adolescents and young people at the local level
- Advocate for and prioritize city/municipal responses, including for key populations, in National Strategic Plans, with Country Coordinating Mechanisms of the Global Fund to Fight AIDS, TB and Malaria and in Local Development Plans

Selected Joint Programme regional interventions

Across all regions key population groups tend to concentrate in urban areas. In East and Southern Africa, Latin America/ Caribbean, Middle East and North Africa and West and Central Africa, the Joint Programme support for HIV services for key populations will therefore focus on large cities and urban hubs. This has been identified as a priority in Asia and the Pacific, where rapid urbanisation will result in over 1.2 million people living with HIV residing in 30 Asian mega-cities.

Asia and the Pacific. Promoting geographic prioritization including cities and hotspots, and a decentralised approach in programme implementation, advocating for increasing the proportion of domestic financing for HIV prevention and identifying mechanisms to channel government funds to CSOs working on prevention and treatment programmes for key population in priority cities/provinces.

Output 1.5 Mechanisms developed to provide HIV-related services in humanitarian emergencies (UNHCR, UNICEF, WFP, UNFPA, UNODC)

Content description

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

Key elements of this output include the following:

- Advocate for combination prevention services in humanitarian emergencies, establish a contingency mechanism to minimize disruption of treatment services during emergencies, and strengthen community-based mechanisms to deliver in emergency settings
- Maintain ART delivery and treatment for tuberculosis during humanitarian emergencies
- Expand risk-informed HIV programming and ensure that HIV is incorporated in national preparedness, contingency planning and early recovery and other relevant structures in humanitarian emergencies
- Promote mainstreaming and funding of HIV needs in humanitarian action, including through flexible funding in development grants
- Provide technical inputs to strengthen health systems, including through procurement and distribution of quality HIV-related commodities and supplies
- Facilitate the inclusion of emergency-affected communities in national HIV programmes, plans and legislation
- Promote access to gender-sensitive sexual and reproductive health services, including through the Minimum Initial Service Package (MISP), and gender based violence prevention, care responses and redress mechanisms for survivors of sexual and gender-based violence
- Advocate for provision of nutrition support to women and men living with HIV and their families
- Provide adequate logistical support and distribution systems to ensure access to commodities during emergencies

Selected Joint Programme regional interventions

Middle East and North Africa. Ensuring that HIV and related services are integrated into the humanitarian response, and that the needs of refugees are integrated into host countries' HIV policies and programmes.

West and Central Africa. Advocating for and supporting integration of HIV into emergency preparedness and humanitarian response, ensuring the inclusion of people living with HIV as part of larger populations in emergency contexts.

**Output 1.6 Mechanisms to ensure access to medicines and commodities strengthened
(UNICEF, UNDP, UNFPA, WHO, World Bank)**

Content description

To secure access to medicines and commodities, the Joint Programme will assist countries in strengthening systems for procurement, supply chain and commodity management; ensuring non-discriminatory access to HIV prevention and treatment commodities; and maximizing flexibilities under the TRIPS accord. The Joint Programme will also advocate for concrete steps towards local production of antiretroviral medicines.

Key elements of this output include the following:

- Support countries to scale up delivery systems and strengthen procurement, supply chain management and logistics for provision of HIV commodities, including prevention and monitoring of stock-outs and procurement performance
- Strengthen joint procurement and supply chain management to ensure sustainable and affordable access to the full range of commodities for HIV, TB, Hepatitis B and C, SRH, and nutrition
- Strengthen country capacity for legal, policy and regulatory environments that support access to pharmaceuticals and diagnostics and remove barriers to accessing quality sexual and reproductive health commodities
- Maintain a demand forecast of antiretroviral medicines and other HIV related products
- Maintain a database on price and volume information for HIV diagnostics and medicines
- Track production capacity of active pharmaceutical ingredients of antiretroviral medicines and other key commodities
- Strengthen capacity for male and female condom supply, demand, accessibility and quality assurance strategies
- Support countries to track availability and affordability of medicines for opportunistic infections, co-infections and comorbidities and diagnostics

Selected Joint Programme regional interventions

Asia and the Pacific. Promoting TRIPS flexibilities and Free Trade Agreements to ensure sustained access to affordable medicines and diagnostics, and intensifying work on Intellectual Property, including for second and third line ART regimens, TB and HCV drugs.

Eastern Europe and Central Asia. Promoting the use of TRIPS flexibilities, international procurement and/or increased local production of ARV drugs to reduce costs.

East and Southern Africa. Supporting increase in condom availability and distribution as part of combination prevention programmes for young women and their sexual partners

Latin America and the Caribbean. Promoting regional initiatives for price negotiation and using TRIPS exceptions and flexibilities to reduce ARV and commodity prices, focusing on such recommended strategies as pooled procurement, increasing the use of the PAHO Strategic Fund, and improving the efficiency of ARV drug purchasing. Providing support to improve supply chain management systems and avoid stock-outs.

West and Central Africa. Supporting countries to improve procurement systems and supply chain management, and to enhance South-South cooperation to scale up regional production of medicines, standardise regulations, and utilise TRIPS agreement. Also promoting regional harmonisation of HIV related supplies, pooled procurement, and utilisation of a regional Early Warning System.

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

Rationale: Although the number of children acquiring HIV in 2014 was less than half the number in 2000, rates of mother-to-child transmission well above 10% persist in many countries, underscoring the need to continue and intensify progress towards the goal of eliminating new HIV infections among children. Immediate treatment should be accessible to all pregnant women living with HIV (option B+).

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

Content description

Each member of the Joint Programme has a unique role to play in supporting delivery of the range of eMTCT services (all four ‘prongs’⁴). The 32-member Interagency Task Team (IATT) partnership on prevention and treatment of HIV infection in pregnant women, mothers and their children, remains a vital mechanism to coordinate and direct the global eMTCT response. Through advocacy and technical support, the Joint Programme aids countries in committing to ambitious goals and generating and using relevant strategic information to drive progress. It provides global and country guidance and extensive technical support for implementation of services, identification of challenges and solutions, including where relevant in prisons and closed settings, and it convenes key partners to advance actions and promote adoption of innovations.

Key elements of this output include the following:

- Support decentralization of eMTCT services to lower level facilities and integration with MNCH and RHS; task shifting; demand creation for early antenatal care; expansion of HIV testing and counselling for pregnant adolescents, girls and women, and treatment and adherence for those living with HIV
- In high-prevalence settings, support development of policies for re-testing, provision of combination prevention services for HIV-negative pregnant and lactating women, and tracking mother-infant pairs across the health continuum
- Promote use of innovative diagnostics (e.g. combined HIV/syphilis rapid diagnostic tests and point-of-care and infant HIV diagnostic tests)
- Promote adoption and implementation of optimal infant and young child feeding practices
- Strengthen rights based family planning programmes for women living with HIV
- Promote strategies for the joint elimination of mother-to-child of HIV, congenital syphilis and hepatitis B, and monitor progress and certify countries where elimination has been achieved
- Promote quality and comprehensiveness of health services for eMTCT clients and their families, including provision of food and nutrition support, IYFC education sessions, screening, prevention and care for HIV-associated TB and hepatitis and other targeted interventions
- Expand engagement of male partners as well the broader community in eMTCT services
- Support peer psycho-support programmes for mothers living with HIV and for affected families

Selected Joint Programme regional interventions

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

Caribbean. Facilitating the validation of countries that have reached the dual elimination targets, developing eMTCT acceleration plans for countries that require more support to reach the targets by 2020, and advocating at all levels for the Caribbean to be the first region to eliminate vertical transmission.

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

⁴ 1) Prevent HIV in women of reproductive age, 2) prevent unintended pregnancy in women with HIV, 3) prevent HIV transmission from mother to child, and 4) provide ongoing care and support to mothers, their children, and families.

Reduce inequality in access to services and commodities (SDG 10)

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

Rationale: The historic gains in expanding access to HIV services are not equitably shared, and closing these access gaps will be essential if the world is to end the AIDS epidemic as a public health threat and realize the vision of the three zeros. Prevention efforts will need to intensify, as the number of new HIV infections (2.0 million in 2014) remains unacceptably high, demanding that combination prevention efforts are strategically focused on the settings, locations and populations where prevention impact will be greatest. Even as AIDS-related deaths have fallen sharply worldwide, AIDS-related deaths among adolescents rose by 50% from 2005 to 2013, underscoring the world's failure to address the HIV-related needs of young people. Adolescent girls (aged 15-19) in East and Southern Africa account for nearly two thirds of new HIV infections among adolescents, with young members of key populations accounting for the vast majority of new infections among young people in other regions. Autonomy and empowerment are key factors in condom use, particularly for women and young women, as they are associated with higher HIV-related knowledge and capacity to negotiate safer sex.

Output 3.1 Targeted combination prevention programmes defined and implemented (UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank)

Content description

In support of the Joint Programme's approach for fast-tracking HIV prevention, which outlines the key elements of combination prevention, the Joint Programme will provide policy and technical support to help countries expand strategic combination prevention. UNAIDS will work with countries to support programmes that provide young women and men and adolescents girls and boys with the knowledge, empowerment and negotiation skills to effectively use prevention technologies/methods and to adopt safer sexual and health-seeking behaviour. Combination prevention includes both primary prevention (focused on people who are HIV-negative) as well as prevention of onward transmission from people living with HIV. The Joint Programme will continue to build evidence on the synergies between health, education and social protection and on the social and economic determinants of HIV risk and vulnerability.

Key elements of this output include the following:

- Promote country commitment and capacity to define, scale up, sustain and build demand for tailored combination prevention targets and programmes
- Promote community empowerment at all levels and greater engagement of people living with and affected by HIV, key population networks, and women's and young people's organizations as an essential element of combination prevention and ensure integration into wider structural health and development synergies
- Ensure combination prevention programmes are targeted to locations and populations at higher risk and provide technical assistance for local adaptation of tools and guidance
- Advocate for scaling up access to combination prevention packages for young women and their male partners in high-prevalence settings
- Support countries to optimize (through supply, awareness and demand generation) biomedical HIV prevention strategies, including:
 - male and female condoms and lubricants,
 - voluntary medical male circumcision (VMMC) services in targeted geographic areas and among those men and young men at higher risk (while preparing to shift the focus to adolescents and infants),
 - ARV-based prevention (including pre-exposure prophylaxis, post-exposure prophylaxis and the strategic use of antiretroviral therapy), and

- STI screening and management
- Advocacy for more investment in female-initiated barrier methods
- Support social and behaviour change programmes, including comprehensive sexuality education that promotes safer sexual behaviours, gender equality and healthy lifestyle choices
- Support countries in addressing the structural drivers of HIV, including expanding access to legal and social protection and ensuring food security for the most vulnerable
- Support countries to strengthen accountability for prevention by improving monitoring and reporting of progress against prevention targets for all priority programmes and populations.

Selected Joint Programme regional interventions

East and Southern Africa. Supporting countries to further strengthen engagement of communities and traditional leaders in scaling up VMMC, PrEP and other interventions to prevent new infections, including programmes for sero discordant couples.

Output 3.2 Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened (UNICEF, UNFPA, UNODC, UN Women, UNESCO, WHO, World Bank)

Content description

Education can reduce vulnerability to HIV by exposing boys and girls to information, building their self-esteem and skills, improving economic prospects and influencing the balance of power within relationships. The Joint Programme will assist governments, civil society and other stakeholders to address HIV-related health and educational needs of young men and women, adolescent girls and boys. Through work with diverse actors, the Joint Programme will support young people's access to quality education, including comprehensive sexuality education as part of basic combination HIV prevention packages, as well as education that promotes key competencies development, and increased educational, employment and livelihood options. Particular attention will be paid to promoting gender equality in access to and completion of good quality secondary education, including through programmes that mitigate the financial cost of secondary schooling and enhance retention, such as programmes that support pregnant girls and young mothers. Emphasis will be placed on continuing to strengthen the capacity of The PACT and other networks of young people living with HIV to ensure that young people are at the centre of the response.

Key elements of this output include the following:

- Promote linkages between the education, health and social protection sectors to strengthen the ability of adolescents and young people to access and benefit from SRHR and adolescent HIV programmes and services, including through the All-In! initiative, and #EndAdolescentAIDS platform
- Strengthen the evidence base on HIV and adolescents and young people, ensuring sex and age disaggregation, with a particular focus on adolescents living with HIV and other vulnerable groups
- Provide operational guidance and promote access to youth targeted and youth led gender sensitive combination prevention
- Facilitate increased political commitment and support for comprehensive sexuality education at primary and secondary levels
- Support non-formal programmes to reach out-of-school young people and undertake assessments of youth- and adolescent-friendly services
- Support the development, piloting and scale-up of innovative ICT-based solutions for comprehensive sexuality education, awareness raising, skills and motivation building for in- and out-of-school young people
- Support countries to increase educational, employment and livelihood options for adolescents and youths, particularly those from key populations and young women and girls
- Undertake focused efforts to promote girls' access, enrolment and completion of secondary education, with a focus on high-burden countries with a large gender discrepancy at secondary level and on pregnant girls
- Strengthen community capacities for action and promotion of youth-led social and behavioural change programmes and empower adolescents and youth to make healthy choices through Adolescent-

<p>Friendly Services amongst other means</p> <ul style="list-style-type: none"> • Promote empowerment and engagement of young women and adolescent girls, including those living with HIV, in the AIDS response and support programmes that enhance their ability to make decisions in all spheres of their lives • Support and promote the leadership skills of young women and girls, including access to opportunities for young people living with and affected by HIV.
<p>Selected Joint Programme regional interventions</p> <p>East and Southern Africa. Advocating for laws, policies and programmes that support adolescent sexual and reproductive health, cash transfer and other economic empowerment tools for young girls; and VMMC for young boys. Scaling-up combination HIV prevention programmes for young people, in and out of school. Creating space for young people to contribute and participate in the AIDS response, and building on other initiatives such as All-In! and “Dreams” (PEPFAR).</p> <p>West and Central Africa. Promoting programmes that reduce risk and vulnerability to HIV among adolescents and young girls and boys and improve access to high impact HIV services.</p>

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

Rationale: Particular efforts are needed to strengthen HIV prevention for key populations, who (along with their immediate partners) are estimated by WHO to account for between 40% and 50% of all new HIV infections among adults worldwide. Although nearly one in seven (13%) of the 12.7 million people worldwide who inject drugs are living with HIV, many lack access to proven harm reduction services.

Output 4.1 Evidence-based HIV services for key populations implemented (UNHCR, UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, World Bank)

Content description

The Joint Programme advocates for an inclusive AIDS response and for countries to engage and respond to the needs of key populations. Sound, inclusive, gender-sensitive responses ensure meaningful service access for key populations and address the legal, policy and social barriers that impede service access. To address the needs of key populations, the Joint Programme will support countries with respect to data generation and analysis, removal of legal and policy barriers, and scale-up of targeted, effective and rights-based HIV and SRH services for sex workers, MSM and transgender people and female partners of male key populations as well as people living with HIV. While working to maximize the effective use of existing resources for key populations, the Joint Programme will focus on mobilizing new resources for key population programmes; build capacity of, and partnership with, key populations networks; continuing to develop, review and disseminate tools and guidelines for effective key population combination prevention packages including PrEP, treatment, care and support; and ensuring that adolescent and young key populations have access to services that are tailored to their specific needs. Due to its specificity, the response of HIV needs for people who inject drugs is addressed in a separate output (ref. output 4.2).

Key elements of this output include the following:

- Develop guidance for effective and rights-based responses for key populations and provide technical support for their adaptation to specific contexts and implementation
- Strengthen the evidence base on key populations, with attention to sex and age disaggregation, bio-behavioural surveillance and size estimation
- Support countries to scale up evidence informed, age and gender sensitive comprehensive packages of HIV services for key populations while ensuring protection of rights and safety
- Empower community led-organizations of key populations to engage in policy setting, delineation and implementation of HIV programmes, and resource allocation processes, and support countries to

establish, strengthen and sustain community-led services, including those delivering outreach and HIV prevention programmes

- Promote programmes that inform and empower key populations to demand, access and adhere to *the Comprehensive Package* of HIV services free of stigma and discrimination
- Promote and support NGOs and CBOs in reaching key populations and seeking the participation of individuals from key populations as peer educators/counsellors and others
- Promote and facilitate protective legal and policy environments and support countries to address stigma, discrimination and human rights violations against key populations
- Promote stronger involvement of the private sector in enhancing HIV services for key populations
- Strengthen systems that enable people from key populations to meet 90 90 90 targets
- Support access of migrants, refugees and crisis affected populations to HIV-related services

Selected Joint Programme regional interventions

Sharpening focus on key populations is a priority across regions.

Asia and the Pacific. Supporting innovative HIV services for and with key populations and young people among them: scale up of prevention programmes, treatment regardless of CD4 count and PrEP, social media (online outreach) and community case management. Engaging with regional bodies (ASEAN, SAARC, and UNESCAP) to provide access to services for mobile and migrant populations.

East Europe and Central Asia. Expanding the HIV prevention package by rolling out PrEP for key populations.

East and Southern Africa. Advocating for greater engagement of key populations and their access to HIV services. Building capacity of civil society and networks of key populations to implement programmes, establish partnerships with governments, and address issues of stigma and discrimination. Advocating for countries to reconsider punitive laws and practices that affect key populations, and working with opinion leaders on the importance of respect for all groups of society.

Caribbean. Strengthening programmes for treatment continuum of care and data generation for targeted approaches, while ensuring that existing responses addressing sex workers and MSM are retained. Promoting the expansion and use of community expertise and capacities to scale up community led prevention, testing and care services for key populations and young people. Scaling up PrEP for key populations and sero-discordant couples in selected countries. Capacity building for youth leaders to advocate for targeted interventions for young people and implementation of All-In! initiative.

Latin America. Strengthening availability of strategic information on key populations while promoting evidence based allocation of domestic funding. Supporting expansion of early HIV testing and linkage to care and treatment for key populations and other vulnerable groups such as adolescents, migrants, and prisoners. Promoting PrEP within package of services. Supporting countries to strengthen social protection for key populations as relevant.

Middle East and North Africa. Mobilizing high level support and building partnerships with the League of Arab States, Arab philanthropic organizations and private sector corporations. Strengthening availability of strategic information to identify hotspots and gaps in the response. Supporting countries to transform HIV testing and treatment through community and private health care service delivery, more rigorous referral and linkage to services, patient monitoring and treatment literacy programmes, simplifying treatment regimens and integrating services. Further strengthening civil society partners, including religious leaders, community and grassroots organizations.

West and Central Africa. Supporting countries to promote evidence-based inclusive programmes for key populations.

Output 4.2 Comprehensive packages of harm reduction services established for people who inject drugs (UNODC, WHO, World Bank)

Content description

The Joint Programme will provide guidance and support to expand evidence-based approaches to reducing HIV infections and promote access to HIV services among people who use drugs. In particular the Joint Programme, in collaboration with organizations of people who use drugs, will promote and support countries to provide effective access for people who inject drugs to sterile injection equipment, opioid substitution therapy and other

evidence-based drug dependence treatment and harm reduction services, and will support efforts to address the legal and policy barriers to effective prevention among people who use drugs. In addition, the Joint Programme will work to ensure these services extend to prisons and other closed settings. Recognizing the role of substance use in risk behaviour, the Joint Programme will encompass broader work on harm reduction and substance use education, providing normative guidance on HIV prevention for people vulnerable to HIV who are using non-injected stimulant drugs.

Key elements of this output include the following:

- Support countries (through normative guidance, capacity building and advocacy) to increase access to a comprehensive package of harm reduction interventions, including treatment and care of people who use drugs, and the prevention, diagnosis and treatment of viral hepatitis, and tuberculosis.
- Ensure that national strategic plans for HIV and drug control incorporate OST and other evidence-based drug dependence services (including in prisons and other closed setting) and advocate for domestic funding for these programmes
- Engage communities of people who inject drugs in the development, implementation and evaluation of services
- Ensure that services for people who inject drugs are rights-based, gender-sensitive and accessible to young people
- Advocate for alternatives to incarceration for people who use drugs, including legal and policy changes
- Facilitate sensitisation of police and prison officials to enable the access of people who use drugs to comprehensive HIV services and to reduce violence against people who use drugs
- Advocate for and support analyses of drug use patterns, especially among young people and promote substance use prevention strategies through formal and non-formal education

Selected Joint Programme regional interventions

Asia Pacific. Supporting countries to scale up a comprehensive package of HIV prevention, treatment and care for people who inject drugs. Advocating to replace drug detention centres with voluntary community-based treatment and support services for people who use drugs.

Eastern Europe and Central Asia. Reinforcing evidence-based advocacy in support of OST as integral element of the comprehensive package of HIV prevention for PWID. Counteracting attempts to reintroduce criminalisation of drug use.

Middle East and North Africa. Supporting identification of needs and scale up of services for people who inject drugs.

Achieve gender equality and empower women and girls (SDG 5)

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

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

Output 5.1 Structural and social change interventions to transform unequal gender norms and systemic barriers defined and implemented (UNICEF, UNDP, UNFPA, UNODC, UN Women, ILO, WHO)

Content description

The Joint Programme will support countries to empower women and girls to transform gender norms and address structural barriers that impede women and girls' rights and opportunities to live a life free of violence; access education, employment, economic resources; and make informed decisions on their own sexual and reproductive health, including child bearing, free of coercion and discrimination. Support will take the form of advocacy, technical advice, legal and policy review and reform and capacity development to promote gender equality and the empowerment of women. This includes addressing the conflicts between formal and informal systems such as customary laws and practices which may lead to the disempowerment of women and girls.

Key elements of this output include the following:

- Support countries to review, revise and adopt programmes, policies and laws to advance gender equality and empowerment of women and girls, including the most vulnerable and marginalized
- Support interventions to empower women and girls to make their own choice and decisions free of violence, coercion and discrimination
- Support interventions to challenge harmful gender norms, including by engaging men and boys for gender equality, mobilizing communities and promoting egalitarian power dynamics between women and men, including with regards to negotiating safer sex (i.e., Stepping Stones, IMAGE, etc.)
- Promote linkages to broader global efforts on women, children and adolescent/youth health, e.g. SG's strategy EWEK 2.0, FP2020, WHO global plan of action on violence against women and girls and against children
- Promote legal and economic empowerment of women and girls to reduce burden of unpaid care work and economic vulnerability and enhance their livelihoods

- Increase availability of and improve national capacity to use sex- and age-disaggregated data and evidence on gender-transformative approaches
- Strengthen engagement, leadership, and participation of women and girls living with HIV in the AIDS response to uphold their rights to adequate, equal, and non-discriminatory opportunities for participation.

Selected Joint Programme regional interventions

East and Southern Africa. Increasing male engagement for their own health and to enable viable solutions for women and girls.

West and Central Africa. Supporting the revision of laws discriminating against women including laws relating to inheritance, the right to property and gender based violence. Supporting programmes for women and girls empowerment and male engagement.

Output 5.2 Strategic actions for women and girls included and resourced in AIDS responses (UNICEF, UNDP, UNFPA, UN Women, WHO, World Bank)

Content description

The Joint Programme will support countries to address the gender dimensions of HIV epidemics; provide guidance and assistance to governments and civil society, including networks of people living with and affected by HIV to address multi-dimensional gender and human rights issues in their national HIV and gender plans; and facilitate increased capacity to achieve gender equality results.

Key elements of this output include the following:

- Strengthen political commitment, accountability and capacity of countries to adopt and implement evidence-based gender-transformative policies and strategies that address HIV and have adequate gender-specific interventions and budgets
- Engage in a leadership agenda for young women and girls and empower them to participate meaningfully in the AIDS response at all levels
- Uphold legal rights for women living with and at risk of HIV, including rights for inheritance, property, land and other economic resources, civic registration and protection from gender-based violence and early and forced marriage
- Advocate for programmes to engage men and boys for improved access to health services and promote their role in women and girls' health
- Promote and support programmes for women living with HIV to have access to economic resources and engage in income-generating activities, as well as cash and social transfer
- Implement programmes to transform social norms and behaviours, including by engaging men and boys, community mobilization and education sector interventions, and support better health and HIV outcomes for both women and men, girls and boys
- Strengthen capacity of national partners for gender-sensitive monitoring and evaluation, sex- and age-disaggregated data collection and gender analysis and their use in HIV planning and budgeting.

Output 5.3 Actions to address and prevent all forms of gender-based violence implemented (UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN Women, UNESCO, WHO)

Content description

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

Key elements of this output include the following:

- Advocate and increase capacity of governments and civil society to scale up evidence-based, comprehensive, multisectoral services and programming, particularly community-based approaches, to prevent and address all forms of GBV, including violence against young women and adolescents girls
- Strengthen the evidence base for action on violence prevention, including improving sex and age disaggregated data on prevalence, nature and effects on survivors of GBV
- Advocate and strengthen policy and legal responses against harmful practices, such as child exploitation and early marriage, female genital mutilation, forced or coerced sterilization or abortion
- Support governments to integrate gender, GBV prevention and HIV into their national alcohol policies
- Partner with civil society, especially women's groups, networks of women living with HIV including from key populations, on violence-related issues and establish a platform for dialogue between them and national governments, including law enforcement and other uniformed services
- Support programmes that empower women and girls and promote gender equitable norms and behaviours, including by engaging men and boys in GBV prevention and elimination, including through the education sector
- Strengthen the education sector's ability to prevent and respond to school-related gender-based violence, including violence aimed at those who are perceived as not conforming to gender norms.
- Promote access to reproductive health services, violence prevention and care responses, trauma recovery and mental health services, and redress mechanisms for survivors of sexual and gender-based violence, including in humanitarian emergencies.

Selected Joint Programme regional interventions

Asia and the Pacific. Advocating for strong political messages against violence against women and girls including from key populations.

East and Southern Africa. Supporting countries to address GBV, including by generating and using data on GBV.

Latin America and Caribbean. Promoting gender-responsive approaches and programmatic measures to address high levels of intimate partner violence and GBV. In the Caribbean, supporting the empowerment of women and girls as advocates for interventions, including legal reforms to reduce GBV, teenage pregnancies and early marriage.

Promote inclusive societies for sustainable development (SDG 16)

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

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

Output 6.1 HIV-related legal and policy reforms catalysed and supported (UNHCR, UNDP, UNODC, ILO)

Content description

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

Key elements of this output include the following:

- Support countries to conduct legal environment assessments and support dialogues that strengthen national and local movements/coalitions for legal and policy reforms
- Advocate for, raise awareness of and strengthen capacity of national and local stakeholders (e.g., parliamentarians, judges, civil society) for HIV-related law reform
- Advocate for the removal of punitive laws, policies and practices including overly broad criminalisation of HIV transmission, mandatory testing and those that block key populations' access to services
- Support improved data and analysis on laws and policies that influence AIDS responses
- Support legal empowerment and strategic litigation as tools to catalyse law reform
- Advocate, engage leaders and provide legislative support to remove HIV-related restrictions on entry, stay and residence
- Advocate reduced incarceration of people who use drugs and for closing compulsory rehabilitation detention centres for people who use drugs and support the development of alternatives to incarceration and punishment
- Support development of HIV workplace policies in both public and private institutions that protects people living with HIV and key populations in the workplace; advocate for the removal of mandatory HIV testing as part of employment and retention of workforce
- Advocate for the removal of mandatory testing for asylum seekers, refugees, prisoners and other marginalized groups, and for the right to return (regardless of HIV status) in the context of voluntary repatriation

- Promote access to asylum procedures and protection from expulsion, arbitrary detention and unlawful restrictions on freedom of movement for asylum seekers, refugees, IDPs and other marginalized groups.

Selected Joint Programme regional interventions

Asia and the Pacific. Advocating for an effective enabling environment and the protection of human rights, including the prevention of legislated criminalisation of key populations. Promoting dialogue and technical support to lawmakers for legal reforms and promoting partnerships among key populations, civil society organizations, governments, donors and other partners.

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

East and Southern Africa. Promoting a supportive policy and legal environment, including removal of punitive laws and policies that limit access to services. Supporting countries to address HIV related stigma and discrimination.

Caribbean. Supporting countries to track and address stigma and discrimination, including through the engagement of religious groups. Advocating against discriminatory and punitive laws, such as those related to men who have sex with men, sex work, travel restrictions, and discrepancies between the age of sexual consent and access to sexual and reproductive health services and intensifying political advocacy on human rights to change perceptions regarding key populations and young people. Advocating for laws and normative instruments that promote and protect the rights of vulnerable groups.

Latin America. Advocating to reform discriminatory laws - such as criminalization of HIV transmission and exposure - and ensuring that protective legal frameworks are promoted - including laws related to gender identity and anti-discrimination. Strengthening monitoring mechanisms to measure regional progress on discrimination and document legal precedents related to HIV in the region.

Middle East and North Africa. Maintaining leadership and sustaining advocacy for rights-based approaches, including updating laws and policies that hinder effective responses to HIV. Promoting country ratification and implementation of the Arab Convention on HIV Prevention and Protection of the Rights of people living with HIV. Further addressing stigma and discrimination, including through engaging civil society, human rights organizations, religious leaders and the media.

Output 6.2 National capacity to promote legal literacy, access to justice and enforcement of rights expanded (UNDP, UNFPA, UNODC, UN Women, UNESCO)

Content description

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

Key elements of this output include the following:

- Increase capacity of legal aid service providers, national human rights Institutions, the judiciary and law enforcement for HIV-related legal and human rights issues
- Roll out legal and human rights literacy programmes, especially for people living with HIV, key populations, women and girls, young people and other vulnerable groups
- Build partnerships with civil society on legal literacy and access to justice
- Support countries to revise policies and laws on age of consent to facilitate the increased access of young girls and boys to HIV testing, treatment and other sexual and reproductive health-related

- services, and to establish laws that protect their rights and health and protect against GBV
- Build capacity of law enforcement bodies on human rights issues relating to HIV and promoting enabling rights environments, including through support for staff training, standard operating procedures and national/sub-national partnerships and forums for dialogue with other sectors, including public health, social welfare, civil society and community-based organizations
- Uphold legal rights for women living with HIV, including rights to inheritance, property, land and other economic resources and civic registration
- Advocate and support governments to meet their international obligations under international human rights laws.
- Engage communities to build awareness of, challenge and transform harmful customary laws and practices that contribute to HIV vulnerability, especially for women and young people
- Support countries to implement programmes to prevent and address violence against key populations.

Selected Joint Programme regional interventions

Latin America and the Caribbean. Strengthening national capacity of parliamentarians, law enforcement structures, and communities to promote access to justice.

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

Output 6.3 Constituencies mobilized to eliminate HIV-related stigma and discrimination in health care (UNDP, UNFPA, WHO)

Content description

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

Key elements of this output include:

- Promote agreement on broader legal and policy actions, measurements, programmatic actions, training and education, and mobilization of accountability and redress mechanisms to improve access to good quality, non-discriminatory health care services
- Partner with civil society, including key population networks and community-based organisations as well as health care worker organizations and alliances, to support training of healthcare providers and community health workers for non-discriminatory HIV and related health services that respect informed consent and confidentiality
- Promote good practice initiatives, strategies, tools and actions on measuring and reducing HIV-related stigma, discrimination and violence in healthcare settings, including addressing issues of forced sterilization and coerced abortion among women living with HIV
- Develop validation criteria for "discrimination-free health care" and integrate such measures into existing validation processes
- Support development of improved measurements of scope, nature and impact of stigma and discrimination and other human rights violations in the health sector and support efforts of partners, including civil society, to document them.

Selected Joint Programme regional interventions

Middle East and North Africa. Supporting countries to identify and implement modalities to address stigma and discrimination in health care settings.

Strengthen the means of implementation (SDG 17)

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

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

Output 7.1 AIDS response sustainability and transitions strengthened (UNDP, World Bank)

Content description

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

Key elements of this output include the following:

- Promote dialogue between government (including Ministries of Finance), private sector and non-traditional donors to mobilize resources and propose new funding schemes for national AIDS responses
- Advocate for and support countries to increase sustainability of AIDS financing, including through increasing and sustaining domestic funds for HIV services, and providing input into strategic plans for financing transition and budget estimation exercises
- Support countries promoting community based responses as a mean to sustain a people-centred response
- Support countries to integrate HIV issues into national health financing systems and health insurance programmes
- Design and guide the use of tools to ensure continuity of HIV-related activities during transitions in local service delivery
- Support transparent mechanisms to leverage adequate domestic financing for community engagement initiatives and civil society organizations including networks of people living with and affected by HIV and ensure such funds are in line with local epidemic priorities

- Develop and institutionalize co-financing that supports HIV outcomes as well as health, education, nutritional and food support, legal and social welfare interventions, and support gender-responsive budgeting
- Promote the inclusion of risk management and contingency plans into transition finance strategies and make recommendations to mitigate risks and build long-term sustainability.

Selected Joint Programme regional interventions

Asia and the Pacific. Promoting an investment approach that supports countries to strengthen domestic financing, while ensuring that HIV and related services are included within Universal Health Coverage and health insurance schemes.

Eastern Europe and Central Asia. Supporting key government counterparts to estimate resources needed to fast-track national AIDS responses, providing guidance and tools to help increase domestic funding in particular by carrying out fiscal space analysis, considering options for innovative financing, supporting smooth transition from GFATM to domestic funding. Integrating HIV prevention among key populations into national health financing arrangements.

East and Southern Africa. Engaging political leaders, regional economic communities, and developing a new coalition of domestic and regional partners to implement the SADC and EAC Sustainability Framework to finance and sustain the response.

Caribbean. Fostering high-level political commitment for HIV to remain a priority in the context of Universal Health Coverage, and supporting countries to develop financial sustainability plans, with increased and diversified/innovative domestic investments, while optimizing resource allocation and reducing costs. Strengthening regional coordination mechanisms to support the convergence to a common regional position on the future architecture of the HIV response using existing policy development and decision making machinery such as the Council for Human and Social Development (COHSOD).

Latin America. Advocating for governments to assume increasing financial responsibility, especially for prevention and human rights programmes for key populations and, in countries with key donors withdrawing support, exploring alternative financing such as private sector partnerships and private development banks.

Middle East and North Africa: Conducting high level advocacy to increase domestic funding for national responses and developing national investment cases, and promoting regional solidarity through involvement of intergovernmental bodies such as League of Arab States.

West and Central Africa. Mobilizing political commitment for the AIDS response, and engaging leadership to increase domestic funding. Supporting countries to identify innovative ways to mobilise local resources, including through the strategic promotion of private-public partnerships, and to develop sustainability transition plans optimizing resource allocation and cost reduction.

Output 7.2 Efficiency and effectiveness of national AIDS responses improved (World Bank)

Content Description

The Joint Programme will work to provide countries with the tools and analytical support necessary to optimize strategic resource allocation, in line with epidemic priorities. The Joint Programme will help countries improve the efficiency and effectiveness of national HIV programmes, including through allocative efficiency analyses and guidance for implementation of recommendations to reduce costs and enhance the reach and impact of the AIDS response. The Joint Programme will also build evidence and provide technical expertise to assist decision-makers, programme managers and funding partners to maximize the impact of responses towards ambitious Fast-Track targets.

Key elements of this output include the following:

- Develop and update guidance on national HIV strategic planning, and support countries to review, update and cost their national HIV strategies and programmes
- Use granular data at the sub-national level to inform decision making and programme planning at the local level, and train local decision makers to use mapping of epidemic hotspots to maximize access and uptake of HIV-related services
- Conduct regular reviews and country cascade analysis to determine strengths and weaknesses in the continuum of HIV services and evaluate progress toward 2020 and 2030 HIV targets

- Conduct allocative efficiency studies and disseminate findings and recommendations broadly to assist countries to focus on the most effective interventions
- Continue to guide countries in the development and improvement of national HIV investment cases
- Provide guidance and support countries on gender assessment tools, evaluation and the generation and use of sex- and age-disaggregated strategic information, to inform national HIV strategic planning.

Selected Joint Programme regional interventions

Eastern Europe and Central Asia. Supporting countries to adopt and use methodology and tools for allocative and technical efficiency analyses to guide on a continuous basis investments into national AIDS response.

East and Southern Africa. Addressing growing financing needs across the region and supporting national governments to focus more strongly on evidence and cost-effectiveness analysis. Supporting evidence generation and efficiency analyses to reallocate resources more strategically, including through promoting disaggregation of data. Promoting and building on existing initiatives, such as the SADC Trust Fund, SADC and EAC Action Frameworks on Sustainability, and initiatives on pooled procurement. Supporting countries to develop sustainability and transition plans and to adapt to changes in working modalities of international partners and funders.

Latin America. Supporting countries to improve resource allocation, including for key populations, and effectiveness and efficiency of the HIV responses. Focusing on promoting cost-efficient investments based on populations and location analyses, as well as strengthening links between HIV and other priorities such as social and economic inclusion.

Output 7.3 Technological, service delivery and mHealth innovations fostered (UNICEF, UNFPA, WHO, World Bank)

Content description

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

Key elements of this output include the following:

- Promote partnerships across communities, healthcare providers, government agencies and the private sector to deploy mHealth tools for comprehensive sexuality education, HIV testing and counselling, antiretroviral case monitoring, and other priority health services
- Advocate and leverage resources and support for research leading to simpler antiretroviral regimens, paediatric HIV diagnosis and care, point-of-care diagnostics, and HIV cure research
- Review, monitor and coordinate the introduction of new prevention technologies, such as new long-acting PrEP formulations, to ensure safety, community awareness of innovations and adherence to new methods
- Promote investment in research and development of vaccines and broadly neutralising antibodies
- Build evidence and support scale-up for the use of mobile technology, big data, E-health and telehealth options to improve HIV service access and HIV-related outcomes
- Promote use of information and communication technology for HIV-related empowerment, HIV prevention, education and service delivery
- Support innovative diagnostics for rapid diagnosis, including combined HIV/syphilis diagnostics and monitoring of viral suppression
- Promote low/middle income country perspectives in coordinating development, testing, and plans for licensure and use of HIV vaccines.

Selected Joint Programme regional interventions

East and Southern Africa. Promoting new technologies and innovation in service delivery models to reach key populations. Strengthening community based delivery models and providing support to identify potential for efficiency gains.

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

West and Central Africa. Promoting new service delivery models and technologies such as use of social media and mHealth to improve demand creation for HIV testing, increase retention and treatment adherence.

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

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

Output 8.1 Decentralization and integration of HIV-related services strengthened (UNICEF, WFP, UNDP, UNFPA, UNODC, UNESCO, WHO, World Bank)

Content description

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

Key elements of this output include the following:

- Support countries to assess and monitor progress, challenges and best practices on HIV programme decentralization and integration
- Promote research and pilot programmes towards areas of integration that are currently understudied such as psychosocial care, harmful use of alcohol, linked services for men and boys, and HIV and non-communicable diseases.
- Support the training (including on confidentiality issues) of healthcare workers, counsellors and other service providers and government agencies to offer services at primary care level, through task shifting and task sharing and other relevant modalities, and support programmes that shift HIV and related services to communities where feasible.
- Provide technical and operational guidance and support on approaches for integrating services
- Strengthening linkages with the education sector through school referral mechanisms, on-site services, and engagement with parents and the broader community
- Coordinate partnerships with government agencies and NGOs working on food and nutrition to integrate HIV into other activities, such as social transfers
- Support countries to embed the AIDS response within efforts to achieve universal health coverage.

Selected Joint Programme regional interventions

Asia and the Pacific. Promoting integration and mainstreaming of the AIDS responses, including with SRH services. Empowering and facilitating partnerships between civil society and governments and promoting an increased role for the private sector and communities in service delivery, e.g. through task -shifting.

East and Southern Africa. Creating partnerships for overall health systems strengthening and integration of HIV services alongside HIV/TB, SRH, and maternal, neonatal and child health services, and supporting efforts on innovative service delivery models, such as task -shifting and community engagement.

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

Output 8.2 HIV-sensitive social protection and social protection programmes for vulnerable populations, including orphans and vulnerable children, strengthened (UNICEF, WFP, UNDP, ILO, World Bank)

Content description

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

Key elements of this output include the following:

- Build the evidence base for social protection interventions, and strengthen existing efforts to advance social protection approaches, including supporting countries to carry out social protection assessments and strengthening existing research and evaluation efforts
- Support scale-up of sustainable, HIV-sensitive and evidence-informed social protection programmes and strengthen national social protection floors
- Support programmes, such as cash and in-kind transfers, vouchers and school feeding programmes, that reduce the social and structural drivers of HIV and poor health more broadly, including poverty and inequality
- Strengthen school health systems and reinforce the education sector's ability to reach (in collaboration with other social protective agencies) vulnerable children and adolescents and respond to their needs
- Advocate for increased investment and innovative co-financing and provide technical guidance and support for implementation of HIV-sensitive measures to address the needs (e.g., education, nutrition and food, legal and psychosocial support, early childhood development) of orphans, vulnerable children, adolescents and key populations.

Selected Joint Programme regional interventions

Asia and the Pacific. Promoting policy frameworks and legislation that actively integrate key populations, people living with HIV, orphans and children made vulnerable by HIV, into social protection schemes/programmes

East and Southern Africa. Advocating for and supporting HIV-sensitive social protection programmes, including for orphans and vulnerable children

West and Central Africa. Advocating for and supporting HIV-sensitive social protection programmes.

Leadership, coordination and accountability

S.1 Leadership, advocacy and communication to fast track the AIDS response

Content description

The UNAIDS Secretariat will continue its leadership role to establish an inclusive, results-driven global agenda for the Strategic Directions outlined in the UNAIDS Strategy for 2016-2021. It works across all Action Areas in collaboration with convening Cosponsors according to UNAIDS Division of Labour. The Secretariat raises awareness, advocates and builds commitment for Fast-Tracking the AIDS response to end the epidemic by 2030. Through leadership and advocacy the Secretariat works to keep HIV high on the global agenda and builds the vision, momentum and foundations for robust, sustainable political commitment to predictable and fully financed AIDS responses with higher returns on HIV investments.

Key elements for this output are:

- Inspire, reposition, and drive the agenda on HIV, including setting ambitious HIV targets and holding the global community accountable for achieving them
- Mobilize and engage political leaders, activists and other stakeholders at the highest level
- Mobilise resources and move towards scale-up and sustainability of the AIDS response, including building and maintaining global support for multi- and bilateral commitments in the AIDS response
- Drive continued debate on access to testing, HIV medicines, commodities, pricing and mechanisms for innovation, including intellectual property mechanisms
- Promote synergy and integration between the AIDS response and the Sustainable Development Goals, elevating the debate on HIV into broader discussions to address the social and development effects of HIV
- Enhance the role that human rights and gender equality play in the AIDS response
- Foster research into technology innovations, novel tools and approaches that advance the AIDS response
- Ensure that civil society and key populations are full and effective partners in the response, and support the development of the next generation of civil society leadership for HIV and youth
- Compile and produce the evidence that supports the argument for Fast-Tracking the AIDS response
- Engage in a leadership agenda for young women and girls.

S.2 Effective and inclusive partnerships for impact and sustainability

Content description

The UNAIDS Secretariat continues to strengthen dialogue between governments, affected communities, and other stakeholders for progressive global policy. The evolving context and development agenda demands a renewed Joint Programme approach to partnerships. In 2016-2021, the Secretariat will prioritize partnerships with:

- Key global development partners, including the Global Fund and PEPFAR
- Bilateral engagement for shared responsibility and global solidarity
- Revitalised civil society movements, including organizations representing people living with HIV, women, women's rights organizations, youth, key populations, other people left behind and faith-based organisations
- Regional political bodies, development banks and cooperation arrangements, including those relating to China/Africa cooperation, India/Africa as well as the BRICS
- Public-private partnerships, the private sector and other relevant stakeholders
- City leaders and related alliances
- Human Rights Council mechanisms and UN Treaty Monitoring bodies as well as regional and national human rights mechanisms

- Parliamentarians and the judiciary, as well as private law firms and universities.

Key elements for this output include the following:

- Support the functioning of the PCB as an inclusive global policy-setting forum on HIV, including partnering with formal civil society representation on the PCB as a critical element for effective inclusion of community voices in global policy-making
- Mobilize partners around implementation of key HIV-related initiatives (e.g., 90-90-90, the Fast-Track approach to end AIDS as a public health threat by 2030, The Fast-Track Cities initiative, All-In!) at country, regional and global levels
- Create synergies and position HIV within the broader context such as the-Every Woman, Every Child Initiative, the Partnerships on Maternal, Newborn and Child Health, Stop TB and renew the dialogue with the family planning community and its “2020 Agenda”
- Leverage the role of human rights organizations, funders and defenders working from multiple perspectives Strengthen partnerships with civil society by:
 - o being a more forceful advocate for strategic funding to NGOs
 - o expanding support for informed participation in decision-making
 - o fostering collaboration between civil society and government to identify, adapt and scale up innovative models of community-based service delivery
 - o engaging civil society in advocacy towards fast tracking the response, and
 - o ensuring meaningful engagement of civil society in Global Fund processes at country, regional and global levels
- Leverage new communication platforms and channels to engage people and improve outreach.

S.3 Strategic information for an evidence informed response and global political agenda

Content description

The UNAIDS Secretariat advocates for and facilitates the generation of strategic information for an optimally effective, evidence-informed, rights-based and gender-sensitive AIDS response. The Secretariat provides guidance on the collection of relevant data through surveillance, surveys and programme monitoring, collects and synthesizes key data on the epidemic and the response to track and evaluate progress towards ending the AIDS epidemic by 2030. The Secretariat advocates for research and contributes to synthesis and use of findings.

Key elements for this output include the following:

- Establish standards, issue guidance and improve national governments and civil society capacity for the collection, analysis and effective use of standardized, harmonized data to inform strategic planning and sustainable policy and programmatic responses, including real-time and sub-national data to improve service delivery and public accountability
- Synthesize, analyse and widely disseminate strategic information to inform advocacy, policy making, programme planning and decision making
- Increase the availability of granular, disaggregated data (including by age, sex, key populations and other characteristics relevant in local contexts) to drive critical changes in programmes and policy
- Promote data collection innovations including for the availability of real-time data through new technologies
- Support the collection of data and analyses of information on critical enablers, efficiency gains, community mobilization, programme effectiveness, programmatic and resources gaps, and sustainable financing of the AIDS response
- Strengthen capacity of the countries to conduct gender analysis and gender-sensitive monitoring and evaluation
- Advocate for science and research and promote synthesis, dissemination and use of findings.

S.4 Coordination, coherence and convening

Content description

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

Key elements for this output include the following:

- Enhance and fully leverage linkages between the AIDS response and the broader SDG agenda
- Maximize effective use of interagency mechanisms for coordination and cohesion
- Convene and coordinate Joint UN Teams on AIDS and implementation of Joint UN Programmes of Support on HIV (based on Guidance) at country and regional level
- Strengthen national capacities to align priorities and resource allocation, promoting integration, country ownership and sustainability and supporting national strategic planning processes based on investment cases and approach
- Coordinate and broker technical support to Fast-Track the response, including strengthening community systems and health services, e.g. integrating HIV services as part of the Universal Health coverage initiative
- Support to convene community-led networks and organisations, facilitate partnerships and leverage political will to promote a broader and more inclusive AIDS response
- Support national mechanisms for coordination and coherence for an inclusive AIDS response, including support to improve domestic and international resource mobilization towards fully financing national AIDS responses based on the principles set forth in the Financing For Development Addis Ababa Action Agenda.

S.5 Mutual accountability

Content description

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

Key elements for this output are:

- Enhance internal management and operation to ensure that the Secretariat is fit for purpose to guide the implementation of the UNAIDS vision, strategy, and global HIV targets
- Lead on development and implementation of accountability mechanisms for both results and resources, reporting results to ECOSOC and the PCB
- Plan, implement, monitor and report on the implementation of the 2016-2021 UBRAF at global, regional and country levels
- Support innovation and new business products to maximise Joint Programme efficiencies
- Maximize synergies and collaboration across all areas of the Division of Labour
- Mobilize resources for the core budget and other funds, in collaboration with Cosponsors
- Undertake programmatic and thematic evaluations.

Annex II

GLOSSARY

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

Combination HIV prevention seeks to achieve maximum impact on HIV prevention by combining human rights-based and evidence-informed behavioural, biomedical and structural strategies in the context of a well researched and understood local epidemic. Combination HIV prevention also can be used to refer to an individual's strategy for HIV prevention—combining different tools or approaches (either at the same time or in sequence), according to their current situation, risk and choices.

Combination prevention includes both primary prevention (focused on people who are HIV-negative) as well as prevention of onward transmission from people living with HIV.

Source: *UNAIDS terminology guidelines 2015*. Geneva: UNAIDS 2015.

Key features of combination prevention programmes:

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

Sources:

Combination HIV Prevention: tailoring and Coordinating Biomedical, Behavioural and Structural Strategies to Reduce New HIV Infections. Geneva: UNAIDS; 2010.

Combination Prevention: addressing the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and begin to reverse the spread of the AIDS epidemic. Geneva: UNAIDS; 2013 (UNAIDS/PCB(30)/12.13)

Comprehensive sexuality education is defined as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision making, communication and risk reduction skills about many aspects of sexuality”

Source: UNESCO, UNAIDS, UNFPA, UNICEF and WHO. *International technical guidance on sexuality education. Volume I*. Paris: United Nations Educational, Scientific and Cultural Organization; 2009.

Many different names are used, reflecting an emphasis on various aspects of CSE by different countries. As with all curricula, CSE must be delivered in accordance with national laws and policies.

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

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

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

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

Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS; 2015.

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

Source: UNAIDS Strategy 2011–2015: getting to zero. Geneva: UNAIDS; 2010.

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

Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS; 2015.

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

Source: UNAIDS terminology guidelines 2015. Geneva: UNAIDS; 2015.

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

Young people are people aged 15-24 as per the GARPR indicators.

http://www.unaids.org/sites/default/files/media_asset/JC2702_GARPR2015guidelines_en.pdf

The [World Health Organization](http://www.who.int) (WHO) identifies **adolescence** as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19.

http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/