

**INDICATOR MATRIX FOR THE 2022–
2026 UNIFIED BUDGET RESULTS
AND ACCOUNTABILITY FRAMEWORK
(UBRAF) AND INDICATORS,
MILESTONES, TARGETS AND DATA
SOURCES FOR THE 2022–2023
WORKPLAN AND BUDGET**

Additional documents for this item: Final report of the UBRAF Working Group on the 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF) (UNAIDS/PCB (50)/CRP3)

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

- *Recalling* decision point 6.1–6.3 from the 49th PCB meeting, *take note* of the Indicator Matrix for the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF) and the indicators, milestones, targets and data sources for the 2022–2023 Workplan (UNAIDS/PCB (50)/22.14) and requests the UNAIDS Executive Director to add the annex to the 2022–2026 UBRAF Framework (UNAIDS/PCB (EM)/4.2) and the 2022–2023 Workplan and Budget (UNAIDS/PCB (49)/21.27);
- *Reaffirm* decision point 6.4 from the 49th PCB meeting that the UNAIDS Joint Programme shall report annually to the Programme Coordinating Board on the implementation of the 2022–2026 Unified Budget, Results and Accountability Framework through the related performance and financial reporting agenda items from June 2023.

Cost implications for the implementation of the decisions: none

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Introduction

1. UNAIDS 2021-2026 Unified Budget, Results and Accountability Framework (UBRAF) was approved by the UNAIDS Programme Coordinating Board (PCB in 2021). It guides and operationalizes the Joint Programme's contribution to achievements of the goals and targets of the Global AIDS Strategy 2021-2026. It is the Joint Programme's primary tool for prioritization, strategic and joint planning, implementation, monitoring and accountability. The UBRAF results framework is composed of 3 outcomes and 10 results areas at output level which are fully aligned with the Global AIDS Strategy and, for each of those and the Secretariat's strategic functions, specific outputs (Figure 1).
2. This final 2022-2026 UBRAF Indicator Matrix is aimed at facilitating clear monitoring of the Joint Programme's performance and it demonstrates the Joint Programme's accountability across the results chain, focusing on the UBRAF outcome and specific outputs (Figure 2). In line with the same principles of the UBRAF Results Framework, the indicators are informed by the UBRAF theory of change, which explains the causal pathways on how the Joint Programme's work contributes to the broader goals of the Global AIDS Strategy using an inequalities lens.¹
3. Building on the draft Annex 5 of the 2022-2026 UBRAF outputs and indicators submitted to the 49th PCB in December 2021 (UNAIDS/PCB (49)/21.26), the Final UBRAF Indicator Matrix was developed by taking account of the PCB feedback and guidance from the UBRAF Working Group and through a further intense, collaborative consultative process with the UNAIDS Cosponsors and Secretariat.
4. As agreed with the PCB, the indicators are selective. They are not meant to capture all aspects of the Joint Programme 's work but focus on some of the most important areas where progress is needed and measurable, showing the Joint Programme's added-value and indicating what will be monitored and reported on systematically throughout the UBRAF cycle. While the UBRAF indicators are in principle defined for 2022–2026, the 2025 milestones and the 2026 target may be updated as needed in 2023 as part of the development of the 2024–2025 Biennial Workplan & Budget.
5. The 2022-2026 UBRAF indicators present the Joint Programme's best efforts to capture credible and high-quality data reflecting progress against each of the UBRAF outcomes, specific outputs and Secretariat functions. It incorporates the use of multiple data sources and reporting mechanisms to attempt to provide a full picture of the Joint Programme's multifaceted contributions. The result area and the Secretariat functions' indicators are complementary and should be read in conjunction. Progress against the UBRAF will be measured annually,² via the Joint Programme reports at country, regional and global levels that inform UNAIDS Performance Monitoring Report to the PCB each year.

¹ For more information, see 'Theory of Change' section and annex 1

https://www.unaids.org/en/resources/documents/2021/PCBSS_2022-2026_UBRAF_Framework

² Except for the outcome indicators and selected output indicator for which annual data will not be available as indicated below and in the matrix.

Figure 1: UBRAF 2022-2026 Results Framework

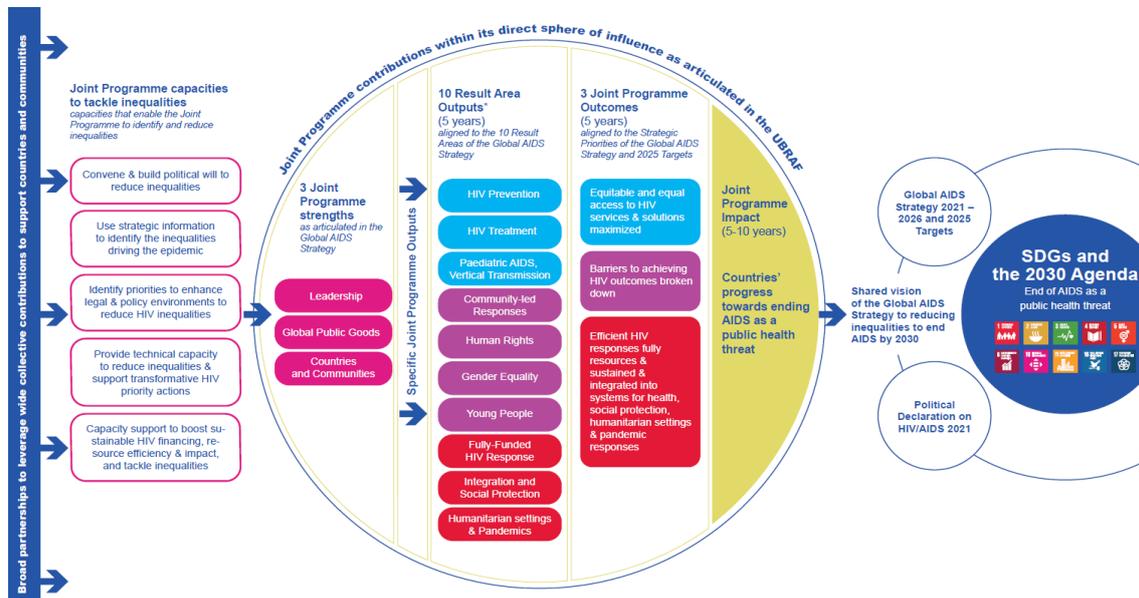
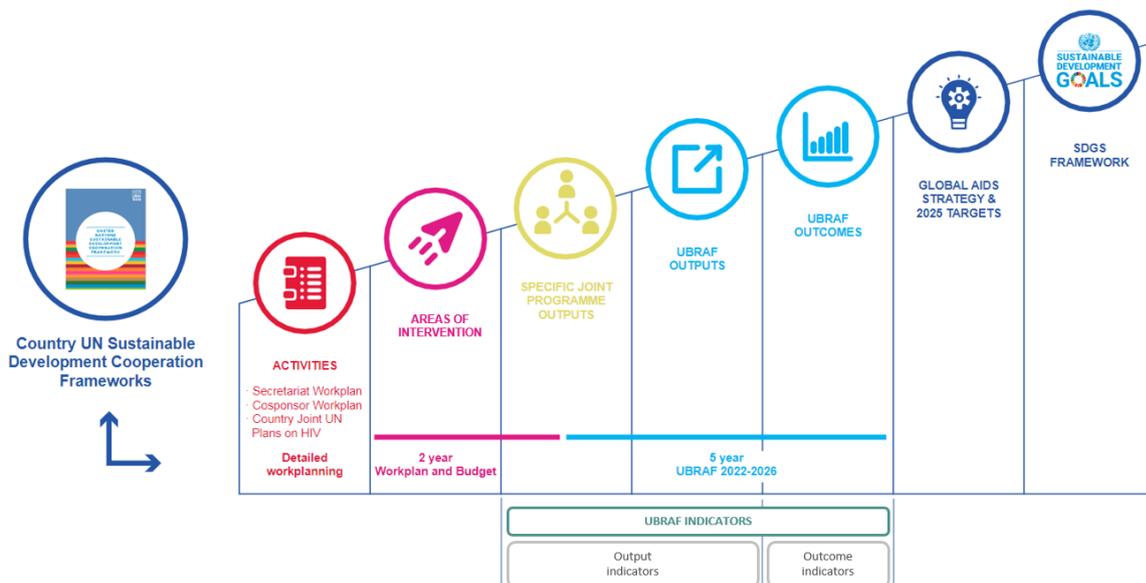


Figure 2: UBRAF 2022-2026 Results Chain

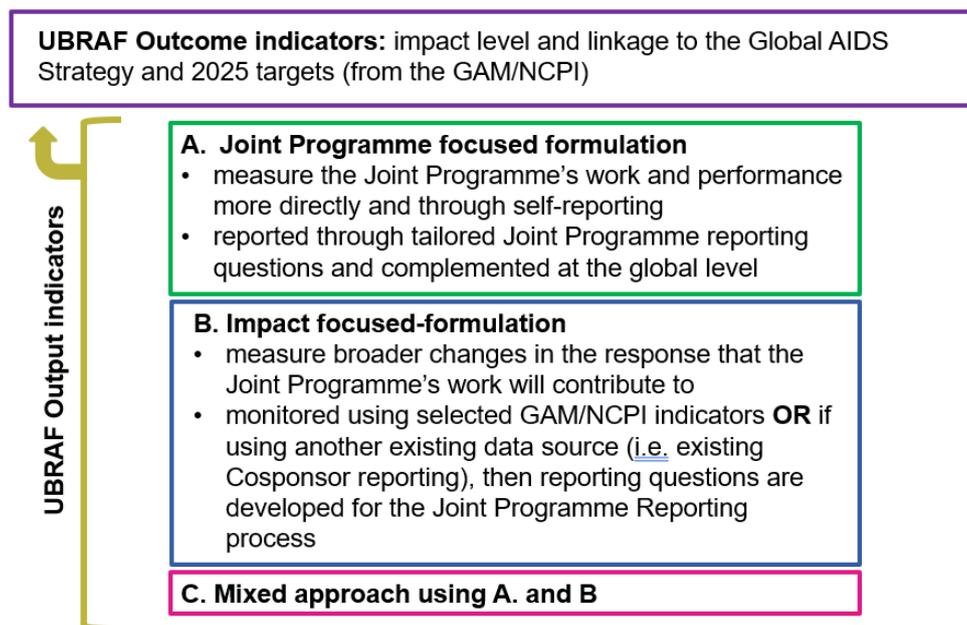


6. The 2022-2026 UBRAF Indicator Guidelines, which are complementary to the UBRAF Indicator Matrix, is an internal document meant to guide in further detail the Joint Programme's monitoring and reporting at all levels. The indicator guidelines include more detailed methodological components that are essential to ensure common understanding as well as proper reporting and monitoring across the Joint Programme and time, and they may be updated as needed.

2022–2026 UBRAF indicators: using a mixed approach

7. The UBRAF indicators are two-tiered:
 - outcome indicators that measure impact and that are sourced from the Global AIDS Monitoring (GAM) and National Commitments and Policy Instruments (NCPI); and
 - specific output indicators (for the ten result areas and the five Secretariat functions).
8. The 2022-2026 UBRAF specific output indicator formulations are informed by past UBRAFs, which focused on:³
 - the more direct contributions of the Joint Programme (2012-2015 UBRAF indicators)
 - the impact of the Joint Programme’s work (using country data) (2016-2021 UBRAF indicators)
9. To measure the Joint Programme’s work for 2022-2026, an approach using a mix of these two previous formulations for the indicators (option A, option B, or a combination), is used depending on a) the area of work, b) the Joint Programme’s expected contributions to that area, c) what is most meaningful to monitor, and d) the feasibility and availability of measurement data as summarized in Figure 3.

Figure 3: Use of a mixed approach reflecting a more holistic view of the multidimensional and catalytic role that the Joint Programme plays for progress against the epidemic.



Formulation of the indicators: linkages, logical flow and time flow for progression

10. As per the PCB request, the Indicator Matrix shows a clear logical flow between the:
 - the UBRAF specific outputs, indicators, baseline, milestones and targets in terms of substance (what we measure) and by showing progress over time; and

³ These were also informed by learning from annual reporting and related feedback, evaluations, audits, other UN organizations and UN reform (e.g. QCPR reporting)

- the Joint Programme outcomes and output indicators, showing the Joint Programme's contribution to changes in the broader HIV response

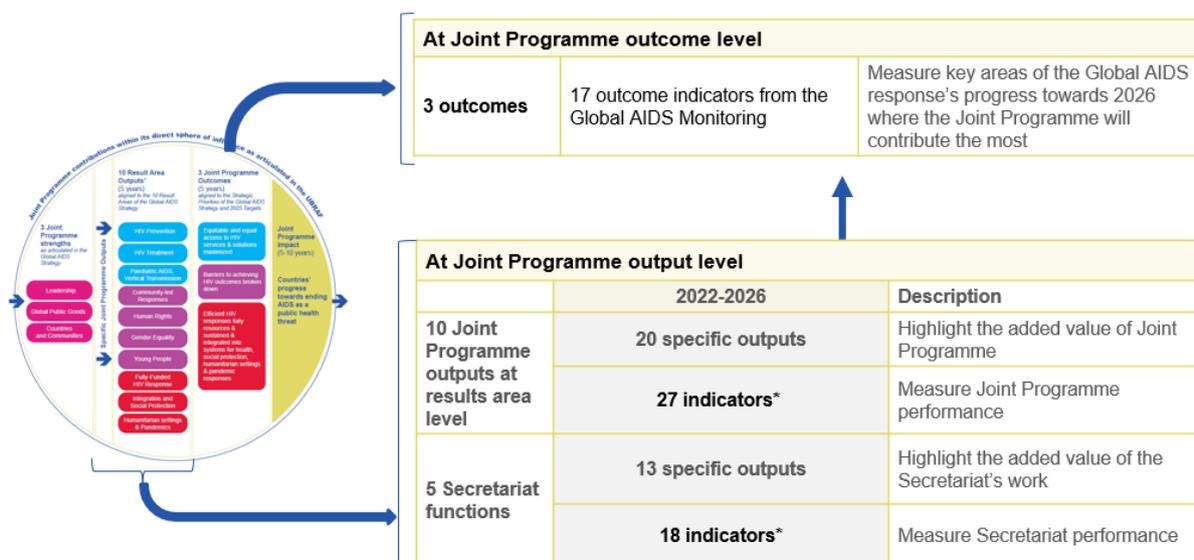
11. Principles for the UBRAF indicators and related components are as follows:

- Consistency and linkages between the indicator, baseline, milestones and targets in terms of content (what we measure) and framing:
 - among the different components;
 - between levels (i.e. between the specific output, the result area indicators and the outcome indicators);
 - and over time and show progress on what the Joint Programme contributes to
- The UBRAF indicators are formulated as concrete, meaningful and as SMART indicators (Specific. Measurable. Achievable. Relevant and. Time-Bound).
- The indicators use existing sources of data whenever possible to ensure consistency over time and across the Joint Programme, and to minimize new data collection, duplication and reporting "burden" at all levels (i.e. avoid designing a new indicator for measuring country-level change if a relevant GAM/NCPI indicator already exists).

The Joint Programme has a critical role in contributing to and achieving all outputs and indicators, which also have a number of shared characteristics. In order for the indicators to be as concise and clear as possible, these elements are not repeated in output and indicator formulations. The outputs and indicators are:

- considered through an inequalities lens, with a focus on those left behind
- responsive to the national context
- informed by evidence and recent scientific and other developments; and
- people-centred, with meaningful involvement of communities rights based and gender transformative

2022-2026 UBRAF indicators - highlights



*for each indicator, there are milestones by end 2023 and end 2025, and targets by end 2026 defined

Common definitions:

12. **Joint Programme result areas at output level.** The Joint Programme's critical areas of focus to address inequalities in the HIV response and bring it back on-track; informed by and fully aligned with the Global AIDS Strategy's result areas (*as per the UBRAF results framework*).
13. **Secretariat Functions.**⁴ The UNAIDS Secretariat has overall responsibility for ensuring coordinated strategic focus, effective functioning and accountability across the Joint Programme's work to support the implementation of the Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV and AIDS. The Secretariat focuses on the following five functions within the Joint Programme and in complementarity with the 11 Cosponsors:
 - S1: Leadership, advocacy and communication;
 - S2: Partnerships, mobilization and innovation;
 - S3: Strategic information;
 - S4: Coordination, convening and country implementation support; and
 - S5: Governance and mutual accountability (including evaluation).
14. **Specific outputs (Joint Programme).** These are formulated similarly to "sub-outputs" for each Joint Programme results area at output level. As requested by the PCB, these specific outputs present a breakdown of the results area outputs highlighting a more specific, focused and measurable added value of the Joint Programme's work. They will serve as the basis for Joint programme accountability and will be measured using the related indicator(s).
15. **Specific outputs (Secretariat).** These are formulated similarly to "sub-outputs" for each Secretariat function. These specific outputs present a more focused and measurable view of the Secretariat's work as requested by the PCB. They are not intended to cover and capture all the already-defined areas of interventions and deliverables. As requested by the PCB, the specific Secretariat outputs will serve as the basis for Secretariat accountability and will be measured by using the related indicator(s).
16. **Joint Programme indicators for each specific output.** These measure the Joint Programme's performance in relation to the related specific Joint Programme output.
17. **Indicators for each Secretariat function.** These measure the Secretariat's performance in relation to the related specific Secretariat function specific output.
18. **Joint Programme outcome indicators.** These measure the progress made towards achieving the intended Joint Programme outcomes and the corresponding Global AIDS Strategy strategic priority. These are measured through a few selected GAM or NCPI indicators that are most relevant to the area that the Joint Programme contributes to.
19. **Baseline.** This refers to the situation at the beginning of the UBRAF cycle. In most cases this refers to 2021 data. However, due to the different timelines for the UBRAF indicators (and annual reporting to the June PCB meeting) and GAM reporting (with country report submissions due by end-March followed by validation, analysis and synthesis, with final validated data only available by July), in some cases, 2021 national data from GAM reporting were thus not available to serve as baselines for indicators where the GAM or NCPI are listed as data sources. The latest available data were therefore used as

⁴ The Secretariat functions and Results Area indicators are complementary and should be read in conjunction with each other. For conciseness and clarity reasons, not all cross links are explicitly mentioned here but reference is made to the Theory of Change.

reference. Note: As part of the UBRAF indicators development, an internal “data collection survey” was conducted with the 91 Joint UN Teams on HIV and AIDS in countries where the Joint Programme operates, in order to collect data for some of the baselines (where data were not available from other existing sources) and to refine certain milestones or targets.⁵

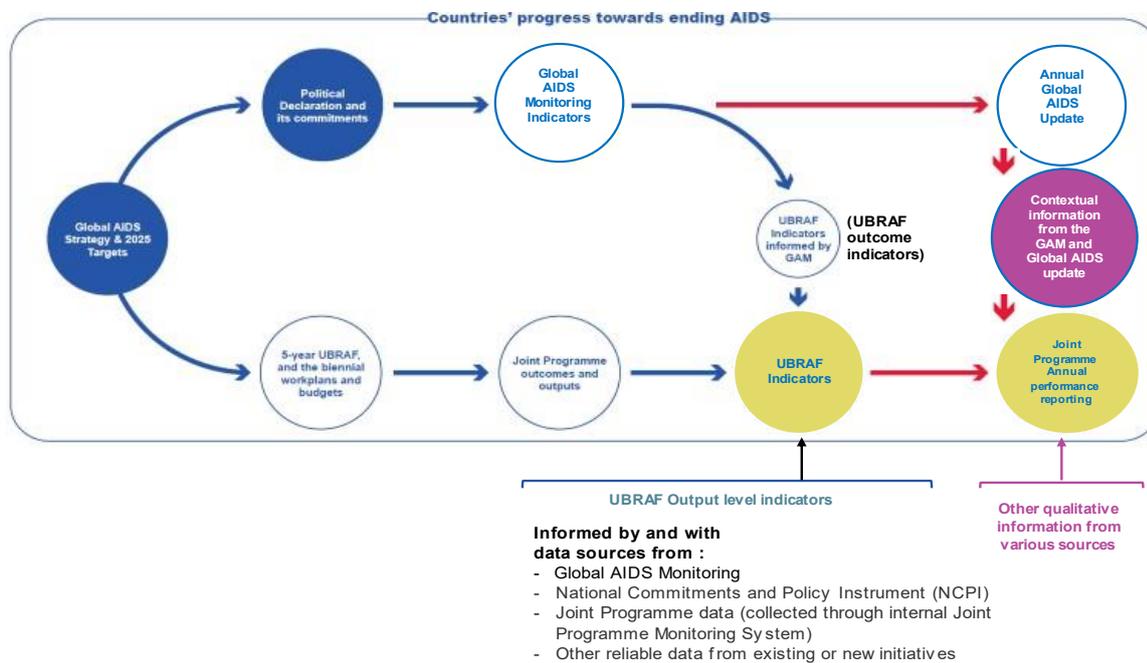
20. **Milestones.** These are intended achievements to measure progress of the work conducted by the Joint Programme or Secretariat for defined timeframes by end 2023 and 2025, in line with the respective Workplans and Budgets.
21. **Targets.** This refers to the final, intended achievement to measure the Joint Programme’s or Secretariat’s work/contributions for the related specific outputs by end-2026.
22. **Number of countries.** Unless otherwise indicated, “number of countries” in the outputs, indicators and milestones for the result area indicators refer to countries where the Joint Programme operates. The Joint Programme provides support to countries through various modalities including in-country presence and through regional or global level support (including virtual support). However, in the context of the UBRAF indicators, unless otherwise specified, the number of countries where the Joint Programme operates is the number of countries where a UN Joint Plan on HIV developed by the Joint Programme at country level exists (which as a reference indication was 91 at the beginning of the 2022-2023 planning cycle). For the Secretariat function indicators and related components, the number of countries refers to the number of countries where there is Secretariat presence, unless otherwise specified in the indicator rationale text or methodology. Note that due to changes relating to the Secretariat alignment process and the shrinking in-country capacities for HIV-specific support among Cosponsors, the total number of countries where the Joint Programme operates and where the Secretariat has a presence may be subject to change during 2022-2026. Therefore, the indicators, milestones and targets that use “number of countries supported by the Joint Programme/Secretariat” formulation have been developed as absolute numbers or as percentages without defining the denominator (total number of countries supported) defined at this stage. The total number of countries supported by the Secretariat or the Joint Programme is therefore not currently included in the methodology; it will be confirmed at the time of reporting.
23. **Common and complementary indicators.** These are intended to monitor the Joint Programme’s results in a coherent manner and complementarity with other Cosponsors, including in response to the UN Quadrennial Comprehensive Policy Review (QCPR). By definition, all UBRAF Indicators are common, as agreed to and jointly reported by all 11 Cosponsors and the Secretariat in a coherent manner. Where possible, some are drawn from the GAM as it is a common framework for the global AIDS response. For the Secretariat, some are also drawn from or are in line, to the extent possible, with selected QCPR and the UN Funding Compact. In addition, complementary indicators of the Cosponsors are identified as those in the UBRAF indicator matrix that are not repeated verbatim in the UNAIDS results or reporting frameworks but are related or provide different though complementary lenses or insights for the same issue, high-level results and/or areas of complementary work, such as broader work related to HIV or other Sustainable Development Goals (SDG) targets. To be categorized as a complementary indicator, a related indicator will have been identified as being tracked corporately by at least one Cosponsor or by a Cosponsor and another United Nations (UN) entity, and it is part of their result framework.

⁵ The response rate for the survey was 41% (37/91 countries responded), and a calculation was used to extrapolate indicative values, as indicated in the indicator matrix wherever relevant.

Data tool references:

24. The GAM system is a global tool, managed by UNAIDS and used by countries for their annual reporting of programme, behavioral, financial and epidemiological data to assess progress towards ending AIDS as a public health threat by 2030 and inform global reports and other analysis.⁶ The GAM reporting is conducted annually from January to May and the indicator guidance can be found [here](#).
25. The NCPI is a part of the GAM mechanism, but focuses on reporting against national policies relating to HIV.⁷ It is reported every two years via a full questionnaire (already available)⁸ and an interim questionnaire (to be finalized by end 2022).
26. The Joint Programme Planning, Monitoring and Reporting System (JPMS) is an internal web-based tool, introduced in 2012 and updated for each UBRAF cycle, use across the Joint Programme that allows the Joint Programme to facilitate collecting, collating and analyzing planning, performance information and report against UBRAF. It is used to share planning and reporting data from countries, regions and headquarters/global level in order to prepare consolidated reports for the Programme Coordinating Board (PCB), such as the annual Joint Programme Performance Monitoring Report and other analyses. Reporting is conducted between January and May annually. Data from the JPMS are also used to share information across the Joint Programme, as well as generate other reports, as required by donors, governments, executive boards of Cosponsoring organizations of the Joint Programme, and other stakeholders.

Figure 4: Reporting processes for UBRAF Indicators and GAM indicators, and their respective data sources



⁶ For more information on the GAM indicators, see: [Global AIDS Monitoring 2021 | UNAIDS](#) and for information on how the GAM data is used to inform the Global AIDS Report, see : [2021 UNAIDS Global AIDS Update — Confronting inequalities — Lessons for pandemic responses from 40 years of AIDS | UNAIDS](#)

⁷ The Full NCPI questionnaire is completed by countries every two years, while an interim NCPI questionnaire with a subset of questions is completed on an annual basis. For the new set of NCPI, this subset is being defined. For more information on the NCPI, see: [Laws and Policies Analytics | About \(unaids.org\)](#).

⁸ For the list of NCPI questions for 2022-2026: https://www.unaids.org/sites/default/files/media_asset/global-aids-monitoring_en.pdf

27. Once Joint Teams in countries have submitted UBRAF indicator data through the online reporting tool (JPMS), the UNAIDS Global Centre with support from Cosponsors' AIDS focal points (as relevant), will review the data for quality assurance. Data submitted by countries will be validated for internal consistency and completeness and Joint Teams in countries will be contacted in cases of missing data or inconsistencies. If countries do not respond, the queried data for the indicator will not be used for global analysis.
28. Quality assurance involves the following steps:
- Review completeness of data submitted, in addition to the JPMS feature that ensures countries cannot submit data for an indicator (composite indicators) if all measurements questions are not answered;
 - Review for apparent data entry errors, illogical values, inconsistencies and ask for background documents if needed;
 - Compare data trends overtime to verify if there are large variations from previously reported data and investigate reasons in cases where there are large variations;
 - Check comparable data from other sources where possible and analyse differences (comparison or triangulation); and
 - In addition, a random sample of countries may be selected for additional data verification with country teams.

Reporting

29. As in the past, the UBRAF indicators will be used as one of the bases for the annual reporting through the Progress Monitoring Report (PMR) to the PCB and other reporting purposes. The Joint Programme's performance monitoring is based on the UBRAF indicators and draws mostly on quantitative data collected through the JPMS and the GAM/NCPI (as indicated in the data source and data tools sections). The performance monitoring is complemented by narrative descriptions which are informed by qualitative information that are sourced from various data sources and validations processes, such as through the GAM and NCPI.
30. Indicators alone cannot provide a full picture of the Joint Programme's multifaceted contributions. The UBRAF comprises a broad range of monitoring and evaluation tools. This mixed method approach provides the necessary information to understand the context within which the Joint Programme works and complements the data from the Joint Programme outcome and outputs indicators, while also providing important updates on the direct work of the Joint Programme. This reporting will include highlights of the Joint Programme's differentiated work in various contexts and situations, as well as highlights of its work to reduce context-specific gaps and inequalities.
31. Due to the different reporting timeline for the GAM (the UBRAF reporting is completed for the PMR submission to the PCB by June each year), in cases where GAM or NCPI data are used as data sources for reporting against UBRAF Indicators the previous year's data will most likely only be available after submission of the annual Performance Monitoring Report to the PCB. In these cases, the latest available validated data will be used. In the coming years, close synergies with the UN system-wide reporting requirements, mechanisms and tools, especially in countries will be promoted further.

Joint Programme outcome indicators

32. As detailed in the UBRAF 2022-2026, the Joint Programme outcome indicators are sourced from selected GAM indicators using data submitted by countries. The Joint

Programme outcome indicators are thus fully aligned with the GAM guidelines and follow the GAM methodology.⁹

33. Depending on the GAM/NCPI indicator, data availability may differ as the final validated GAM data are available after Joint Programme reporting to the PCB annually in June. For example, GAM financial data are available around June to September annually due to national fiscal reporting processes and the required internal validation processes. In addition, certain GAM indicators such as the indicators for key populations, are reported and analyzed by country and disaggregated by key population, as regional or population assumptions cannot be made. These data, available in the [AIDSInfo webpage](#) will be referenced for more accurate, up-to-date and detailed reporting.
34. The Joint Programme outcome indicators are a critical part of the results framework and results chain, as they link the Joint Programme's work to the broader impact in countries (and elsewhere) through linkages to the Global AIDS Strategy, the 2025 targets, the 2021 UN General Assembly Political Declaration on HIV and AIDS, and the SDGs.
35. Figure 5 summarizes the 17 Joint Programme outcome indicators for the UBRAF 2022-2026 and the related global targets, and the UBRAF result area indicators per result area for each Joint Programme outcome. Linkages to 2025 Global AIDS targets have been identified wherever possible and provide an indication of the Joint Programme's contribution to the overall intended impact.
36. Under each Joint Programme outcome, the relevant Joint Programme results areas and indicators (at the specific output level) and the Secretariat Functions, are indicated (Figure 6).

⁹ The UBRAF outcome indicators are sourced from the GAM and will follow the GAM methodology and any updates made to the methodology. GAM Indicator guidelines for detailed methodology on the data collection for the UBRAF Joint Programme outcome indicators can be accessed here: https://www.unaids.org/sites/default/files/media_asset/global-aids-monitoring_en.pdf

Figure 5: Summary of the Joint Programme outcome indicators and linkages to the relevant Global AIDS Strategy targets and SDGs

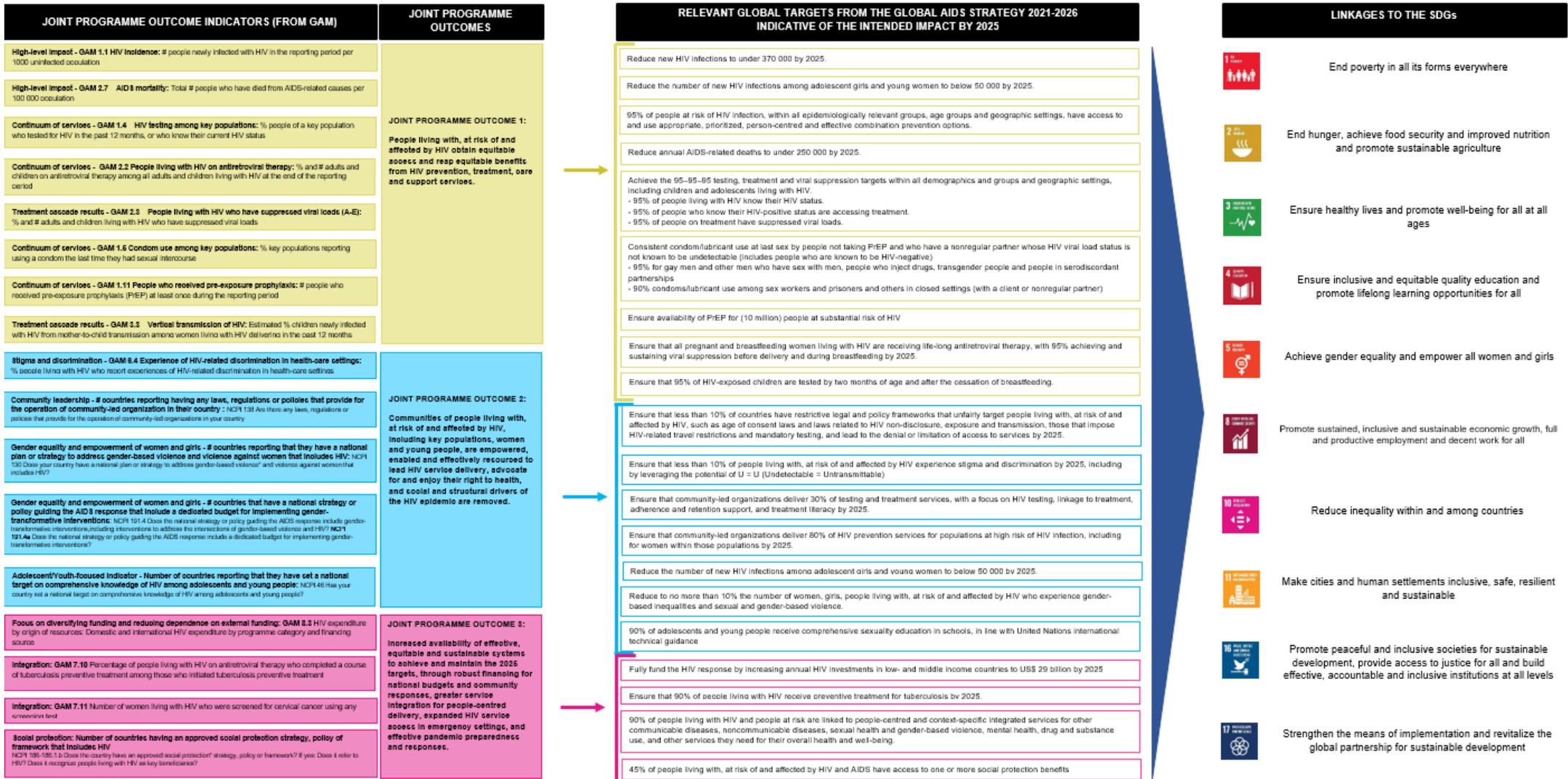
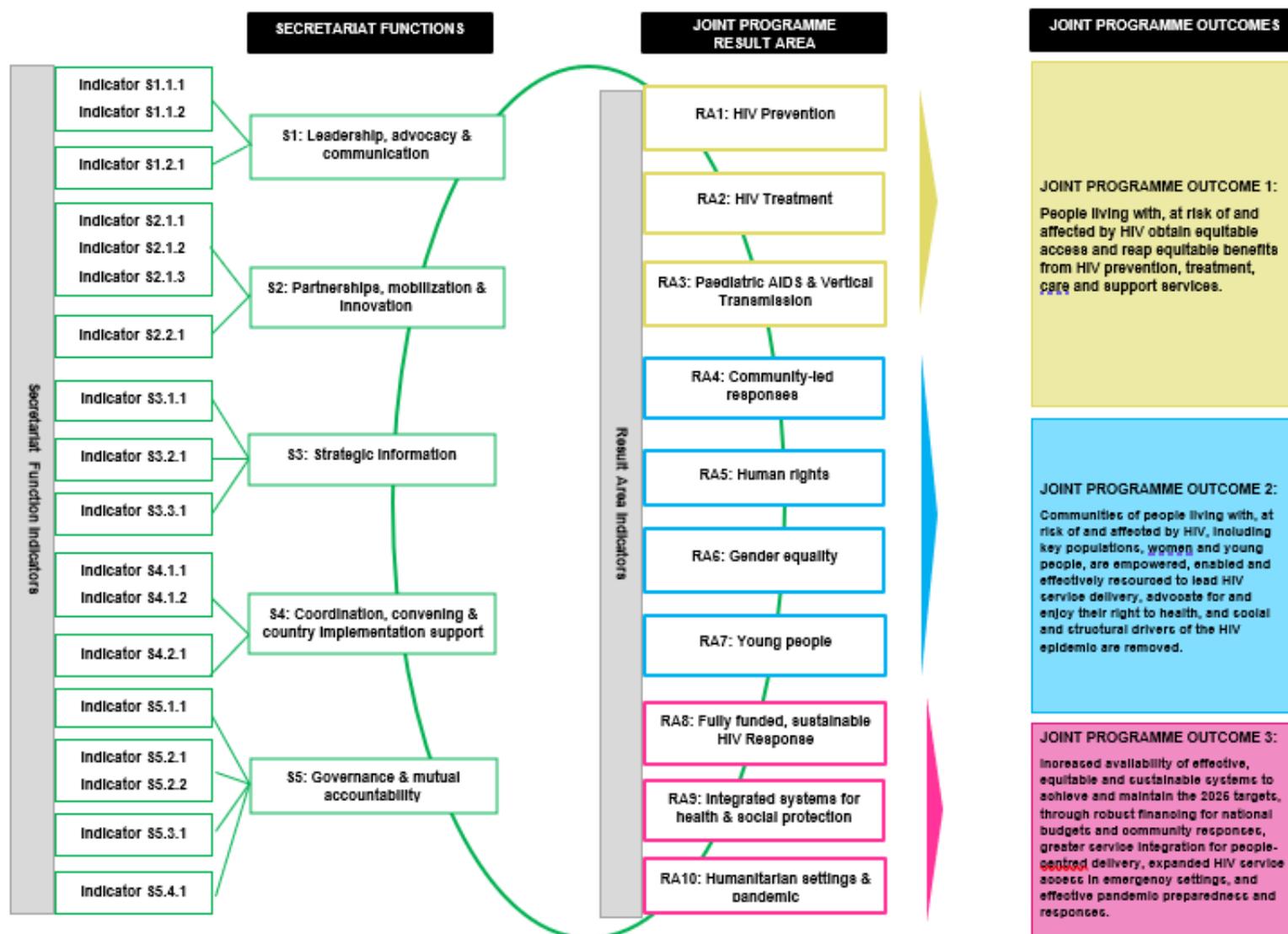


Figure 6: The Joint Programme Result Area and cross-cutting Secretariat Function indicators per outcome



JOINT PROGRAMME OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

Joint Programme Outcome Indicators

High-level impact: Number of people newly infected with HIV in the reporting period per 1000 uninfected population

Data source: GAM 1.1 HIV incidence

Baseline: 0.19 [0.13 - 0.27] (AIDSInfo, 2020)

High-level impact: Total number of people who have died from AIDS-related causes per 100 000 population

Data source: GAM 2.7 AIDS mortality

Baseline: 680 000 [480 000 - 1 000 000] (AIDSInfo, 2020)

Continuum of services: Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status

Data source: GAM 1.4 HIV testing among key populations

Baseline: Most recent data available on AIDSInfo by Key Population (2020 or most recently available data)

Continuum of services: Percentage and number of adults and children on antiretroviral therapy among all adults and children living with HIV at the end of the reporting period

Data source: GAM 2.2 People living with HIV on antiretroviral therapy

Baseline: 73% [56 - 88] (AIDSInfo, 2020)

Continuum of services: Percentage of key populations reporting using a condom the last time they had sexual intercourse

Data source: GAM 1.5 Condom use among key populations

Baseline: Most recent data available on AIDSInfo by Key Population (AIDSInfo, 2020 or most recently available data)

Continuum of services: Number of people who received pre-exposure prophylaxis (PrEP) at least once during the reporting period

Data source: GAM 1.11 People who received pre-exposure prophylaxis

Baseline: Approximately 845 000 people in at least 54 countries received PrEP in 2020

Treatment cascade results: Percentage and number of adults and children living with HIV who have suppressed viral loads

Data source: GAM 2.3 People living with HIV who have suppressed viral loads

Baseline: 66% (AIDSInfo, 2020)

Treatment cascade results: Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months

Data source: GAM 3.3 Vertical transmission of HIV

Baseline: 12% [10 - 15] (AIDSInfo, 2020)

Result Area 1: HIV prevention

Specific outputs for 5 years

1.1 Provide policy advice and strategic guidance to countries to adopt, implement and monitor national policies, tools and targets for combination HIV prevention services for and with key populations and other groups at higher risk of HIV infection.

Specific outputs for 2 years

1.1 Provide normative and implementation guidance to countries for combination HIV prevention interventions for and with key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.

Indicator 1.1.1. Number of countries supported by the Joint Programme in improving national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infections

Rationale: This indicator measures the specific contribution of the Joint Programme in changing national HIV prevention policy and strategy to align them with global AIDS targets and recommended approaches.

This indicator is critical for the HIV response, because as per 2020 HIV prevention scorecards only a limited number of countries have prevention policies and strategies in place, which include all recommended elements of combination HIV prevention packages in line with global guidance. It is therefore important for the Joint Programme to continue supporting countries in improving HIV prevention policies and strategies with a particular focus on key and priority populations. This indicator measures the extent to which the Joint Programme's support led to changes in HIV prevention policies and strategies.

The indicator will specifically focus on the following priority populations (depending on the country epidemiological context e.g. populations/settings with elevated HIV prevalence/incidence):

- sex workers
- gay men and other men who have sex with men
- people who inject drugs
- transgender people
- people in prisons and other closed settings
- adolescent girls and young women in settings with high HIV incidence
- adolescent boys and young men

The indicator complements the NCPI indicators tracking completeness of prevention packages for key and priority populations within national strategies. These are analysed annually through HIV prevention scorecards produced by UNAIDS, which synthesize the status of national HIV prevention programmes and policies.

Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews

Indicative baseline	Milestone (2023)	Milestone (2025)	Target (2026)
36 countries received support for improving national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV infections in 2021 (based on 37 Joint UN Teams on HIV and AIDS reports, <i>source</i> : the 2022 UBRAF Indicator Data Collection Survey).	Updated Consolidated WHO Key Population Guidelines launched and disseminated. 40 countries supported in improving prevention policy and strategy for epidemiologically relevant key and priority population(s). Produced analysis of completeness of HIV prevention policies for 5 key populations and adolescent girls and young women as part of Global HIV Prevention Coalition scorecards.	40 countries supported by the Joint Programme in improving prevention policy and strategy for epidemiologically relevant key and priority population(s).	40 countries supported by the Joint Programme in improving prevention policy and strategy for epidemiologically relevant key and priority population(s).

<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) HIV prevention among key populations: UNFPA, UNDP Harm reduction for people who use drugs and HIV in prisons: UNODC HIV prevention among young people: UNICEF, UNFPA, UNESCO Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>	<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes</p>
<p>Specific output for 5 years 1.2 Technical and policy support provided to countries to scale-up and tailor evidence-based combination prevention programmes and services, for and with key populations and other groups at higher risk of HIV.</p>	<p>Specific output for 2 years 1.2 Institute regional stewardship and expand number of countries supported under the Global Prevention Coalition to put into action and monitor the 2025 HIV Prevention Roadmap.</p>
<p style="text-align: center;"><u>Indicator 1.2.1. Number of countries where the Joint Programme provided technical and/or implementation support to scale up combination HIV prevention programmes</u></p> <p>Rationale: Coverage and outcome of HIV prevention programmes for key and other priority populations remained insufficient and far below the 95% target set for 2025 in the 2021 Political Declaration on HIV and AIDS (<i>source:</i> Global Prevention Coalition score cards).</p> <p>The Joint Programme has a critical role to play in support countries in effectively implementing prevention programmes that are funded domestically, through the Global Fund and other financing sources. This indicator measures the specific contribution of and the extent to which the Joint Programme’s provided technical and implementation support to scale up national HIV prevention programmes in their effort to achieve national and global HIV prevention targets. A new Global 2025 HIV Prevention Roadmap will be produced by the Joint Programme in mid-2022 to guide countries in accelerating prevention programmes to meet the global AIDS targets.</p> <p>The indicator will specifically focus on the following priority populations (depending on the country epidemiological context e.g. populations/settings with elevated HIV prevalence/incidence):</p> <ul style="list-style-type: none"> • sex workers • gay men and other men who have sex with men • people who inject drugs • transgender people • people in prisons and other closed settings and • as well as adolescent girls and young women in settings with high HIV incidence • adolescent boys and young men <p>The indicator will be met if the Joint Programme provided specific technical and/or implementation support for interventions or to address barriers to implementation of HIV prevention programmes for key and other priority populations and thereby contributed to increasing the coverage and improving the quality of a programme in the country.</p> <p>The indicator is also linked to and complement to GAM indicators coverage of HIV prevention programmes. These are analysed annually through HIV Prevention scorecards produced by UNAIDS, which synthesize the status of HIV prevention coverage and outcomes.</p>	

Data source: Joint UN Team on HIV observations / assessments / reports / reviews			
<p>Indicative baseline 36 out of 37 countries received technical and/or implementation support for interventions or to address barriers to implementation of HIV prevention programmes for key and other priority in 2021 (<i>source: Joint UN Teams on HIV and AIDS at country level reports from the 2022 UBRAF Indicator Data Collection Survey</i>).</p> <p>Indicative reference 28 focus countries joined the Global Prevention Coalition by end-2021.</p>	<p>Milestone (2023) 30 countries supported by the Joint Programme adopt targets and key actions spelled out in the Global 2025 HIV Prevention Roadmap.</p> <p>40 countries receive Joint Programme's technical and/or implementation support to scale up combination HIV prevention programmes by 2023.</p>	<p>Milestone (2025) 40 countries receive Joint Programme's technical and/or implementation support to scale up combination HIV prevention programmes by 2025.</p>	<p>Target (2026) 45 countries receive Joint Programme's technical and/or implementation support to scale up combination HIV prevention programmes by 2026.</p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) HIV prevention among key populations: UNFPA, UNDP Harm reduction for people who use drugs and HIV in prisons: UNODC HIV prevention among young people: UNICEF, UNFPA, UNESCO Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>JOINT PROGRAMME OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.</p>			
<p>Result Area 2: HIV treatment</p>			
<p>Specific outputs for 5 years 2.1 Strategic convening of scientists, communities and multisectoral stakeholders, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.</p>		<p>Specific outputs for 2 years 2.1 Strategic convening of scientists, communities and multisectoral stakeholders, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.</p>	
<p><u>Indicator 2.1.1: Number of countries supported by the Joint Programme that have implemented innovations to optimize access to integrated HIV and comorbidity / coinfection services (i.e. adopted at least 2 key recommendations from the guidance for integrated service delivery of HIV and comorbidities)</u></p>			

Rationale: HIV and related comorbidities and coinfections such as viral hepatitis, sexually transmitted diseases (STIs), and Tuberculosis (TB), continue to pose a major burden on public health worldwide. Although progress has been made, there is still significant HIV-related mortality and an urgent need to use and integrate innovative approaches to tackle issues of screening and management of co-morbidities alongside HIV infection to ensure the improved quality of life of people living with HIV, enhance quality of care and reduce unnecessary morbidity and mortality.

The indicator reflects the stronger 2025 targets for HIV co-morbidities and the shift to people-centred health care and accountability for the health of people living with HIV. This indicator draws strongly on the WHO Global Health Sector Strategies (GHSS) on HIV, viral hepatitis and sexually transmitted infections 2022-2030, presented to the World Health Assembly in May 2022. The 2022-2030 GHSS considers the epidemiological, technological and contextual shifts of recent years, fostering of learnings across the disease areas, and creation of opportunities to leverage innovations and new knowledge for effective responses to HIV, viral hepatitis and STIs.

This indicator measures the number of countries that implement innovations to optimize access to integrated HIV and comorbidity/coinfection services. Such innovations will draw from the GHSS and can include: digital technologies, market analysis and strengthening research- and development-based partnerships, new HIV testing/diagnostic approaches and treatment regimens, new prevention approaches, vaccines and effective cures, supported by research that includes the needs of resource-limited settings.

The WHO guidance for integrated service delivery of HIV and co-morbidities will strengthen the integrated support for co-morbidities to improve the delivery of interventions and health of people living with HIV. It will build on the HIV, viral hepatitis and STI guidelines and other health areas and WHO will undertake policy tracking to report on this guidance dissemination and implementation.

Data source: WHO policy tracking

<p>Baseline The baseline for this indicator is not available as it is a new indicator based on the WHO Guidance “Developing global health sector strategies on HIV, viral hepatitis and STIs 2022-2030” which is yet to be released.</p>	<p>Milestone (2023) Guidance developed to support integrated service delivery of HIV and comorbidities by 2023. Framework for collaborative action on TB and comorbidities developed and guidelines and operational handbook for TB/HIV and other TB comorbidities updated through review of evidence and consultation with experts by 2023.</p>	<p>Milestone (2025) 40 countries supported by the Joint Programme adopt at least 2 key recommendations from the guidance by 2025.</p>	<p>Target (2026) 50 countries adopt at least 2 key recommendations from the guidance by 2026.</p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) HIV testing and treatment: WHO Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	

<p>Specific outputs for 5 years 2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections, and related access and update monitoring, and share good practices.</p>	<p>Specific outputs for 2 years 2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections.</p>		
<p><u>Indicator 2.2.1. Number of countries supported by the Joint Programme that have updated and implemented the following three components as part of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: a) first- and second-line antiretroviral therapy (ART); b) differentiated service delivery; c) advanced HIV disease</u></p> <p>Rationale: The 2021 consolidated WHO guidelines on HIV prevention, testing and treatment support the use of optimized treatment regimens , the optimal delivery of HIV services in different ages, populations and settings, and the adoption of a package of interventions to identify and manage people with advanced HIV disease . They are structured along the continuum of HIV care and importantly emphasize differentiated approaches.</p> <p>Building on these guidelines, this indicator aims to measure the adoption and implementation of these key recommendations by countries supported by the Joint Programme, providing an indirect indication of the quality and effectiveness of the Joint Programme's support for countries to adopt and implement key recommendations for the following:</p> <ul style="list-style-type: none"> a) first- and second-line ART b) differentiated service delivery c) advanced HIV disease <p>Data source: WHO policy tracking using GAM/NCPI data</p>			
<p>Baseline Baseline is not available as the WHO guidelines were released in 2021 and data before 2022 were not available.</p>	<p>Milestone (2023) 30 countries supported by the Joint Programme update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring by 2023.</p>	<p>Milestone (2025) 45 countries update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring by 2025.</p>	<p>Target (2026) 60 countries have update and implement the 3 components of their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring by 2026.</p>

<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4)</p> <p>HIV testing and treatment: WHO</p> <p>Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>	<p>Cosponsor complementary indicators</p> <p>To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>		
<p>Specific outputs for 5 years</p> <p>2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections, and related access and update monitoring, and share good practices.</p>	<p>Specific outputs for 2 years</p> <p>2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections.</p>		
<p><u>Indicator 2.2.2. Number of countries that implement recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring for: a) adults and adolescents; b) women of childbearing age; c) pregnant and/or breast-feeding women</u></p> <p>Rationale: The 2021 consolidated WHO guidelines on HIV prevention, testing and treatment support the use of preferred first line ART regimens according different ages and specific co-morbidities. These regimens are selected according clinical and programmatic advantages and they reflect the emphasis in the shift to people-centred health care and public health approaches.</p> <p>This UBRAF indicator draws on core WHO guidelines and regular assessments of country implementation of the WHO Guidelines to focus on the following populations:</p> <ol style="list-style-type: none"> adults and adolescents (UNAIDS and WHO define adolescents as people between 10-19 years of age), women of childbearing age (includes adolescents and adult women of childbearing potential), and pregnant and/or breast-feeding women. <p>It focuses on countries supported by the Joint Programme, which at the beginning of the UBRAF Cycle (2022), referred to 91 countries.</p> <p>Data source: Annual Global AIDS Reporting and WHO policy tracking</p>			
<p>Baseline</p> <p>Baseline is not available as the WHO guidelines were released in 2021 and data before 2022 are not available.</p>	<p>Milestone (2023)</p> <p>40 countries supported by the Joint Programme implement recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service</p>	<p>Milestone (2025)</p> <p>60 countries supported by the Joint Programme implement recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring for adults and adolescents,</p>	<p>Target (2026)</p> <p>At least 60 countries supported by the Joint Programme implement recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV</p>

	delivery and monitoring for adults and adolescents, women of childbearing age and pregnant and/or breast-feeding women by 2023.	women of childbearing age and pregnant and/or breast-feeding women by 2025.	prevention, testing, treatment, service delivery and monitoring for adults and adolescents, women of childbearing age and pregnant and/or breast-feeding women by 2026.
Lead agency (sourced from the 2022-2026 UBRAF Annex 4) HIV testing and treatment: WHO Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO		Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.	
Specific outputs for 5 years 2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections, and related access and update monitoring, and share good practices.		Specific outputs for 2 years 2.2 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections.	
<p style="text-align: center;"><u>Indicator 2.2.3. Number of countries where the Joint Programme operates, which have adopted shorter rifamycin-based regimens for TB preventive treatment (TPT) for people living with HIV</u></p> <p>Rationale: More than 4100 people die from tuberculosis (TB) every day. People living with HIV are at a higher risk of developing TB disease (UNAIDS TB Fact Sheet 2022). TB is the main cause of death among people living with HIV, accounting for around one third of AIDS-related deaths globally. In 2020, an estimated 214 000 people living with HIV died from TB.</p> <p>The core 2021 consolidated WHO guidelines on HIV prevention, testing and treatment and the WHO policy on collaborative TB/HIV activities support the use of shorter rifamycin-based regimens for TB preventive therapy (TPT) in people living with HIV. These regimens promote a simplified and more effective approach to prevent TB in this population and reflects the emphasis in the shift to people-centred health care.</p> <p>This indicator aims to measure the number of countries supported by the Joint Programme that adopt the shorter rifamycin-based regimens for TB preventive treatment, which would be an indication of the Joint Programme's support to countries in this area.</p> <p>Definitions: TB preventive treatment is offered to individuals who are considered to be at risk of developing TB disease, in order to reduce that risk. TPT broadly falls into two categories: (i) isoniazid monotherapy for six or nine months, or (ii) rifamycin-based shorter preventive treatment, on the assumption that the infecting strain is susceptible to these medicines. Further definitions can be found in the 2020 WHO operational handbook on tuberculosis. Module 1: prevention - TB preventive treatment.</p> <p>Data source: Annual Global AIDS Reporting via the NCPI and interim NCPI questionnaires (2022 NCPI Q. 103. Which of the following regimens are recommended for tuberculosis (TB) preventive treatment in national guidelines)</p>			

<p>Indicative baseline</p> <p>In 2020, 19 of 71 reporting countries reported rifamycin-based regimens were recommended in national guidelines for TB preventive treatment for adults living with HIV (Source: latest available data, NCPI).</p> <p>41 Countries reported on the number of people living with HIV currently enrolled in HIV care and receiving TB preventative therapy. This is based on global reporting and is not specific to the countries supported by the Joint Programme only (Source: 2017-2018 Global AIDS Reporting)</p>	<p>Milestone (2023)</p> <p>At least 15 countries supported by the Joint Programme adopt shorter rifamycin-based regimens for TPT for people living with HIV by 2023</p>	<p>Milestone (2025)</p> <p>30 countries supported by the Joint Programme adopt shorter rifamycin based regimens for TPT for people living with HIV by 2025</p>	<p>Target (2026)</p> <p>40 countries supported by the Joint Programme adopt shorter rifamycin based regimens for TPT for people living with HIV by 2026</p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4)</p> <p>HIV testing and treatment: WHO</p> <p>Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>		<p>Cosponsor complementary indicators</p> <p>To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>JOINT PROGRAMME OUTCOME 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.</p>			
<p>Result Area 3: Paediatric AIDS, vertical transmission</p>			
<p>Specific outputs for 5 years</p> <p>3.1 Countries supported to adopt updated normative guidance, recommendations and develop and share best practices for elimination of vertical transmission and optimizing HIV testing, treatment and outcome for children and adolescents living with HIV.</p>		<p>Specific outputs for 2 years</p> <p>3.1 Guidance and technical support provided to priority countries to adopt and implement normative recommendations related to optimizing treatment in women, children and adolescents and ensuring access to HIV prevention for women attending antenatal and postnatal services.</p>	
<p><u>Indicator 3.1.1. Number of countries supported by the Joint Programme that have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women</u></p> <p>Rationale: Despite the gains made, a range of factors undermine the ability of many pregnant and breast-feeding women to access and remain engaged in HIV services, thus affecting their ability to achieve viral load suppression throughout pregnancy and breast-feeding—a pre-requisite for minimizing vertical HIV transmission. This is especially true for pregnant adolescents and young women who are known to have poorer outcomes in preventing mother-to-child transmission (PMTCT) programmes compared with older women. In addition, even when coverage of PMTCT treatment among pregnant women is very high, new infections in children continue to occur, largely as a result of newly</p>			

acquired HIV in pregnant or breast-feeding women that was missed by testing at the first antenatal care visit. Tailored strategies that are data-informed and evidence-based can improve service delivery and reduce inequalities in access to services for the elimination of vertical transmission of HIV. [Current normative guidelines for PMTCT](#) and operational tools such as the '[Last Mile Framework](#)' aim to provide guidance and programme planning approaches that are tried and tested in a variety of different epidemic contexts and health service settings

The Joint Programme works closely with governments to develop and update their national plans based on the evolution of their HIV epidemics and contexts (based on surveillance and monitoring of the HIV epidemic and identification of gaps and inequalities), to ensure that inequalities and gaps related to HIV transmission in pregnant or breastfeeding women and vertical transmission of HIV, are addressed in national policies.

This indicator aims to measure the result of the Joint Programme's support to governments by identifying the number of countries supported by the Joint Programme which have successfully developed a national plan for the elimination of vertical transmission of HIV and are implementing the treat all policy. This indicator is most relevant to pregnant and breastfeeding women and to newborns and children and measures the progress in countries where the Joint Programme operates and which report on this indicator.

This indicator is also linked to the new *Alliance to End AIDS in Children*, led by UNICEF, WHO and UNAIDS and building on the *Start Free. Stay free. AIDS free*, is expected to be launched at the International AIDS Conference in July 2022 and which a number of countries with greatest needs are invited to join.

Data source: Joint Programme reports and programme data

<p>Baseline 47 countries* report having a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women (Source: UNICEF 2021).</p> <p><i>*Baseline is based on 63 of the 91 countries supported by the Joint Programme that provided data on this indicator in 2021.</i></p>	<p>Milestone (2023) 80%* of countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women by 2023.</p> <p><i>* Based on the 2022 data, 91 countries are supported by the Joint Programme in 2022, therefore at the start of the UBRAF this milestone refers to approximately 73 countries.</i></p>	<p>Milestone (2025) 90%* of countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women by 2025.</p> <p><i>* Based on the 2022 data, 91 countries are supported by the Joint Programme in 2022, therefore at the start of the UBRAF this milestone refers to approximately 82 countries.</i></p>	<p>Target (2026) 95%* of countries supported by the Joint Programme have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women by 2026.</p> <p><i>* Based on the 2022 data, 91 countries are supported by the Joint Programme in 2022, therefore at the start of the UBRAF this milestone refers to approximately 86 countries.</i></p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well: UNICEF, WHO Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>		<p>Cosponsor complementary indicators UNICEF Strategic Plan 2022 – 2025: Output Indicator 1.3.3. Number of countries with at least dual mother-to-child transmission of HIV and syphilis elimination policies and services (UNAIDS, WHO) page 15.</p>	

<p>Specific outputs for 5 years</p> <p>3.2 Regions, partners and countries guided and supported to prioritize and implement sustainable, services for eliminating vertical transmission of HIV and ending pediatric AIDS through building capacity, integration of HIV into maternal, neonatal, child and adolescent health and primary care, and through leveraging domestic and international investments.</p>	<p>Specific outputs for 2 years</p> <p>3.2 Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high-quality paediatric HIV treatment and care.</p>		
<p><u>3.2.1. Number of countries supported by the Joint Programme to develop a national validation report to be submitted to the Global Validation Advisory Committee</u></p> <p>Rationale: The Global Validation Advisory Committee (GVAC), established in 2015, provides independent advice to the WHO Global Secretariat to support countries' efforts toward the elimination of mother-to-child transmission (EMTCT) or Elimination of HIV, syphilis and hepatitis B. Since then, Member States have been able to apply for, and be validated for, achieving the EMTCT of HIV and/or syphilis, to a level where it is no longer a public health threat. Before initiating the EMTCT validation process, countries should be confident that they can meet the global minimum criteria, as well as any specific regional requirements. They then develop a national validation report in line with GVAC recommended guidance which includes detailed technical evaluation of EMTCT programme components and measurements and through an inclusive consultative process. The report is submitted to the Regional Validation Committee. The GVAC reviews validation reports from the Regional Validation Committee to ensure consistency and compliance with the minimum global criteria. It also provides recommendations to countries to support ongoing monitoring and maintenance of validation if needed.</p> <p>The Joint Programme works closely with governments during the GVAC validation process to support the development of their national validation reports. This includes technical guidance and support including for key steps for and streams of the validation process such as programme review, data analysis, coordination, inclusive consultations and financial support. By end-2021, in collaboration with UNAIDS, UNICEF and UNFPA, 15 countries had been validated for EMTCT of HIV and/or syphilis, and all regions have established validation structures to support the process.</p> <p>This indicator measures the Joint Programme's support to countries to advance their EMTCT validation process according to agreed GVAC standards, and to be considered as achieving this indicator, countries will need to complete their submission to the regional level.</p> <p>This indicator is also linked to the new <i>Alliance to End AIDS in Children</i>, led by UNICEF, WHO and UNAIDS, which builds on the <i>Start Free. Stay free. AIDS free</i> and is expected to be launched at the International AIDS Conference in July 2022, and which a number of countries with greatest needs are invited to join as partner.</p> <p>Data source: GVAC reports and monitoring</p>			
<p>Baseline</p> <p>15 validated for EMTCT of HIV (not necessarily priority partners) at the end of 2021 (GVAC Secretariat reporting, 2021).</p>	<p>Milestone (2023)</p> <p>2 additional partner countries who joined the Global Alliance to End AIDS in Children submit their validation report to GVAC by 2023.</p>	<p>Milestone (2025)</p> <p>3 additional partner countries who joined the Global Alliance to End AIDS in Children submit their validation report to GVAC by 2025.</p>	<p>Target (2026)</p> <p>5 additional partner countries who joined the Global Alliance to End AIDS in Children develop a national validation report to be submitted to the GVAC by 2026.</p>

<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4)</p> <p>Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well: UNICEF, WHO</p> <p>Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>	<p>Cosponsor complementary indicators</p> <p>To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised/updated pending approval from separate or other processes.</p>		
<p>Specific outputs for 5 years</p> <p>3.2 Regions, partners and countries guided and supported to prioritize and implement sustainable, services for eliminating vertical transmission and ending pediatric AIDS through building capacity, integration of HIV into maternal, neonatal, child and adolescent health and primary care, and through leveraging domestic and international investments</p>	<p>Specific outputs for 2 years</p> <p>3.2 Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high quality paediatric HIV treatment and care.</p>		
<p><u>Indicator 3.2.2. Number of countries supported by the Joint Programme which have HIV services for children integrated into at least 50% of Primary Health Care (PHC) sites</u></p> <p>Rationale: This specific output aims to achieve scale up of sustainable accessible services for women children and adolescents living with HIV and that deliver high quality differentiated HIV treatment and care. The work needed to support this output includes, capacity building of staff, training in comprehensive care including nurturing care for infants and young children and integration of HIV care into health services in order to promote decentralization and sustainability. Although there are many different measures of success for this output the selected indicator focuses on the key issue of the extent to which services for HIV are incorporated into Primary Health Care (PHC). This may take different forms in different epidemic contexts. For example HIV testing and counselling in low HIV prevalence settings should be incorporated into the PHC package, but it may not be feasible or desirable for treatment services to be available in all locations where PHC is managed. The indicator specifically focuses on children, as opposed to adults, as this remains an area where integration especially into PHC has not happened well or extensively enough to achieve sustainability</p> <p>This indicator is also linked to the new <i>Alliance to End AIDS in Children</i>, led by UNICEF, WHO and UNAIDS, which builds on the <i>Start Free. Stay free. AIDS free</i>, is expected to be launched at the International AIDS Conference in July 2022 and which a number of countries with greatest needs are invited to join as a partner.</p> <p>Data source: UNICEF (national reports) and Joint UN Teams on HIV and AIDS reporting</p>			
<p>Baseline</p> <p>Baseline does not exist as this is a new indicator that is linked to a new Global Strategic Initiative, the Global Alliance to End AIDS in Children, which is expected to be launched in July 2022. This will be</p>	<p>Milestone (2023)</p> <p>15 partner countries join the Global Alliance to End AIDS in Children and provide services for children with HIV that are integrated into Primary Health Care by 2023.</p>	<p>Milestone (2025)</p> <p>An additional 15 partner countries join the Global Alliance to End AIDS in Children and provide services for children with HIV that are integrated into Primary Health Care by 2025.</p>	<p>Target (2026)</p> <p>An additional 15 partner countries join the Global Alliance to End AIDS in Children and provide services for children with HIV that are integrated into Primary Health Care by 2026.</p>

measured more systematically as of 2023.			
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4)</p> <p>Elimination of mother-to-child transmission of HIV and keeping mothers, children and adolescents alive and well: UNICEF, WHO</p> <p>Decentralization and integration of sexual and reproductive health and rights and HIV services: UNFPA, WHO</p>		<p>Cosponsor complementary indicators</p> <p>To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised/updated pending approval from separate or other processes.</p>	
<p>JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</p> <p><u>Joint Programme Outcome Indicators</u></p> <p>Stigma and discrimination - Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings Data source: GAM 6.4 Experience of HIV-related discrimination in health-care settings Baseline: Most recent data available on AIDSInfo (AIDSInfo, 2018-2020)</p> <p>Community leadership - Number of countries reporting having any laws, regulations or policies that provide for the operation of community-led organization in their country Data source: NCPI 138 (2022 NCPI Questionnaire): Are there any laws, regulations or policies that provide for the operation of community-led organizations in your country Baseline: 143 countries have reported having at least one law, regulation or policy for the operation of community organizations in the country. (AIDSInfo, 2017-2021) *Note: this question is also part of the interim NCPI Questionnaire, therefore data is available annually</p> <p>Gender equality and empowerment of women and girls - Number of countries reporting that they have a national plan or strategy to address gender-based violence and violence against women that includes HIV Data source: NCPI 130 (2022 NCPI Questionnaire): Does your country have a national plan or strategy to address gender-based violence* and violence against women that includes HIV Baseline: Since 2017, 81% (136 countries) of reporting countries have reported having such a plan (AIDSInfo, 2017-2021)</p> <p>Gender equality and empowerment of women and girls - Number of countries that have a national strategy or policy guiding the AIDS response that include a dedicated budget for implementing gender-transformative interventions Data source: NCPI 191.4 (2022 NCPI Questionnaire): Does the national strategy or policy guiding the AIDS response include gender-transformative interventions, including interventions to address the intersections of gender-based violence and HIV? NCPI 191.4a (2022 NCPI Questionnaire): Does the national strategy or policy guiding the AIDS response include a dedicated budget for implementing gender-transformative interventions: Baseline: 131 countries reported having a national strategy or policy guiding the AIDS response, of which 87 countries have reported the strategy or policy includes interventions to address GBV and HIV, and 52 of those include a dedicated budget for implementing such interventions (AIDSInfo, 2017-2021).</p> <p>Adolescents/Youths - Number of countries reporting that they have set a national target on comprehensive knowledge of HIV among adolescents and young people Data source: NCPI 46 (2022 NCPI Questionnaire): Has your country set a national target on comprehensive knowledge of HIV among adolescents and young people Baseline: 45 out of 70 reporting countries report that they have set a national target on comprehensive knowledge of HIV among adolescents and young people (AIDSInfo, 2021)</p>			
Result Area 4: Community-led responses			
Specific outputs for 5 years		Specific outputs for 2 years	

4.1 Develop and promote normative guidance and support advocacy strategies for community-led responses (network strengthening, legal literacy, advocacy, monitoring and service delivery), including those led by people living with HIV, key populations, women and youth

4.1 Develop and promote normative guidance, with communities, for community-led responses with focus on network strengthening, community-led monitoring and service delivery

Indicator 4.1.1. Number of countries where the Joint Programme provides technical support for community-led HIV responses

Rationale: The Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on HIV and AIDS included strong commitments to implement the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and to empower communities of people living with, key populations and other affected communities to meaningfully engage in the HIV response at all levels.

These commitments include a new set of global targets to increase the proportion of HIV services led by communities, including by ensuring that, by 2025, community-led organizations deliver:

- 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations; and
- 60% of programmes to support the achievement of societal enablers.

In order to support countries to work towards achieving the 30-80-60 targets, it is vital that community-led organizations receive the necessary technical support and guidance to play their critical leadership roles in the HIV response.

This indicator will be disaggregated for the main affected populations that are important in all epidemic settings:

- people living with HIV,
- women living with HIV,
- gay men and other men who have sex with men,
- transgender people,
- sex workers,
- people who use drugs, and
- young people from key populations and adolescent girls and young women.

Community-led organizations, groups and networks, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led. *

Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them. *

The Joint Programme support to community-led response includes a wide range of activities depending on countries' and communities' needs and capacities and for this indicator, the 'technical support' includes activities such as advocacy and facilitating engagement and dialogue with government decision makers, to promote meaningful participation in Country Coordinating Mechanisms (CCM) and other decision-making fora; guidance for programmatic analysis and interventions (e.g. the Stigma Index); technical assistance for network strengthening or advocacy planning; to setting up of community-led monitoring (CLM) or community-led service delivery.

**Definitions of community-led organizations and community-led responses follow the final recommendations (2022) of the MultiStakeholder Task Team on Community-Led AIDS Responses at the request of the UNAIDS Programme Coordinating Board. The definitions were conceived as umbrella terms, inclusive of the leadership of people living with HIV, key populations, women and youth in all their diversity. The latest definitions can be accessed: [here](#)*

Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews

<p>Baseline Baseline does not exist as though the Joint Programme has provided supported to community-led organization since its inception, the community-led response result area is new in terms of its more advanced framing and for more systematic monitoring.</p>	<p>Milestone (2023) At least 2 normative guidance documents developed and promoted, with focus on network strengthening, enhancing GIPA, community-led research and monitoring, community-led advocacy, or community-led service delivery by 2023.</p>	<p>Milestone (2025) In at least 25 countries, Joint Programme provided technical support and guidance for community-led organizations from at least 3 of the most significantly affected communities in the country for the community-led HIV response by 2025.</p>	<p>Target (2026) In at least 30 countries, Joint Programme provided technical support and guidance for community-led organizations from at least 3 of the most significantly affected communities in the country for the community led HIV response by 2026.</p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) All Cosponsors and Secretariat</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>Specific outputs for 5 years 4.2 Provide technical and policy support to countries to develop and expand partnerships between governments and community-led organizations, and provide support for greater engagement of networks in decision-making for community led responses for HIV, including on funding.</p>		<p>Specific outputs for 2 years 4.2 Advocacy and technical support to countries for the incorporation and expansion of community-led responses (GIPA and engagement in decision-making, advocacy, service delivery and monitoring) in national HIV responses (including policies, planning, budgeting and reporting).</p>	

Indicator 4.2.1 Number of countries where the Joint Programme provides support to national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses

Rationale: The Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on HIV and AIDS included strong commitments to implement the GIPA principle and to empower communities of people living with HIV, key populations and other affected communities so they can meaningfully engage in the HIV response at all levels.

These commitments include a new set of global targets to increase the proportion of HIV services led by communities, including by ensuring that, by 2025, community-led organizations deliver:

- 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60% of programmes to support the achievement of societal enablers.

In order to support countries to work towards achieving the 30-80-60 targets, it is important that governments (national and subnational levels) receive the necessary technical support to incorporate and expand community-led responses as part of the national HIV response.

The indicator will be applicable for all countries. It will be disaggregated, to the extent possible, by each specific area of the community-led HIV responses:

- community-led HIV advocacy,
- community-led HIV monitoring and research,
- community-led HIV service delivery, and
- community engagement in HIV-related decision-making.

Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

Note: Definitions of community-led organizations and community-led responses follow the final recommendations (2022) of the Multi-Stakeholder Task Team on Community-Led AIDS Responses at the request of the UNAIDS Programme Coordinating Board. The definitions were conceived as umbrella terms, inclusive of the leadership of people living with HIV, key populations, women and youth in all their diversity. The latest definitions are available here: [Agenda Item 4: Final Report on Community-led Aids responses based on the recommendations of the multistakeholder Task Team to the UNAIDS 51st PCB | UNAIDS](#)

Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews

Baseline:	Milestone (2023)	Milestone (2025)	Target (2026)
Baseline does not exist. Although the Joint Programme has provided support to community-led organizations since its inception, the community-led response is a new area in terms of its more advanced framing and systematic monitoring.	In at least 20 countries, the Joint Programme provided technical support to national and/or subnational governments and other stakeholders in the areas of community-led HIV advocacy, and/or community-led HIV monitoring and research, and/or community-led HIV service delivery; and/or community engagement in HIV-related decision making by 2023.	In at least 25 countries, the Joint Programme provided technical support to national and/or subnational governments and other stakeholders in the areas of community-led HIV advocacy, and/or community-led HIV monitoring and research, and/or community-led HIV service delivery; and/or community engagement in HIV-related decision making by 2025.	In at least 30 countries, the Joint Programme provided technical support to national and/or subnational governments and other stakeholders in the areas of community-led HIV advocacy, and/or community-led HIV monitoring and research, and/or community-led HIV service delivery; and/or community engagement in HIV-related decision making by 2026.

<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) All Cosponsors and Secretariat</p>	<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.</p>
<p>JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</p>	
<p style="text-align: center;">Result Area 5: Human Rights</p>	
<p>Specific outputs for 5 years 5.1 Provide technical, policy and advocacy support to countries on enabling legal environments for HIV and advocate in international and regional forums for rights-based approaches</p>	<p>Specific outputs for 2 years 5.1 Advocate for, collaborate with and convene partners for supporting countries for the removal and/or amendment of punitive and discriminatory laws and policies relating to HIV and/or develop protective ones.</p>
<p style="text-align: center;"><u>Indicator 5.1.1. Number of countries supported by the Joint Programme in activities to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response.</u></p> <p>Rationale: Evidence and experiences from the last 40 years has made it clear that laws and policies, particularly punitive laws, can have a significant impact on HIV vulnerability and access to HIV services for key populations, people living with HIV, women and adolescents. We will not achieve the 2030 SDGs without removing harmful criminal laws. Despite a number of previous strategy targets aimed at stigma and discrimination, reform of laws known to undermine the HIV response, has been slow, with reform of laws relating to sex work or drug use very rare. By including law reform as a target, the new Global AIDS Strategy, makes law reform (and particularly reform of criminal laws) a priority for the Joint Programme.</p> <p>This indicator measures the support provided to countries to achieve key elements of the first societal enabler: less than 10% of countries have punitive legal and policy environments that deny or limit access to services. The indicator speaks to actions taken by the Joint Programme that are developed and undertaken with the intention to bring about the reform of laws identified in the Global AIDS Strategy as affecting the HIV response. It focuses on Joint Programme support to remove or amend laws that negatively affect people living with HIV, key populations and adolescents, by focusing on laws and policies that create barriers, such as requirements for parental consent, criminalization of HIV exposure, non-disclosure and transmission, laws that criminalise key populations. All countries have at least one law that impacts on one or more of these populations and requires reform. As the indicator refers to Joint Programme's support it is relevant to all Joint Programme countries.</p> <p>Support includes policy guidance, technical support, capacity building, strategic information/evidence generation and/or use, advocacy, communications support, financial support, convening power and facilitation of cross-country cooperation, support for law and policy reform and/or strategic litigation. It is support that is provided to governments, parliamentarians or community-led organizations, where the aim of the activity is to affect the removal or amendment of punitive and discriminatory laws and policies or introduce a protective law or policy.</p> <p>Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews</p>	

<p>Indicative baseline 28 countries were supported by the Joint Programme to remove punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response in 2021 (based on the reports of 37 Joint UN Teams on HIV and AIDS at the country level, source: 2022 UBRAF Indicator Data Collection Survey).</p>	<p>Milestone (2023) At least 30 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.</p>	<p>Milestone (2025) At least 40 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.</p>	<p>Target (2026) At least 50 countries supported in activities to remove or amend punitive and discriminatory laws and policies and/or develop protective laws and policies affecting the HIV response.</p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) Human rights, stigma and discrimination: UNDP</p>		<p>Cosponsor complementary indicators The broader UNDP rights-related indicators are: 2.2 Civic space and access to justice expanded, racism and discrimination addressed, and rule of law, human rights and equity strengthened. 2.2.1 Number of countries with institutions, systems, or stakeholders with capacities to support fulfilment of nationally and internationally ratified human rights obligations: Rule of law and justice; Human rights; Private sector, including publicly; owned companies (ILO, UNFPA, WFP). 2.2.2 Number of countries that have targeted systems with strengthened capacities to: address discrimination; address racism; expand civic space; (ILO, UNFPA, UNICEF, UN Women, WFP). 2.2.3 Number and proportion of people supported, who have access to justice: Female; Male; Sex-disaggregated data unavailable; Youth; Poor (income measure); Persons with disabilities; Displaced populations; Ethnic minorities' (UN Women, UNFPA, UNICEF, UN Women, WFP).</p>	
<p>Specific outputs for 5 years 5.2 Provide technical and policy support to countries in the implementation of sustainable programmes or reforms (e.g., curricula, law reform, access to justice) to reduce HIV-related stigma and discrimination</p>		<p>Specific outputs for 2 years 5.2 Provide technical, policy advocacy support to countries on actions to reduce HIV-related stigma and discrimination affecting the HIV response, including through leveraging the Global Partnership for Action to Eliminate HIV-related stigma and discrimination.</p>	
<p><u>Indicator 5.2.1. Number of countries supported by the Joint Programme for actions to reduce stigma and discrimination in any of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination</u></p>			

Rationale: This indicator measures the Joint Programme's support to countries to address stigma and discrimination across the six settings prioritised by the Global Partnership: household/community, education, healthcare, workplace, justice, and humanitarian/emergency settings. Noting that the humanitarian/emergency setting only applies to countries where this is relevant.

Focusing on the Global Partnership's priority settings approach is important for the HIV response as it recognizes that HIV-related stigma and discrimination occur across many settings of everyday life beyond the healthcare setting. In order to achieve the 10-10-10 targets, Member States action, and Joint Programme support must prioritise other settings where people living with and affected by HIV, including key populations routinely experience stigma and discrimination.

HIV-related stigma and discrimination, entrenched by punitive and discriminatory laws, policies and practices – including gender norms, remain major barriers to the HIV response. Modelling indicates that failure to reach the targets for stigma and discrimination, criminalization and gender inequality will prevent the world from achieving the other ambitious targets in the Strategy and will lead to an additional 2.5 million new HIV infections and 1.7 million AIDS-related deaths between 2020 and 2030.

Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews

<p>Baseline Baseline does not exist as this is a new indicator that is intended to more systematically measure the Joint Programme's support in this area. As an indicative reference 28 countries had joined the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination by end-2021.</p>	<p>Milestone (2023) At least 25 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 2 of the 6 settings as promoted by the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination.</p>	<p>Milestone (2025) At least 40 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 2 of the 6 settings as promoted by the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination.</p>	<p>Target (2026) At least 40 countries report Joint Programme supported (technical and/or policy support) to reduce stigma and discrimination in at least 3 of the 6 settings as promoted by the Global Partnership for Action to Eliminate HIV Related Stigma and Discrimination.</p>
<p>Lead agency (sourced from the 2022-2026 UBRAF Annex 4) Human rights, stigma and discrimination: UNDP</p>		<p>Cosponsor complementary indicators The broader UNDP rights-related indicators are: 2.2 Civic space and access to justice expanded, racism and discrimination addressed, and rule of law, human rights and equity strengthened. 2.2.1 Number of countries with institutions, systems, or stakeholders with capacities to support fulfilment of nationally and internationally ratified human rights obligations: Rule of law and justice; Human rights; Private sector, including publicly; owned companies (<i>ILO, UNFPA, WFP</i>). 2.2.2 Number of countries that have targeted systems with strengthened capacities to: address discrimination; address racism; expand civic space (<i>ILO, UNFPA, UNICEF, UN Women, WFP</i>). 2.2.3 Number and proportion of people supported, who have access to justice: Female; Male; Sex-disaggregated data unavailable; Youth; Poor (income measure); Persons with disabilities; Displaced populations; Ethnic minorities' (<i>UN Women, UNFPA, UNICEF, UN Women, WFP</i>).</p>	

JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed

Result Area 6: Gender equality

Specific outputs for 5 years

6.1 Strengthen gender expertise and capacity in countries supported by the Joint Programme to design, resource, implement, and monitor gender-transformative national and local HIV plans, policies, and programmes, that address unequal gender norms, and to meaningfully engage women and girls, in all their diversity together with men.

Specific outputs for 2 years

6.1 Develop, disseminate and promote the use of policy guidance, tools, knowledge, and analysis to integrate gender equality issues into the HIV response and to mobilize women in all their diversity together with men.

Indicator 6.1.1. Number of countries where the Joint Programme contributed to strengthened gender expertise and capacity to further integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men.

Rationale: This indicator measures the progress in increased gender expertise and capacities of the countries supported by the Joint Programme to design, resource, implement, and monitor gender-transformative national and local HIV plans, policies, and programmes, that address unequal gender norms, and to meaningfully engage women and girls in all their diversity together with men and boys.

It is essential for the HIV response to more systematically address unequal gender norms across HIV prevention, treatment and care efforts. Gender inequality continues to influence women's ability to access HIV prevention, treatment and care services and prevent HIV and/or mitigate living with it. Harmful masculinities impact men's health-seeking behaviours (see the [2021 Secretary-General's Report on Women, the Girl Child and HIV/AIDS](#)).

The Independent Evaluation of the UN System Response to AIDS 2016-2019 specifically requested the UNAIDS Joint Programme to have a dedicated gender equality strategy for the HIV response. Following the management response to this evaluation, the PCB adopted a decision at its 47th meeting, requesting the Joint Programme "to revisit the Management Response and commit to an ambitious result area dedicated to gender in the strategy and integrating gender-responsive actions, indicators and resources within the new UBRAF to deliver for women and girls and for all key and vulnerable populations most at risk of HIV and AIDS". The Joint Evaluation of the work of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls noted with concern that inadequate attention is paid to gender-transformative approaches to addressing the twin pandemic of violence against women and HIV.

The new Global AIDS Strategy 2021-2026 focuses on addressing inequalities as a means to accelerate progress towards ending AIDS. The new UBRAF also prioritizes gender equality as one of the result area and having gender equality dimensions mainstreamed throughout the framework. For the first time, the UN General Assembly's Political Declaration on HIV and AIDS introduced and adopted an additional concrete and measurable target on gender equality (in addition to a target to reduce new HIV infections in adolescent girls and young women to below 50 000): reducing to no more than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.

This indicator is relevant for all countries and will focus on women in all their diversity, including women living with HIV. Key terms used in this indicator are defined in the UBRAF indicator guidelines for the purposes of consistent and accurate reporting.

Data source: Joint UN Team on HIV observations / assessments / reports / reviews			
Baseline 19 countries supported by the Joint Programme, strengthened gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men in 2021 (based on 37 responses received from Joint UN Teams on HIV and AIDS; <i>source:</i> 2022 UBRAF Indicator Data Collection Survey).	Milestone (2023) 30 countries supported by the Joint Programme strengthen gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men by 2023.	Milestone (2025) 45 countries supported by the Joint Programme to strengthen gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men by 2025.	Target (2026) 54 countries supported by the Joint Programme to strengthen gender expertise and capacity to integrate gender equality into the national HIV response, and meaningfully engage women in all their diversity together with men by 2026.
Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UN Women		Cosponsor complementary indicators UN Women: 0.1.g UN Women: 0.5.e UNDP: 1.1.4 UNFPA: OP1.5 UNFPA: OP1.11	
Specific outputs for 5 years 6.2 Provide policy and advocacy support by the Joint Programme to countries to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence		Specific outputs for 2 years 6.2 Mobilize strategic partnerships to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence	
<u>Indicator 6.2.1 Number of countries where the Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.</u>			
Rationale: This indicator measures the progress in strengthened partnerships and policy and advocacy support by the Joint Programme to countries to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence.			
Unequal gender norms, gender inequality and gender-based violence and discrimination significantly impact women and girls' ability to prevent HIV and mitigate the impact of living with HIV.* Harmful masculinities also influence men's health-seeking behaviour. Strong political advocacy is urgently required to prioritize understanding and addressing unequal gender norms in the HIV prevention, treatment and care efforts. Mobilizing key strategic partners and building alliances is essential to ensure the gender-responsive HIV prevention, treatment, care and support services are addressing gender-related barriers and scale up the implementation of initiatives to transform norms and accelerate the achievement of 95-95-95 and 10-10-10 targets.			

The new [Global AIDS Strategy 2021-2026](#) focuses on addressing inequalities as means to accelerate the progress towards ending AIDS. The new UBRAF prioritized gender equality as one of the result area and having gender equality dimensions mainstreamed throughout the framework. For the first time, the [UN General Assembly's Political Declaration on HIV and AIDS](#) introduced and adopted an additional concrete and measurable target on gender equality (in addition to a target to reduce new HIV infections in adolescent girls and young women to below 50,000): reducing to no more than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence. These combined have added the urgency to mobilize and drive efforts to transform unequal gender norms in the HIV response. This indicator is relevant for all countries and will focus on women in all their diversity, including women living with HIV. Key terms used in this indicator are defined in the UBRAF indicator guidelines for the purposes of consistent and accurate reporting.

**As per the Global AIDS Strategy 2021-2026*

Data source: Joint UN Team on HIV observations / assessments / reports / reviews

<p>Indicative Baseline: 16 countries supported by the Joint Programme to receive policy and advocacy support and for mobilizing partnerships to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence in 2021 (based on 37 responses received from Joint UN Teams on HIV and AIDS; <i>source:</i> 2022 UBRAF Indicator Data Collection Survey).</p>	<p>Milestone (2023) 27 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence by 2023.</p>	<p>Milestone (2025) 44 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence by 2025.</p>	<p>Target (2026) 53 countries supported by the Joint Programme receive policy and advocacy support and for mobilizing partnerships, to implement gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence by 2026.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UN Women</p>	<p>Cosponsor complementary indicators UN Women: 0.1.g UN Women: 0.5.e UNDP: 1.1.4 UNFPA: OP1.5 UNFPA: OP1.11</p>		
<p>JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed</p>			
<p style="text-align: center;">Result Area 7: Young people</p>			
<p>Specific outputs for 5 years 7.1 Support countries to scale-up multisectoral interventions that promote life-skills and comprehensive sexuality education, access to youth-friendly SRH services and a</p>	<p>Specific outputs for 2 years 7.1 Advocacy to mobilize high-level political will from Ministries of Education and Health, among others, to establish new commitments to scaling-up access to youth-</p>		

seamless continuum across HIV prevention, treatment and care for adolescents and youth ages 10-24 years.	friendly SRH services, economic empowerment, and quality education (including comprehensive sexuality education).		
<u>Indicator 7.1.1. Number of countries supported to scale-up multisectoral interventions that align with ministerial commitments to increase access to youth-friendly sexual and reproductive health (SRH) services, including comprehensive sexuality education (CSE), to improve young people's well-being</u>			
<p>Rationale: Young people require access to youth friendly SRH/HIV services that are integrated into other health, protection and social services and quality education in order to prevent new HIV infection and improve their holistic health, wellbeing and empowerment. This includes the provision of high-quality, gender-responsive, age-appropriate CSE programmes consistent with 2018 UN international technical guidance on sexuality education. The assumption behind the indicator is that the scale up of young people's access to multisectoral youth friendly SRH services, including CSE, will lead to the achievement of the output, and will be possible with the support of the Joint Programme. Progress in the measurements of the indicator is linked to advocacy, technical support and policy guidance of the Joint Programme.</p>			
<p>Young people face structural barriers to access services. Addressing these barriers requires multisectoral efforts to ensure that young people, in all their diversity, access lifesaving health, social and protection services. Issues related to acceptability, availability and quality of services must also be addressed to end inequalities, meet the needs of young people and ensure they can access a full range of youth-friendly and youth-led HIV services. Access to SRH services and CSE programmes, both in and out of school, must be strengthened urgently to ensure that young people have the knowledge they need to prevent new HIV infections and access lifesaving services. Furthermore, enabling young people to complete their secondary education protects them against HIV and improves many other health and development outcomes. Evidence from high prevalence countries in sub-Saharan Africa shows that keeping girls in secondary school can reduce their risk of HIV infection by half.</p>			
<p>Ministerial commitments have been critical to increase political will and engagement on SRH-related to adolescents and youth at the country level and advance CSE programming and programmes for early and unintended pregnancy, child marriage, rights of learners, among others. The Joint Programme initiated the political movement of accelerating progress for youth friendly SRH services and CSE in Latin America through a Regional Ministerial Commitment "Preventing through Education". This political movement was followed in eastern and southern Africa (ESA) with the adoption of the 2013 ESA Ministerial Commitment to scale up CSE and access to SRH services for young people, endorsed by the Ministers of Education and Ministers of Health from 20 countries. The ESA Ministerial Commitment was renewed in 2016, and again in 2021 through to 2030. There are dialogues in other regions, particularly western and central Africa, to mobilize education and health ministries to develop similar commitments.</p>			
<p>This indicator is most relevant to addressing the HIV epidemic among young people aged 10-24 years, but its impact is relevant also for children and for adults. In terms of settings, this indicator is relevant to those regions with active or upcoming ministerial commitments such as ESA and western and central Africa (WCA) but has the potential to be measured in all countries. Sub-Saharan Africa is the region hardest hit by the HIV epidemic. Therefore, mobilizing and consolidating ministerial commitments for the scale-up of multisectoral intervention on SRH and CSE are vital for reducing HIV incidence among young people. Key terms used in this indicator are defined in the UBRAF indicator guidelines for the purposes of consistent and accurate reporting.</p>			
<p>Data source: Joint UN Team on HIV observations / assessments / reports / reviews</p>			
<p>Baseline At least 22 countries supported by the Joint Programme mobilize political will to adopt ministerial commitments to scale-</p>	<p>Milestone (2023) At least 35 countries supported by the Joint Programme implement ministerial commitments to scale-up multisectoral</p>	<p>Milestone (2025) At least 40 countries supported by the Joint Programme implement ministerial commitments to scale-up multisectoral</p>	<p>Target (2026) 54 countries supported by the Joint Programme to implement ministerial commitments to scale-up</p>

up multisectoral intervention to increase access to youth-friendly SRH services including CSE by 2023.(based on 37 responses received from Joint UN Teams on HIV and AIDS; <i>source</i> : UBRAF Indicator Data Collection Survey).	intervention to increase access to youth-friendly SRH services, including CSE by 2023.	intervention to increase access to youth-friendly SRH services and quality education, including CSE by 2025.	multisectoral interventions to increase access to youth-friendly SRH services and quality education, including CSE.
Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UNICEF, UNFPA, UNESCO		Cosponsor complementary indicators UNFPA: Number of countries that operationalized out-of-school comprehensive sexuality education following international technical and programme guidance.	
Specific outputs for 5 years 7.2 Technical support to countries to institutionalize the expansion of youth-led responses, ensure greater involvement and leadership of young people in the HIV response (service delivery, monitoring, advocacy and governance) and to put in place adequate funding and policy frameworks.		Specific outputs for 2 years 7.2 Advocacy and country-level guidance to strengthen youth leadership and youth-led responses, including engagement in decision-making, organizational capacities, monitoring and research, advocacy and service delivery.	
<p align="center"><u>Indicator 7.2.1. Number of countries where the Joint Programme provided support to develop and implement costed plans to expand and institutionalize youth-led HIV responses.</u></p> <p>Rationale: This indicator measures the efforts of the Joint Programme at country and regional level to strengthen and expand the meaningful engagement and leadership of young people (particularly young people living with HIV adolescent girls and young women and young key populations) in all HIV-related processes and decision-making spaces. The assumption behind the indicators is that the output will be achieved by developing and implementing costed country plans to accelerate investments in youth leadership and youth-led solutions as well as leveraging partnerships to ensure sustainable financing of programmes for young people, and that this can be attributed to the Joint Programme as it is a key area of technical assistance according to the Global AIDS Strategy and UBRAF. Progress in the measurements for the indicator is linked to advocacy, technical and policy support provided by the Joint Programme.</p> <p>Financial and programmatic support to youth leadership and youth-led initiatives is required to ensure the sustainability of the HIV response. If we are to achieve the targets related to young people set out in the 2021-2026 Global AIDS Strategy and the 2021 Political Declaration on HIV and AIDS, the HIV response has to address their needs and recognize their right to participate at all levels of the HIV response, since young people experience the world differently and have diverse needs. Youth-led responses are also vital for achieving the targets set out for community-led responses. Programmes targeting young people affected by HIV are more effective when they are engaged at all stages, from programme design, to implementation, decision-making, monitoring, accountability, research and advocacy. Young people are key to shaping new social norms around gender, sexuality, identity and consent. Eliminating the barriers for youth participation in HIV-related decision-making spaces and processes and institutionalized support for youth-led responses is critical to ensure meaningful engagement and empowerment of youth communities.</p>			

The Global AIDS Strategy recognizes that youth communities are at the forefront of social movements, including the HIV response, and that we will not be able to achieve the end of AIDS without youth-led responses. The HIV response must leverage youth leadership to enable the radical changes needed to deliver on the Strategy. Young peoples' roles in leading change are crucial and yet under-utilized.

Young people represent almost one third of all new infections and have been disproportionately affected by the HIV epidemic, particularly those from vulnerable and key populations. Despite a 37% decline in new infections among youth in the past 10 years, we are far behind achieving the targets to reduce HIV incidence among this group. The progress achieved has been uneven and inequalities, stigma and discrimination and structural barriers continue to be major obstacles.

This indicator is most relevant to strengthen youth engagement and leadership in the HIV response. For the purposes of indicator 7.2.1, young people are people under 30 years old. In terms of settings, this indicator is relevant to all regions and contexts. Key terms used in this indicator are defined in the UBRAF indicator guidelines for the purposes of consistent and accurate reporting.

Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
A baseline is not available. Although the Joint Programme has worked on supporting youth-led responses in the past, this is a new indicator and the information relating to this specific indicator has not been collected before.	At least 10 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.	At least 20 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.	At least 30 countries supported by the Joint Programme to develop and/or implement a costed plan to scale up youth-led HIV response.

Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UNICEF, UNFPA, UNESCO	Cosponsor complementary indicators UNFPA: Number of countries that promoted youth-led innovative initiatives, including digital solutions, for accelerating the achievement of the transformative results, with support from UNFPA.
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JOINT PROGRAMME OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.

Joint Programme Outcome indicators:

Focus on diversifying funding and reducing dependence on external funding - Domestic and international HIV expenditure by programme category and financing source

Data source: GAM 8.3 HIV expenditure by origin of resources

Baseline: *Refer to the latest data available on the UNAIDS Financial Dashboard.*

Integration - Percentage of people living with HIV initiating tuberculosis (TB) preventive treatment and on antiretroviral therapy who completed a course of TB preventive treatment

Data source: GAM 7.10 Percentage of people living with HIV on antiretroviral therapy who completed a course of tuberculosis preventive treatment among those who initiated tuberculosis preventive treatment

Baseline: 21 countries reported 2020 data on completion of TB preventive treatment among people living with HIV on ART (GAM 2021 reporting round)

Integration - Number of Countries reporting on the number of women living with HIV who were screened for cervical cancer using any screening test

Data Source: GAM 7.11 Number of women living with HIV who were screened for cervical cancer using any screening test

Baseline: 8 countries reported on the number of women living with HIV who were screened for cervical cancer using any screening test (AIDSInfo, latest data as of 2020)

Social protection - Number of countries having an approved social protection strategy, policy or framework that includes HIV

Data Source: NCPI 186-186.1.b (2022 NCPI Questionnaire): Does the country have an approved social protection* strategy, policy or framework? If yes: Does it refer to HIV? Does it recognize people living with HIV as key beneficiaries

Baseline: 117 countries out of 148 reporting have an approved social protection strategy, policy or framework; 92 countries out of 128 reporting indicated that it refers to HIV; 92 countries out of 128 reporting indicated that it recognizes people living with HIV as key beneficiaries. (AIDSInfo, 2018-2021)

Result Area 8: Fully-funded, sustainable HIV response**Specific outputs for 5 years**

8.1 Advocate for, facilitate access to and guide HIV and related health and development financing mechanisms to advance national frameworks for more sustainable and equitable HIV financing, including integration into expanded pandemic preparedness financing, and related accountability.

Specific outputs for 2 years

8.1 Support countries in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international financing

Indicator 8.1.1. Number of countries supported by the Joint Programme that have developed and report implementation of measures advancing full and sustainable HIV financing

Rationale: Ensuring financing sustainability to achieve targets and maintain gains is a challenge. Domestic resources account for approx. 50% of funding, while international assistance has flatlined. The onset of pandemics and new humanitarian/emergencies have expanded the funding gap and compounded the fiscal pressure on health and social spending, in some cases, resulting in the diversion of funding away from essential health services and HIV programmes. Due to the economic recession triggered by the COVID-19 and repercussions of increasing conflict situations on global markets, the macro-fiscal projections suggest that several countries, particularly low- and middle-income countries will lack the fiscal space to maintain and increase public investments in 2022-2026. This has direct implications for the projections of domestic funding of the HIV response and the pre-COVID 19 commitments. As these changes are country-dependent, countries need to plan and adapt to the changing fiscal environment and build on opportunities to ensure full and sustainable financing of their national HIV response.

Therefore, this indicator tracks development and implementation of related measures for sustainable and equitable HIV financing. These include HIV sustainable financing assessments, HIV sustainability and/or transition plans, HIV financing integration into domestic budgets, and community-response financing and social contracting, which are key building blocks for more sustainable HIV response and which are also required and used by global partners such as the Global Fund (as per its Sustainability, Transition, and Co-financing Policy) and PEPFAR. While the Joint Programme promotes and supports full and sustainable HIV financing in all countries it operates in, selected countries projected to face the most acute HIV financing challenges will receive special focus, which is what this indicator will track systematically. This indicator continues and builds on indicator 7.1.a. in the previous UBRAF, noting the progress but also the gaps in many countries as well as the evolving fiscal environment.

Data source: Joint UN Team on HIV observations/ assessments/ reports /reviews			
Indicative baseline: 32 countries supported by the Joint Programme were provided with guidance to assess country HIV financing trends and gaps in 2021 (based on 37 responses received from Joint UN Teams on HIV and AIDS; <i>source:</i> 2022 UBRAF Indicator Data Collection Survey)	Milestone (2023) 5 additional countries supported by the Joint Programme to identify HIV financing trends, gaps and opportunities, improve sustainable financing of the HIV response and of community contributions, or other analytical exercises and/or up-to-date sustainable financing assessments.	Milestone (2025) 5 additional countries supported by the Joint Programme to identify HIV financing trends, gaps and opportunities, improve sustainable financing of the HIV response and of community contributions, or other analytical exercises and/or up-to-date sustainable financing assessments.	Target (2026) 2 additional countries supported by the Joint Programme to identify HIV financing trends, gaps and opportunities, improve sustainable financing of the HIV response and of community contributions, or other analytical exercises and/or up-to-date sustainable financing assessments.
Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UNDP, World Bank		Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.	
Specific outputs for 5 years 8.1 Advocate for, facilitate access to and guide HIV and-related health and development financing mechanisms to advance national frameworks for more sustainable and equitable HIV financing including integrated into expanded pandemic preparedness financing, and related accountability.		Specific outputs for 2 years 8.1 Support countries in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international financing	
<u>Indicator 8.1.2. Number of countries where the Joint programme operates, that submit their reports via GAM on government earmarked budgets and expenditures on HIV to UNAIDS</u>			
Rationale: UN Member States have made commitments for sufficient and sustained resources for HIV including from domestic budgets. The Joint Programme supports the global HIV response (through issuing globally agreed GAM guidance and analysis) and countries where it operates in the tracking, reporting and accountability of international and domestic resources and actual expenditure. The monitoring of domestic public budgets and their short-term forecasts aims to support global efforts to mobilize resources to achieve the targets to end AIDS by 2030.			
Domestic resources have contributed significantly to the HIV funding landscape in the past decade. In recent years, domestic resources have accounted for more than half of total financial resources for HIV in low- and middle-income countries.			
This indicator will measure progress in boosting transparency and accountability the Joint programme contributes to. By focusing on government earmarked budgets and expenditures on HIV, this indicator enables monitoring of spending and it can be used to inform advocacy to improve sustainable financing outcomes. It is directly linked to the GAM indicators 8.1 Domestic public budget for HIV; and 8.3 HIV expenditure by origin of resources, to provide a view of the number of countries that report on their domestic earmarked budgets and expenditures on HIV to UNAIDS through the annual GAM system.			

The definitions and methodology for UN member's report on earmarked budgets and expenditures on HIV to UNAIDS via the GAM (indicator 8.1 and 8.3) are found in the 2022 GAM guidance shared with all UN Member States and available at: [Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS — Global AIDS Monitoring 2022 \(unaids.org\)](#)

This indicator applies to all countries where the Joint Programme operates.

Data source: Annual GAM reporting

<p>Baseline Based on 2022 GAM reporting, 83 out of the 91 countries where the Joint Programme operates, submitted information on government earmarked budgets for HIV and AIDS through GAM (8.1) to UNAIDS.</p> <p>Based on 2022 GAM reporting, 44 out of the 91 countries where the Joint Programme operates, submitted information on domestic and international HIV expenditures through GAM (8.3) to UNAIDS.</p> <p><i>Note: by May 2021, the information available showed that 24 out of the 91 countries where the Joint Programme operates had submitted data on government earmarked budgets for HIV and AIDS through GAM (8.1).</i></p>	<p>Milestone (2023) 5 additional countries report to GAM on the indicators 8.1 and 8.3.</p>	<p>Milestone (2025) 5 additional countries report to GAM on the indicators 8.1 and 8.3.</p>	<p>Target (2026) 2 additional countries report to GAM on the indicators 8.1 and 8.3.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UNDP, World Bank</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>Specific outputs for 5 years 8.2 Broaden and deepen the use of innovation, technology and data analytics to improve the impact achieved with available resources; boosting coverage, quality, and equity</p>		<p>Specific outputs for 2 years 8.2 Strengthen policymaking for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.</p>	

Indicator 8.2.1 Number of countries having conducted studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multi-sectorial financing, impact and equity; and/or with recent HIV Investment cases (in the past three years) that are being used

Rationale: The impact and sustainability of AIDS programming depends not only on the total amount of money available, but also on how that money is used. Achieving both goals requires evidence-based analysis to maximize the equitable and efficient use of available resources given local needs and priorities and with an eye to addressing inequalities. Efficiency entails better use of innovations, technology and resources to achieve results, while equitable financing includes allocation shifts and/or spending to remove barriers that entail inequalities, therefore, promoting and enabling stigma-free access and utilization to those left behind. To this end, use of tools such as allocative efficiency analyses, facility-based and community-led response cost analysis, implementation assessments that identify bottlenecks in service delivery and benefits of innovations, analyses that help with health investment prioritization, and tools such as multisectoral investment and up-to-date HIV investment cases and strategic plans, are important to boost impact, reduce funding gaps, and improve sustainability. The Joint Programme utilizes several tools, including Spectrum, modelling through Avenir Health and Optima, Activity-based Management cost assessments, the WB HIPTool for prioritization.

Data source: Joint Teams expert knowledge/analysis of relevant documents at country level (National AIDS Spending Assessment (NASA) studies, investment cases, etc.)

<p>Indicative baseline As per the 2022 UBRAF Indicator Data Collection Survey (total responses received from the Joint UN Teams on HIV and AIDS was 37), 37 countries were supported to conduct studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multi-sectorial financing, impact and equity; and/or reported using a recent HIV Investment case (from the past 3 years) in 2021.</p>	<p>Milestone (2023) 45 countries supported by the Joint Programme to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multi-sectorial financing, impact and equity and/or recent HIV Investment cases</p>	<p>Milestone (2025) 45 countries supported by the Joint Programme to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multi-sectorial financing, impact and equity and/or recent HIV Investment cases</p>	<p>Target (2026) 45 countries supported by the Joint Programme to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resources use efficiency, multisectoral financing, impact and equity and/or recent HIV Investment cases</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UNDP, World Bank</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>Specific outputs for 5 years 8.2 Broaden and deepen the use of innovation, technology and data analytics to improve the impact achieved with available resources; boosting coverage, quality, and equity</p>		<p>Specific outputs for 2 years 8.2 Strengthen policymaking for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.</p>	

Indicator 8.2.2 Number of countries supported by the Joint Programme for evidence-informed HIV investments across their Global Fund to Fight AIDS, TB and Malaria grant cycle

Rationale: The Global Fund provides more than 20% of international funding for the HIV response, making it one of the key players in our collective effort to end AIDS and the Joint programme plays a critical role to guide and optimize the Global Fund investments in support of national HIV responses for impact informed by the latest evidence. The Joint programme collaboration with the GFATM, aligned with many other partners, has helped countries achieved unprecedented reduction of the burden of HIV worldwide, savings millions of lives since the GFATM inception in 2002.

This indicator measures the Joint Programme's support for Global Fund investments. The Joint Programme provides a wide spectrum of support for effective coordination for inclusive country dialogue and Country Coordinating Mechanism, strategic information, policy and technical/programmatic guidance and capacity building including for prevention, treatment, innovative approaches, gender, rights and community led response for HIV, HIV/TB, HIV/COVID-19. All this occurs within a broader context of ensuring sustainability and transition, building resilient and sustainable systems for more affordable and equitable health care, and addressing structural factors and the wider determinants of health. This support covers all aspects of the cycle of Global Fund grants that include an HIV component from analysis and identification of gaps, development of evidence-informed national strategies and funding requests, and innovative approaches, programme/grants' implementation, reprogramming exercises and evaluations. In a number of countries where no suitable local entity had been identified and in countries facing capacity constraints, complex emergencies and other development issues, UNDP serves as interim 'Principal Recipient' of the Global Fund. This role includes providing implementation support services and longer-term capacity-building such as for strengthening financial management, procurement system, monitoring and evaluation, health governance and support to civil society organization which other Cosponsors and UNAIDS Secretariat also contribute to.

As it is impossible to track all types of support that vary dependent on countries needs and capacities, only the main categories of support will be monitored.

This indicator applies to all countries where the Joint Programme operates and that are eligible for and benefit from Global Fund investments for HIV. This includes Global Fund grants for HIV, TB/HIV, resilient or other grants with HIV components (such as sustainable systems for health, COVID-19 and any other grants under special country or multicountry initiatives that include some HIV components), noting that this may further evolve in the future.

Data source: Joint UN Team on HIV assessments, reports, reviews

Indicative baseline:	Milestone (2023)	Milestone (2025)	Target (2026)
34 countries received support for evidence-informed investments in 2021 (based on 37 responses received from Joint UN Teams on HIV and AIDS; Source: 2022 UBRAF Indicator Data Collection Survey).	At least 50 countries benefit from Joint Programme's support for evidence-informed HIV investments across their Global Fund grant cycle.* <i>*This will depend on Global Fund eligibility, replenishment and future funding cycle to countries.</i>	At least 50 countries benefit from Joint Programme's support for evidence-informed HIV investments across their Global Fund grant cycle.* <i>*This will depend on Global Fund eligibility, replenishment and future funding cycle to countries.</i>	At least 50 countries benefit from Joint Programme's support for evidence-informed HIV investments across their Global Fund grant cycle.* <i>*This will depend on Global Fund eligibility, replenishment and future funding cycle to countries.</i>

Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) UNDP, World Bank	Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or Complementary frameworks are being revised or updated pending approval from separate or other processes.
JOINT PROGRAMME OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.	
Result Area 9: Integrated systems for health and social protection	
Specific outputs for 5 years 9.1 Provide policy guidance, advocacy and technical support and produce and share knowledge products to support and advocate for integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV.	Specific outputs for 2 years 9.1 Support the generation and dissemination of tools and guidance on integrating HIV services and support systems into primary health benefits packages for UHC and social protection systems, and building and strengthening health systems (including preparedness and resilience to crises).
<p style="text-align: center;"><u>9.1.1 Number of countries supported by the Joint Programme to have HIV antiretroviral services, for both treatment and prevention purposes, organized and financed as part of overall health systems, including through Primary Health Care</u></p> <p>Rationale: More integrated systems for health, social protection, innovations and technologies are essential to reduce health inequalities for people living with, at risk of and affected by HIV. Access to quality and affordable health services that meet people’s needs is the spirit of Universal Health Coverage (UHC) and is a human right. Health benefit packages in all its names and forms is a primary means for the government to provide a safety net, with government and/or pooled funding to protect its people from the risk of catastrophic health-related costs for the services people need as defined by countries.</p> <p>Inclusion of antiretroviral therapy, post exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) in the national health benefit package not only reflects the government’s commitment to respond to HIV as a major public health threat, it can also improve the sustainability of HIV response in the long term. In addition, as PrEP is meant to serve the groups who are most at risk and vulnerable, having PrEP included in the national universal health insurance scheme is a good indication that the government is committed to <i>leave no one behind</i> and that it is prioritizing the most at risk and vulnerable groups.</p> <p>The Joint Programme’s support to countries includes advocacy, generation and dissemination of tools, policy and technical guidance, and protocols on integrating HIV services and support systems into health benefits packages. The Joint Programme support also includes producing and sharing knowledge products for advocacy and for supporting countries to design and ensure that those systems are operational to provide key HIV services, in particular lifesaving antiretroviral treatment (ART), PEP and PrEP.</p> <p>This UBRAF indicator measures ART, PEP and PrEP as components of the critical HIV services in the national health benefit package to provide an indication of how HIV services have been integrated into the national health services as per the following definitions:</p> <ul style="list-style-type: none"> - Key HIV services include a wide arrange of services from HIV prevention, testing and diagnostic, antiretroviral treatment, managing advanced HIV disease, care and managing of common infections and comorbidities as defined in the WHO Consolidated Guidelines on HIV prevention, testing, treatment, service delivery and monitoring (July 2021) 	

- Health benefit package refers to a set of services that can be feasibly financed and provided under the actual circumstances a given country finds itself. More frequently, it is a positive list which enumerates the services to be covered/provided which facilitated communication of entitlements for would-be recipients, as well as facilitates monitoring of accountability of funders/providers. The health benefit package are evidence-informed and prioritized health interventions, services and programmes, as part of the move towards UHC process in country, including intersectoral actions and fiscal policies through a deliberative process that accounts for economic realities and social preferences.
- While the health benefit package (and similar terms) are defined by countries. However, there are 8 common principles recommended by WHO: impartiality, aiming for universality; democratic and inclusive with public involvement, also from disadvantaged populations; based on national values and clearly defined criteria; data driven and evidence-based, including revisions in light of new evidence; respect the difference between data, dialogue, and decision; linked to robust financing mechanisms; include effective service delivery mechanisms that can promote quality care; and open and transparent in all steps of the process and decisions including trade-offs should be clearly communicated.

The data on ART (with WHO recommended first line ARVs), PEP and PrEP in Health Benefit Packages will be collected through the well-established [WHO Health Technology Assessment and Health Benefit Package](#) Survey which receives data from 115 member states, of which 65 countries are supported by the Joint Programme. Additional data can also be found from WHO on the availability of national service delivery standard, protocol or guidelines for ART and PrEP services, to support the [HIV in Health Benefit Package](#) data.

Data source: Joint UN Team on HIV assessments, reports, reviews

<p>Baseline From the 65 countries supported by the Joint Programme which have reported to the WHO Health Technology Assessment and Health Benefit Package Survey, 31 countries have ART, PEP and PrEP in their health benefit packages (2020 data).</p>	<p>Milestone (2023) 46 countries supported by the Joint Programme to have key HIV services (ART, PEP and PrEP) included in the national health benefit package.</p>	<p>Milestone (2025) 56 countries supported by the Joint Programme to have key HIV services (ART, PEP and PrEP) included in the national health benefit package.</p>	<p>Target (2026) 60 countries supported by the Joint Programme to have key HIV services (ART, PEP and PrEP) included in the national health benefit package.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) <u>HIV-sensitive social protection:</u> WFP, ILO <u>HIV and universal health coverage, tuberculosis/HIV, other comorbidities and nutrition:</u> WHO, World Bank</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>Specific outputs for 5 years 9.1 Provide policy guidance, advocacy and technical support and produce and share knowledge products to support and advocate for integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV.</p>		<p>Specific outputs for 2 years 9.1 Support the generation and dissemination of tools and guidance on integrating HIV services and support systems into primary health benefits packages for UHC and social protection systems, and building and strengthening health systems (including preparedness and resilience to crises).</p>	

Indicator 9.1.2. Number of countries supported by the Joint Programme, that have included cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas

Rationale: Cervical cancer is an AIDS-defining illness and the most common cancer among women living with HIV globally. They are at higher risk of persistent human papilloma virus-infection (HPV, the main cause of cervical cancer), with a six times higher risk of cervical cancer and of developing it at younger age (even when on ART) than women who are HIV negative. Globally, 6% of women with cervical cancer are living with HIV and just under 5% of all cases of cervical cancer are attributable to HIV. These proportions vary widely by region, with 85% of women with cervical cancer and HIV living in sub-Saharan Africa, underscoring the major contribution of HIV to the cervical cancer burden in high burden settings. In countries, settings and communities with a high burden of both cervical cancer and HIV, it is vital to integrate HIV and cervical cancer services (along with HPV-vaccination) to secure long-term declines in the future disease burden.

This indicator measures the number of countries that are being supported by the UNAIDS Joint Programme that have included cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases (NCDs) or other health areas.

The [Global strategy to accelerate the elimination of cervical cancer as a public health problem \(who.int\)](#) has identified key strategic actions and called for the integration of cervical cancer screening and treatment services into existing HIV care and treatment settings, SRH and other service delivery platforms.

In the Global AIDS Strategy 2021-2026 and the 2021 UN Political Declaration on HIV and AIDS, addressing HIV-cervical cancer comorbidity is noted as one of the strategic priorities for ensuring the best HIV and health outcomes for women and adolescent girls, their well-being and quality of life, through comprehensive, integrated people-centred prevention and care services. The 2025 HIV targets include cervical cancer-specific integration targets: (1) 90% of WLHIV have access to integrated or linked services for HIV treatment and cervical cancer; and (2) 90% of women, adolescent girls and young women have access to sexual and reproductive health services, including for HPV and cervical cancer, that integrate HIV prevention, testing and treatment services.

In 2021, WHO issued two sets of guidelines with specific recommendations for cervical cancer screening for women living with HIV and treatment for those diagnosed with precancerous lesions.

In the 2021 WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention [WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention](#) and the 2021 WHO consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring (Section 6.9 Cervical cancer) [Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach \(who.int\)](#), WHO recommends:

- for cervical cancer screening for women living with HIV:
 - Starting regular cervical cancer screening at the age of 25 years (vs 30 years for general population of women) *[conditional recommendation]*
 - Priority should be given to screening women living with HIV aged 25–49 years. When tools are available to manage women living with HIV aged 50–65 years, those in that age bracket who have never been screened should also be prioritized. *[good practice statement]*
 - Using an HPV DNA primary screening test with triage rather than without triage to prevent cervical cancer. *[conditional recommendation]*
 - Using HPV DNA detection as the primary screening test rather than VIA or cytology in screening and treatment approaches among both the general population of women and women living with HIV. *[strong recommendation]*; and
 - a regular screening interval of every 3 to 5 years when using HPV DNA detection as the primary screening test. *[conditional recommendation]*
- Screen, triage and treat approach for women living with HIV vs screen-and-treat approach for general population of women:

- with use of HPV DNA detection as the primary screening test, using partial genotyping, colposcopy, VIA or cytology to triage women after a positive HPV DNA test [*conditional recommendation*]; and
- When providing HPV DNA testing, using either samples taken by a health-care provider or self-collected samples among both the general population of women and women living with HIV [*conditional recommendation*].

This indicator is also well aligned with the new NCPI indicator #179 on cervical cancer screening and treatment for women living with HIV (countries to report on every 2 years):

Data source: WHO's or Joint UN Teams on HIV and AIDS' reviews/assessments of respective HIV, cervical cancer, cancer, NCDs or other relevant health area national strategies, plans, policies, or/and guidelines.

<p>Baseline 0 (zero) (since the WHO recommendations were recently released and zero countries would have included the recommendations in national strategies, policies, plans or guidelines).</p>	<p>Milestone (2023) 40 countries supported by the Joint Programme to include cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, NCDs or other health areas.</p>	<p>Milestone (2025) 80 countries supported by the Joint Programme to include cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, NCDs or other health areas.</p>	<p>Target (2026) At least 80 countries supported by the Joint Programme to include cervical cancer screening and treatment for women living with HIV in the national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, NCDs or other health areas.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) HIV-sensitive social protection: WFP, ILO HIV and universal health coverage, tuberculosis/HIV, other comorbidities and nutrition: WHO, World Bank</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>Specific outputs for 5 years 9.2 Improve data generation and make better use of evidence to ensure access of people living with HIV to social protection and facilitate increased integration and linkages of HIV services in testing, treatment and care for other diseases and comorbidities.</p>		<p>Specific outputs for 2 years 9.2 Support data generation and the improved use of evidence to enhance access, and the comprehensiveness and adequacy of social protection for people living with, at risk of and affected by HIV.</p>	

Indicator 9.2.1 Number of countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV

Rationale: Socioeconomic and structural deprivations, such as poverty, income inequality, stigma and discrimination, food insecurity and malnutrition, among others, drive the AIDS epidemic. They can both increase vulnerability to HIV exposure and infection while undermining treatment for people living with HIV. Shocks like COVID-19 and natural hazards, conflict and displacement can compound these risks, as they can force families and individuals to adopt negative coping strategies. HIV can lead to negative socio-economic impact, reducing work capacity and productivity, and endangering household livelihoods.

People living with, at risk of and affected by HIV also face food insecurity, malnutrition, loss of livelihoods, are displaced, or living with another disability. Social protection systems with a strong focus on income support, education, housing, adequate food security and nutrition can help people meet their essential needs, manage and cope with risks, and ultimately will decrease their long-term vulnerability. Social protection systems also reduce the barriers to the uptake of health services and thus contribute towards increasing access to and the uptake of HIV prevention and treatment services.

COVID-19 has highlighted the vital role of social protection's ability to rapidly mitigate the direct and indirect effects of disease. There is increasing emphasis on social protection instruments, like cash and in-kind transfers, as well as other social protection systems, to address systemic vulnerabilities at scale to address the impacts of pandemics and the multiple inequalities they expose. Established evidence has shown that social protection instruments such as cash, in-kind and voucher transfers can improve health-seeking behaviour, improve adherence to treatment, and reduce both morbidity and mortality.

People living with, at risk of and affected by HIV (especially key populations) often face barriers in accessing social protection systems. The purpose of this indicator is to identify the barriers in new and existing social protection systems and work towards the removal of those barriers with the view to improving access to social protection services among people living with, at risk of and affected by HIV.

“Comprehensive” means in all stages of the life cycle

“Adequacy” means ensuring that social protection instruments and systems meet essential needs.

This indicator is comprehensive because the aim is to ensure that universal social protection policies or programmes become truly inclusive. It is not about HIV-specific social protection systems but universal systems in which barriers have been removed to ensure broader access.

The term “support” refers to the use of the UNAIDS Assessment Tool to undertake HIV-sensitivity assessments of existing social protection systems. Based on the evidence generated, the Joint Programme shall through advocacy, development of tools, capacity building or by sharing good examples from other countries facilitate the removal of the identified barriers to the uptake of social protection systems.

Barriers have been identified even in universal schemes and the aim of this indicator is to remove the identified barriers with a view to improving access. Improving access to social protection systems often leads to improved access to health services.

Data source: Joint UN Teams on HIV and AIDS reviews/assessments of respective HIV, cervical cancer, cancer, NCDs or other relevant health area national strategies, plans, policies, and / or guidelines.

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
5 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.	10 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.	25 countries supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.	By 2026, at least 25 countries supported by the Joint Programme should have social protection systems which adequately cover people living with, at risk of and affected by HIV.

Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) HIV-sensitive social protection: WFP, ILO <u>HIV and universal health coverage, tuberculosis/HIV, other comorbidities and nutrition:</u> WHO, World Bank		Cosponsor complementary indicators ILO - Indicator 8.1.1. Number of Member States with new or revised national social protection policies to extend coverage, enhance comprehensiveness and/or increase adequacy of benefits.	
JOINT PROGRAMME OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.			
Result Area 10: Humanitarian settings and pandemics			
Specific outputs for 5 years 10.1 Develop good practices, lessons learnt and field briefs on responding to the health and protection needs of key populations in humanitarian settings.		Specific outputs for 2 years 10.1 Disseminate and promote guidance on responding to the health and protection needs of key populations in humanitarian settings.	
<u>Indicator 10.1.1. Number of countries where the Joint Programme operates, that implement interventions/services for key populations in humanitarian settings</u>			
<p>Rationale: This indicator measures the extent to which components of a package of HIV-related health and protection services for people living with HIV and key populations are in place in humanitarian settings. Key populations relevant to this specific indicator include: gay men and other men who have sex with men, transgender people, people who inject drugs and sex workers and their clients as defined in the Global AIDS Strategy*</p> <p>The HIV-related health and protection services measured through this indicator include:</p> <ol style="list-style-type: none"> 1. pre-exposure prophylaxis 2. post-exposure prophylaxis 3. condoms and water-based lubricants 4. contraceptive services 5. inclusion of key populations in gender-based violence (GBV) referral pathways 6. treatment of STIs 7. HIV testing services 8. HIV treatment 9. mental health and psychosocial support (MHPSS) Services 10. safe spaces and drop-in centres 11. seedle syringe programming 12. opioid agonist therapy (OAT) 			

13. community-led responses and community empowerment
14. nutritional support

Including five or more of the above services would qualify as having met the indicator (though countries should aim for comprehensive services for key populations)

The majority of people who are newly infected with HIV and who are not accessing life-saving HIV services belong to key populations and live in vulnerable contexts, where inadequate political will, funding and policies prevent their access to health care. In 2020, key populations and their sexual partners account for an estimated 62% of new infections globally and 99%, 97%, 96%, 89%, 98% and 77% of new infections in eastern European and central Asia, the Middle East and North Africa, western and central Europe and North America, Asia and the Pacific and Latin America, respectively. In humanitarian contexts services for key populations are often even further behind. The Global AIDS Strategy calls for urgent strengthening and scale-up of combination prevention, measures to reduce stigma and discrimination and violence, and access to treatment and care, including for key populations in humanitarian settings.

For the purpose of UBRAF reporting, this indicator includes countries that meet one or more of the following criteria:

- estimated more than 30,000 refugees or asylum seekers or internally displaced or
- estimated more than 30,000 non-displaced conflict-affected populations or
- a natural disaster affecting at least an estimated 30,000 people within the past two years
- while there is considerable overlap with countries in fragile situations the definition does not include fragility as such, as this also includes [countries with high institutional and social fragility](#) that are not necessarily in a humanitarian situation.

These settings are a priority for this indicator, since reducing inequalities requires focused efforts to meet the needs of all people in humanitarian situations. Some of the most vulnerable and marginalized are key populations who are often left out of the humanitarian response and the HIV response. As a result, coverage of evidenced-based interventions and services for key populations in humanitarian settings is still low. Where services are in place they are often limited and do not meet the HIV-related needs of key populations in a comprehensive way.

** As per the Global AIDS Strategy (pp. 8 & 10) 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. 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.*

Data source: Joint UN Teams on HIV and AIDS observations / assessments

Indicative baseline	Milestone (2023)	Milestone (2025)	Target (2026)
24 countries supported by the Joint Programme implemented interventions or services for key populations in humanitarian settings (based on 37	25 countries supported by the Joint Programme implement interventions or services for key populations in humanitarian settings by 2023.	25 countries supported by the Joint Programme implement interventions or services for key populations in humanitarian settings by 2025.	25 countries supported by the Joint Programme continue implementing interventions or services for key

<p>responses received from Joint UN Teams on HIV and AIDS; Source: 2022 UBRAF Indicator Data Collection Survey).</p> <p><i>Note that this is a new indicator which is measured more systematically and that humanitarian situations evolve over time and will continue to evolve.</i></p>			<p>populations in humanitarian settings by 2026.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) HIV services in Humanitarian emergencies: UNHCR, WFP (due to the impact of COVID-19 and increasing humanitarian situations all Cosponsors are involved).</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes. <i>Note: UNHCR measures a similar indicator in refugee populations only. Country data are available on an internal dashboard.</i></p>	
<p>Specific outputs for 5 years 10.1 Develop good practices, lessons learnt and field briefs in humanitarian settings on responding to the health and protection needs of key populations in humanitarian settings.</p>		<p>Specific outputs for 2 years 10.1 Disseminate and promote guidance on responding to the health and protection needs of key populations in humanitarian settings.</p>	
<p align="center"><u>Indicator 10.1.2 Number of countries supported by the Joint Programme with specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security.</u></p> <p>Rationale: This indicator measures progress in the Joint Programme's high-level actions to achieve results under result area 10 including</p> <ul style="list-style-type: none"> • Ensuring that people living with HIV/TB in humanitarian settings have their basic needs met, including food security and nutrition • Support national actors to adequately address needs of people living with HIV /TB in humanitarian settings via safety nets and livelihood support. <p>It includes measures of cash transfers and other forms of support being employed for people living with HIV/TB to promote health and well-being, including food security and nutrition. Vulnerable persons will be identified by context-adapted vulnerability assessments. Instruments being used to support in the form of social assistance in humanitarian and emergency settings:</p> <p>Tracer indicators: Provision of one or more of the following to vulnerable people living with HIV/TB in humanitarian settings:</p> <ul style="list-style-type: none"> - cash based transfer (conditional or unconditional) - in-kind food assistance - integration into national social safety nets - livelihood support and/or economic empowerment. <p><i>Including one or more of the above forms of support would qualify for the indicator.</i></p>			

The indicator quantifies the number of measures, and those adopted nationally, to address the special needs of vulnerable people living with HIV. It clarifies the modalities adopted and their contributions towards health and well-being, with a specific focus on food security and nutrition (refer to [The State of Food Security and Nutrition in the World 2021](#) for more information on food security and nutrition).

Evidence shows that targeted social assistance in crises contexts is effective. The conditions that define a complex emergency, such as conflict, social instability, poverty, climate emergencies and displacement, are also favorable conditions for the rapid spread of HIV and its related vulnerabilities. Internally displaced peoples, refugees, returnees, asylum seekers and, at times, host communities are all exposed to HIV-related risks and vulnerabilities, with adolescent girls and young women being at greater risk of HIV infection due to biological, economic, cultural, and social factors.

With the number of natural and anthropogenic emergencies growing, evidence-based actions in emergencies need to be prioritized to sustain well-being and guarantee food and nutrition security to ensure linkage to care, treatment adherence, retention in care and viral load suppression among vulnerable people living with, affected by and at risk of HIV.

Data source: Joint UN Teams on HIV and AIDS observations / assessments

<p>Baseline Baseline does not exist as this is a new indicator being measured more systematically.</p>	<p>Milestone (2023) 10 countries supported by the Joint Programme have specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security.</p>	<p>Milestone (2025) 20 countries supported by the Joint Programme have specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security.</p>	<p>Target (2026) 20 countries supported by the Joint Programme continue to have specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being, including food and nutrition security.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) HIV services in Humanitarian emergencies: UNHCR, WFP (due to the impact of COVID-19 and increasing humanitarian situations all Cosponsors are involved).</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	
<p>Specific outputs for 5 years 10.2 Advocate for and provide technical assistance to contribute significantly to the building of more resilient systems for health and pandemic preparedness that fully leverage lessons from the HIV response and that are built in ways that also support platforms for the HIV response.</p>		<p>Specific outputs for 2 years 10.2 Advocate for and provide technical assistance to contribute to the continuation and restoration of essential health services including HIV services that have been disrupted by COVID-19, and support more resilient systems for health and pandemic preparedness in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.</p>	
<p align="center"><u>Indicator 10.2.1 Number of countries supported by the Joint Programme that report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks</u></p>			

Rationale: The Joint Programme supports countries and communities to ensure continued HIV services, including HIV prevention, treatment, care and services for food support during pandemic preparedness and response situations. This has become especially important given the severe impact of the disruptions in HIV services during the COVID-19 pandemic which began in 2020 (see [Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic \(who.int\)](#) for more information). Building on lessons learned from the HIV pandemic response and during the COVID-19 pandemic including innovative approaches, it is important to ensure HIV services are part of the global and national pandemic preparedness and response frameworks. The Joint Programme will strive to ensure this is achieved through its advocacy and provision of technical support and normative guidance to countries.

This indicator is specific to countries supported by the Joint Programme and concerns pandemic preparedness and response only and does not include other emergencies, conflicts, or humanitarian situations outside of the definition of “pandemics” (A pandemic is defined as “*an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people*” as cited by [Kelly, Heath. Bull World Health Organ 2011](#), and sourced from: Last JM, editor. A dictionary of epidemiology, 4th edition. New York: Oxford University Press; 2001), all Joint Programme Cosponsors and the Secretariat provide the multidimensional support needed for the continuation of HIV services in pandemics ([see Annex 4 of the 2022-2026 UBRAF](#)).

HIV services listed in the indicator measurements are selected from the current list of HIV services that are being monitored/tracked at country and community level through the GAM and/or other sources and as relevant to the country epidemic:

- active syphilis among gay men and other men who have sex with men
- active syphilis among sex workers
- active syphilis among transgender people
- condoms distribution
- male voluntarily circumcision
- antiretroviral therapy
- co-managing TB and HIV treatment
- HIV prevention among key populations
- opioid agonist therapy
- early infant diagnosis
- hepatitis C (HCV) testing
- HIV testing among key populations
- HIV testing in pregnant women
- multi-month dispensing of antiretroviral medicine
- needles and syringes for people who inject drugs
- HCV treatment for people coinfected with HIV and HCV
- TB preventive treatment for people living with HIV
- pre-exposure prophylaxis (PrEP)

(No specific populations or countries are relevant here, other than pandemic contexts)

Data source: Joint UN Teams on HIV and AIDS observations/ assessments

<p>Indicative baseline 30 Joint UN Teams on HIV and AIDS at country level reported the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks (based on 37 responses received from Joint UN Teams on HIV and AIDS; <i>source</i>: 2022 UBRAF Indicator Data Collection Survey).</p>	<p>Milestone (2023) 30 Joint UN Teams on HIV and AIDS at country level report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks by 2023.</p>	<p>Milestone (2025) 50 countries report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks by 2025.</p>	<p>Target (2026) At least 60 Joint UN Teams on HIV and AIDS report the inclusion of priority HIV services according to the country context, in national pandemic preparedness and response plans or frameworks by 2026.</p>
<p>Lead Cosponsor agency (sourced from the 2022-2026 UBRAF Annex 4) HIV services in Humanitarian emergencies: UNHCR, WFP (due to the impact of COVID-19 and increasing humanitarian situations all Cosponsors are involved) HIV and universal health coverage, TB/HIV, other comorbidities and nutrition: WHO, World Bank Investment and efficiency: UNDP, World Bank (Area requiring an elevated focus and contribution from the Secretariat)</p>		<p>Cosponsor complementary indicators To be updated when information becomes available as some of the Cosponsor and/or complementary frameworks are being revised or updated pending approval from separate or other processes.</p>	

Secretariat Function 1 - Leadership, advocacy and communication

Specific Output for 2022-2026

S1.1 Sustain and enhance political commitments to end AIDS and implement the Global AIDS Strategy 2021-2026 and end HIV-related inequalities

Indicator S1.1.1. Number of high-level political meetings related to HIV and AIDS where the Secretariat informed/influenced the outcome documents

Rationale: Through leadership and advocacy, the Secretariat keeps HIV high on the global agenda and builds the vision, momentum, and foundations for robust, sustainable political commitment to effective and fully financed HIV responses for impact towards reaching the global AIDS targets and ending AIDS by 2030. The Secretariat raises awareness, mobilizes political engagement, and advocates and builds commitment for the implementation of the UN General Assembly Political Declaration on HIV and AIDS and the Global AIDS Strategy 2021-2026. It will also play a key role in leading the development of the post 2026 Global AIDS Strategy and expected decision by the UNGA to convene the next (global) High-Level Meeting on HIV/AIDS in 2026.

This indicator measures success in sustaining global commitment to ending AIDS by 2030. It is measured by monitoring the number of relevant high-level political meetings held at the global level, for which the Secretariat informed the outcome documents.

Data sources: High-level meeting outcome documents

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
<p>Number of High-Level political meetings outcome documents reflecting HIV/AIDS: 17 (in 2020) and 21 (in 2021 but noting it was special year because of the new Global AIDS Strategy and UN General Assembly's High-Level Meeting on HIV/AIDS).</p> <p>Source: UNAIDS 2020-2021 Performance Monitoring Report</p>	<p>At least 15 high-level political meetings outcome documents reflecting HIV and AIDS.</p> <p>Decision taken by the UN General Assembly to convene the next High-Level Meeting on HIV/AIDS in 2026.</p> <p>Development of the next Global AIDS Strategy commenced.</p>	<p>At least 15 high-level political meetings outcome documents reflecting HIV and AIDS</p>	<p>Next Global AIDS Strategy developed and adopted by PCB.</p> <p>UN General Assembly High Level Meeting on HIV/AIDS convened in 2026 with adoption of new Political Declaration on HIV and AIDS.</p> <p>Lessons from the HIV response to reduce inequalities including human rights and gender and community leadership approaches inform new Political Declaration on HIV and AIDS and broader SDG learning and global commitments by 2030.</p>

Indicator S1.1.2. Number of countries where the Joint Programme operates, that are supported to review, assess and/or update the country's National Strategic Plan on HIV (or equivalent plans or frameworks)

Rationale: National HIV Strategic Plans (NSPs) or equivalent documents or frameworks, reflect a country's HIV goals, objectives, priorities and a set of evidence-informed strategies and prioritized interventions adapted to the country context, HIV epidemic and response as well as a budget. Serving as a roadmap to

accelerate efforts to end the HIV epidemic in the country for all country's stakeholder and partners, they are usually developed with a time frame of 3-5 years and with close synergies with other health and other socio-economic development or SDG plans/strategies.

The Secretariat, together with Cosponsors, plays an important role in supporting countries for the evidence-informed development, review, assessments and/or other update of countries NSPs on HIV (or equivalent) and especially their alignment with the 2021 UN Political Declaration on HIV and AIDS, Global AIDS Strategy, global AIDS targets and latest international HIV policies to maximize impact. Quality and tailored NSPs are also required and used by some partners for their investment such as the Global Fund.

This indicator measures the Joint Programme's support to countries, coordinated by the Secretariat to review, to assess and/or update national strategic plan on HIV (or equivalent). This support can include various areas of work such as development of the new NSP, mid-term review, costing of the NSP, modelling to project impact and set new targets, monitoring and evaluation framework, etc.

Data sources: This indicator is measured through the responses received from the Secretariat Offices in countries where the Secretariat operates. Responses will be recorded through the JPMS.

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
37 countries where the Joint Programme operates, received support to review, assess and/or update the country's NSP on HIV (or equivalent plans or frameworks) (based on 37 reports from the Joint UN Teams on HIV and AIDS at country, Source: 2022 UBRAF Indicator Data Collection Survey).	40 countries per year where the Joint Programme operates, receive support to review, assess and/or update the country's NSP on HIV (or equivalent plans or frameworks) by 2023.	45 countries per year where the Joint Programme operates, receive support to review, assess and/or update the country's NSP on HIV (or equivalent plans or frameworks) by 2025.	45 countries where the Joint Programme operates, receive support to review, assess and/or update the country's NSP on HIV (or equivalent plans or frameworks) by 2026.

Secretariat Function 1 - Leadership, advocacy and communication

Specific output 2022-2026

S1.2 The meaningful engagement and leadership of people living with HIV, key populations, women and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation.

Indicator S1.2.1. Number of countries that have received Secretariat support for meaningful engagement between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information sharing and decision making on HIV priorities.

Rationale:

The meaningful engagement of people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information sharing and decision making on HIV priorities is essential for an effective national HIV response and especially for reducing HIV-related inequalities and leaving no one behind. UNAIDS Secretariat plays a key role in promoting and facilitating support for inclusive dialogue between governments, communities,

other civil society entities and development partners for information-sharing and decision-making.

Such Secretariat support is provided in multiple forms and may cover activities such as convening stakeholders and/or facilitating dialogues, advocacy support, financial support, and organizing consultations or capacity building workshops/activities.

It is important to note that while this indicator focuses on the Secretariat's role and on countries where it operates,* the measurement of the broader engagement of people living with HIV, key populations and women affected by HIV in the development of national policies, guidelines and strategies related to their health, is reported through relevant GAM/NCPI indicators as part of annual GAM reporting.

**The total number of countries where the Secretariat operates is likely to change as a result of the Alignment process. Therefore the milestones and targets have been expressed provisionally as percentages, despite the indicator formulation of absolute "number of countries".*

Data sources: This indicator is measured through the responses received from the Secretariat Offices in countries where the Secretariat operates. Responses will be recorded through the JPMS.

Indicative baseline	Milestone (2023)	Milestone (2025)	Target (2026)
<p>In 2020-2021, the Secretariat operated in at least 91 countries.</p>	<p>At least 90% of countries where the Secretariat operates, report having advocated for and supported meaningful engagement between networks of people living with HIV, key populations, affected women and girls, and young people, and government institutions and other stakeholders as relevant in the country HIV epidemic context, in information-sharing and decision-making.</p>	<p>At least 90% of countries where the Secretariat operates, report having advocated for and supported meaningful engagement between networks of people living with HIV, key populations, affected women and girls, and young people, and government institutions and other stakeholders as relevant in the country HIV epidemic context, in information-sharing and decision-making.</p> <p>Annual key global events/expert meetings convened by the Secretariat that include and promote meaningful engagement and leadership of communities.</p>	<p>At least 90% of countries where the Secretariat operates, report having advocated for and supported meaningful engagement between networks of people living with HIV, key populations, affected women and girls, and young people, and government institutions and other stakeholders as relevant in the country HIV epidemic context, in information sharing and decision making.</p> <p>Annual key global events/expert meetings convened by the Secretariat that include and promote meaningful engagement and leadership of communities.</p>

Secretariat Function 2 – Partnerships, mobilization and innovation

Specific output 2022-2026

S2.1 UNAIDS Global Strategic Initiatives* and partnerships are effectively convened and leveraged to address gaps, remove barriers and reduce risk and vulnerability for communities affected by HIV.

**These refer to various existing and new global initiatives, noting that the indicators here would only track selected ones while others are covered under the related Joint Programme Result Areas, such as the Global Prevention Coalition which is covered under Results Area 1 and has its own monitoring framework. These global initiatives will be further specified in the indicator guidance.*

Indicator S2.1.1. Number of countries in sub-Saharan Africa that join the Education Plus initiative and have an implementation plan

Rationale: Education Plus, a joint global strategic initiative of UNAIDS, UNESCO, UNFPA, UNICEF and UN Women launched in 2021, is a high-profile, high-level political and strategic advocacy initiative that aims to accelerate actions and investments to prevent HIV through the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa through secondary education. The Education Plus initiative calls for bold leadership by governments and decision-makers to rapidly scale up multi-sectoral policies, actions and smart investments for the empowerment of adolescent girls and young women and the achievement of gender equality in sub-Saharan Africa.

The UNAIDS Secretariat plays an active leadership role to coordinate and manage the initiative and support countries to ensure that adolescent girls are able to complete their secondary education, be safe from gender-based violence, exercise their sexual and reproductive health and rights and access economic opportunities. These are crucial to creating the right context to reduce the incidence of new HIV infections among adolescent girls and young women in all their diversity. The initiative is engaging a select number of countries to champion “*Education Plus*” at the highest levels of government.

This indicator measures the number of countries that have joined the Education Plus initiative and that have developed an implementation plan.

Data sources: Education Plus Progress reports and additional information from the Secretariat lead

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
Five countries joined the Education Plus Initiative by the end of 2021.	At least 5 countries that joined Education Plus are implementing operational plans by end 2023.	At least 5 additional countries in sub-Saharan Africa countries have joined the Education Plus initiative by end 2025.	10 countries that previously joined Education Plus Initiative continue implementing operational plans for the Education Plus package Final report of Education Plus Initiative available by end of 2026.

Indicator S2.1.2 Number of countries that complete a People Living with HIV Stigma Index 2.0

Rationale: Stigma is a significant barrier preventing people living with HIV from accessing healthcare. The People Living with HIV Stigma Index, managed by an International Partnership, of the Global Network of People Living with HIV (GNP+), International Community of Women Living with HIV (ICW) and UNAIDS, has been gathering important evidence to inform advocacy efforts and programmes to end HIV-related stigma and discrimination and related monitoring. The People Living with HIV Stigma Index 2.0 process is truly unique as it is led by people living with HIV who are trained to interview people living with HIV to find out how stigma and discrimination impacts on their lives. This process is also designed to strengthen the capacity of networks and groups of people living with HIV. First launched in 2008, The People Living with HIV Stigma Index was updated and strengthened into Stigma Index 2.0, and an updated People Living with HIV Stigma Index is normally conducted every three years. Country report and analysis are available on: [People Living with HIV Stigma Index](#). UNAIDS provides support for People Living with HIV networks to implement the People Living with HIV Stigma Index 2.0, as needed, including technical and financial support for the design of the survey, data gathering and analysis as well as promotion of the use of findings to guide programmes and investment.

<p>This indicator measures the completion of People Living with HIV Stigma Index 2.0 in countries where the Secretariat operates, as an important contribution to generate information on stigma as part of efforts to reach the 10-10-10 targets as well as improved access to HIV services.</p> <p>Data sources: GNP+ Reports, additional information sourced from the responses from the Secretariat Offices in countries where the Secretariat operates. These responses will be recorded through the JPMS.</p>			
<p>Baseline</p> <p>In 2020-2021, 8 countries have completed the People Living with HIV Stigma Index and 13 countries are in the final stages of implementation (Source: 2020-2021 Joint Programme Reporting and Stigma Index reports).</p>	<p>Milestone (2023)</p> <p>10 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year.</p>	<p>Milestone (2025)</p> <p>12 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year.</p>	<p>Target (2026)</p> <p>15 countries where the Secretariat operates complete a People Living with HIV Stigma Index per year.</p>
<p><u>Indicator S2.1.3 Number of countries that join the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (Global Partnership) and implement operational plans</u></p> <p>Rationale: Eliminating all forms of HIV-related stigma and discrimination is fundamental to achieving the Sustainable Development Goals and targets by 2030, including ending AIDS. The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination brings together collaborative efforts of key stakeholders to end stigma and discrimination and remove human rights barriers as part of efforts to meet the societal enabler targets of the Global AIDS Strategy 2021-2026 and ensure accountability to the 2021 Political Declaration on HIV and AIDS. It aims to catalyze and accelerate the implementation of commitments to end HIV-related stigma and discrimination in six settings: health care, education, the workplace, legal and justice systems, individuals, households and communities and emergency and humanitarian settings. It is co-convened by UNAIDS Secretariat, UN Women, UNDP, the Global Network of People Living with HIV, the PCB NGO Delegation and the Global Fund and is supported by a technical working group comprised of 10 Cosponsors and the UNAIDS Secretariat as well as 24 civil society organizations. Beyond its convening role, the Secretariat provides advocacy, guidance and technical and financial support to countries for the development and implementation of their operational plans in collaboration with other partners.</p> <p>With regards to the monitoring of operational plan implementation, a new monitoring and evaluation guidance will be finalized in 2022. Monitoring of operational plans' implementation and resolution of related bottlenecks is done by the relevant national coordinating teams using the monitoring and evaluation guidance as reference. All efforts are made to leverage resources for the full implementation of the operational plans including inclusion into Global Fund funding requests. At the global level, the Secretariat also tracks progress at a higher level using an internal informal dashboard.</p> <p>This indicator measures the number of countries that join the Global Partnership and are implementing operational plans to reduce HIV-related stigma and discrimination to monitor the reach of the Global Partnership and the support being provided by the Secretariat to countries.</p> <p>Data source: Global Partnership Action Plans, annual internal reporting on progress and additional information from the Secretariat lead</p>			
<p>Baseline</p> <p>By end 2021, 29 countries joined the</p>	<p>Milestone (2023)</p> <p>5 additional countries join the Global</p>	<p>Milestone (2025)</p> <p>5 additional countries join the</p>	<p>Target (2026)</p> <p>45 countries join the Global</p>

Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (Global Partnership) and implement operational plans.	Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination and 16 countries have operational plans being implemented.	Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination. 20 countries that have joined the Global Partnership have operational plans being implemented.	Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination. At least 20 of the total number of countries having joined the Global Partnership, implement action plans, jointly developed with strong community leadership on addressing stigma and discrimination in at least two of the six settings.
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Secretariat Function 2 – Partnerships, mobilization and innovation

Specific output 2022-2026

S2.2 Secretariat's knowledge management approach to support the reduction in HIV-related inequalities and accelerate progress across the HIV response strengthened at global, regional and country levels.

Indicator S2.2.1 Number of communities of practice supported by UNAIDS Secretariat for the sharing of information, knowledge, experiences, with increased engagement of governments, communities and partners, as part of the UNAIDS Knowledge Management Strategy

Rationale: As part of UNAIDS role to leverage and convene partnership, foster mobilization and innovations, and to maximize its contribution for the implementation of the new Global AIDS Strategy and vision of ending AIDS by 2030, it is important for UNAIDS to become a further modernized, more efficient and strengthened organization. Along with the Global AIDS Strategy and transforming UNAIDS culture, enhancing knowledge management is thus essential for a knowledge driven Secretariat that optimizes its world-wide expertise and staff through the use of digital technologies in its work and through the use of various tools, platforms and fora for knowledge management, translation and sharing, including through communities of practice or other mechanisms. A knowledge management strategy will be developed and implemented expected to facilitate a more effective, efficient, empowering workplace where unnecessary hierarchies and organizational barriers to the free flow of knowledge and experience are removed and that knowledge is harnessed to deliver effectively on the organization's objectives.

This indicator measures the Secretariat's progress in transforming into a knowledge based and knowledge sharing organization.

Data sources: Internal reports on Knowledge Management strategy and implementation, Knowledge Management community of practice metrics

Baseline Not available since this is a new way of working and a new indicator.	Milestone (2023) Knowledge management strategy in place and started implementation by end 2023. Community of practice initiated by the Secretariat in each of the 4 UNAIDS practice areas by end-2023.	Milestone (2025) External stakeholders, such as governments, communities and partners, from 25 countries join at least one of the 4 UNAIDS communities of practice.	Target (2026) External stakeholders from 25 countries, including governments, communities and partners, participate and/or engage in at least one of the 4 communities of practice.
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Secretariat Function 3 Strategic information

Specific output 2022-2026

S3.1 Adapt monitoring framework to the Global AIDS Strategy 2021-2026 and the 2021 United Nations General Assembly (UNGA) high-level meeting Political Declaration on HIV/AIDS

Indicator S3.1.1. Monitoring framework corresponding to the Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on HIV/AIDS developed, shared with countries and partners, and updated by the Monitoring Technical Advisory Group (MTAG)

Rationale: In the 2021 UN General Assembly Political Declaration on HIV and AIDS (para. 71) signatory countries agreed to “provide to the General Assembly [...] an annual report on progress achieved in realizing the commitments contained in the present declaration ...”.

For consistent and meaningful reporting, UNAIDS develops the GAM Framework (2022-2026) which outlines the key indicators and NCPI questionnaire and the mechanism of data collections from countries to monitor progress towards the global AIDS targets. A separate complementary and detailed document with indicator descriptions is also produced to enable the measurement in countries. Reporting on the implementation of the commitments in 2021 will provide the baseline for assessing achievements against the targets set for 2025. The reported data are designed for use by national and global AIDS stakeholders to assess the state of a country’s HIV response, measure progress towards achieving national HIV targets and improve understanding of gaps as well as inform well targeted programmes and investment to address inequalities and achieve the commitments and global targets set out in the 2021 Political Declaration on HIV and AIDS and the linked SDGs.

The GAM framework and indicators are a result of extensive expert consultations with the MTAG. All resource materials for the country-level monitoring are shared with countries and available on the UNAIDS website ([Global AIDS Monitoring 2021 | UNAIDS](#)). To maintain and update the global monitoring framework to best match the targets and the evolving HIV response, the MTAG meets annually to review indicators development, and analyse and discuss any potential changes needed to the GAM framework. The Secretariat supports this whole process including through analysis for, convening of and supporting the MTAG, and by maintaining the updated online data collection tool and providing related support to countries.

This indicator measures the Secretariat’s leading role in developing an updated monitoring framework corresponding to the 2021 Political Declaration on HIV and AIDS and the Global AIDS Strategy 2021-2026 guided by the MTAG and share all related resources material with all countries and partners for the annual GAM reporting process.

Data sources: Internal reporting by the Secretariat lead for Data for Impact (formerly Strategic Information).

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
UNAIDS Global AIDS Monitoring guidance for 2021 reporting developed and disseminated.	UNAIDS GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS developed and shared with all countries and partners. GAM indicator guidance for 2022, 2023 and 2024 reporting developed, guided by	Updated GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS shared with all countries and partners.	Updated GAM framework for the 2021 Global AIDS Strategy and Political Declaration on HIV and AIDS shared with all countries and partners. Draft of Global AIDS Framework for the post 2026 Global AIDS Strategy and Political Declaration on HIV and

	MTAG, and shared with all countries and partners.	GAM indicator guidance for 2025 and 2026 reporting developed, guided by MTAG, and shared with all countries and partners.	AIDS.
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Secretariat Function 3 Strategic information

Specific output 2022-2026

S3.2 Support countries to produce HIV estimates and submit data for GAM and community-led monitoring to measure progress and identify remaining gaps and inequalities.

Indicator S3.2.1 Number of countries supported by the Secretariat to provide quality and timely reporting against new GAM indicators and to complete the HIV estimates process

Rationale: The Secretariat leads and support the world's most expansive and widely used collection of HIV-related strategic information. It provides extensive support to countries to apply epidemiological estimation model to create HIV estimates and other guidance and support for generation and use of HIV strategic information. The data collected from all UN member states via the GAM platform and from other sources, are analysed highlighting progress and gaps, including HIV-related inequalities as well as effective innovations and approaches that are critical to end the AIDS epidemic and are summarized in UNAIDS *Global AIDS Update* reports and other flagship reports and online platforms such as AIDSinfo. This information is widely disseminated and strategic to inform national and global planning, programmes and investments for the greatest impact.

The Secretariat also play a key role in supporting and advancing community-led monitoring and accountability including for data collection and use and support system to improve access to HIV services, retention services, improve self-empowerment of communities and reduce inequalities as part of its contribution to efforts to reach the global AIDS targets related to the community led response.

This indicator measures the Secretariat's contribution to supporting countries for GAM reporting and HIV estimates for timely *Global AIDS Update* reports and use by countries, communities, and partners as well as for strengthening of community-led monitoring.

Data sources: Internal reporting by the Secretariat lead from the Data for Impact team and additional reports

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
in 2021, the Secretariat supported 140 countries for developing HIV estimates (source: PMR 2020-2021). Community-led monitoring supported in 10 countries (indicative reference, during the 2020-2021 biennium, the Secretariat provided guidelines and	150 countries supported for developing HIV estimates. Community-led monitoring supported in 15 countries.	165 countries supported for developing HIV estimates. Community-led monitoring supported in 20 countries.	170 countries supported for developing HIV estimates. Community-led monitoring supported in 35 countries.

technical support on implementing community-led monitoring in 24 countries).			
Secretariat Function 3 - Strategic information			
Specific output 2022-2026			
3.3 Produce and disseminate Global AIDS Update reports and update AIDSinfo on epidemic and response, including financing available.			
<p data-bbox="159 421 2074 480"><u>Indicator S3.3.1. Global AIDS Update reports, other flagship reports and annual updates to AIDSinfo produced and disseminated, highlighting progress and inequality gaps, and giving examples of data use by countries, communities and partners to improve programmes</u></p> <p data-bbox="143 517 2089 730">Rationale: The Secretariat leads and support the world's most expansive and widely used collection of HIV-related strategic information. It provides extensive support to countries to apply epidemiological estimation model to create HIV estimates and other guidance and support for generation and use of HIV strategic information. The data that are collected from all UN Member States via the GAM platform and other sources are summarized in UNAIDS <i>Global AIDS Update</i> and other flagship reports and online platforms such as AIDSinfo. These reports should analyze and highlight progress and gaps including HIV-related inequalities as well as effective innovations and approaches that are critical to end AIDS and inclusion of these components would be an indication of the quality of the reports. The information captured in the reports will be strategic and will be widely disseminated to inform national and global planning, programmes and investments to achieve the greatest impact.</p> <p data-bbox="143 762 1877 794">This indicator measures the Secretariat's contribution to supporting countries for and leading the development of key strategic information products.</p> <p data-bbox="143 826 1917 858">Data sources: Secretariat Data for Impact reports, Global AIDS Update reports, flagship reports and annual updates to AIDSinfo on UNAIDS website</p>			
Baseline <i>Global AIDS Update</i> reports and annual updates to AIDSinfo produced.	Milestone (2023) <i>Global AIDS Update</i> reports and annual updates to AIDSinfo produced.	Milestone (2025) <i>Global AIDS Update</i> reports and annual updates to AIDSinfo produced.	Target (2026) <i>Global AIDS Update</i> reports and annual updates to AIDSinfo produced.

Secretariat Function 4 – Coordination, convening and country implementation support

Specific output 2022-2026

S4.1 Convene Joint UN Teams on AIDS at regional and country level to provide coordinated effective UN support to national HIV responses and to the SDGs as part of **UN Sustainable Development Cooperation Framework (UNSDCFs)**

Indicator S4.1.1. Number of countries where the Secretariat operates which have a UN Sustainable Development Cooperation Framework (UNSDCF) that integrate priorities on ending HIV related inequalities and ending AIDS

Rationale: As part of the UN reform agenda, the UNSDCF is a core instrument for ensuring coherent, strategic direction for UN development activities by all UN entities at country level. Agreed to between the UN and the host government, these frameworks clearly articulate the UN collective contribution to help countries address national priorities and gaps towards meeting the SDGs. They guide the planning, implementation, monitoring and reporting cycle of UN system support to countries, including mobilizing other development partners, for their urgent and sustainable implementation of the 2030 Agenda for Sustainable Development (2030 Agenda).

The UNAIDS Secretariat plays a key role in leveraging and coordinating the UN system's support to the national HIV response and thus, in coordination with the UN Joint Team on AIDS and the UN Country Team ensuring that HIV priorities are reflected in the UNSDCF or equivalent (e.g., UNDAF or UN Action Plan), which this UBRAF indicator aims to track. It also reflects commitment to the implementation of the UN reform agenda endorsed and promoted by UN Member States. Within the UNSDCF, the formulation of the UN contribution to support the country for its HIV priorities depends on the country's context, the HIV epidemic and response situation as well as national and UN capacities and may thus be captured as UNSDCF outcome and/or output level and with related indicators and targets.

In addition, this indicator tracks the number of countries where the UNAIDS Secretariat is a signatory of the UNSDCF (or equivalent).

Data sources: This indicator is measured through the responses received from the Secretariat Offices in countries where the Secretariat operates. Responses will be recorded through the JPMS.

Indicative baseline	Milestone (2023)	Milestone (2025)	Target (2026)
At least 70 countries where the Secretariat operates and participates in the UNSDCF or equivalent (2020 UNAIDS QCPR reporting). Based on responses from the UN Joint Teams during the 2022 UBRAF Indicator Data Collection Survey, 95% (35/37) of respondents indicated that the UNSCDF integrated HIV priorities	80 countries where the Secretariat operates with the UNSDCF or equivalent that integrate priorities on ending HIV-related inequalities and ending AIDS.	85 countries where the Secretariat operates with the UNSDCF or equivalent that integrate priorities on ending HIV-related inequalities and ending AIDS.	In all countries where the Secretariat operates, the UNSDCF or equivalent integrate priorities on ending HIV-related inequalities and ending AIDS.

for ending HIV related inequalities and ending AIDS, and that the Secretariat is signatory to the UNSDCF.			
<p><u>Indicator S4.1.2. Number of country-level UN Joint Teams on HIV and AIDS implementing a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UN Sustainable Development Cooperation Frameworks (UNSDCF) or equivalent.</u></p> <p>Rationale: UNAIDS Secretariat plays a key role in leveraging and coordinating the UN system's support to the national HIV response and thus, in coordination with the UN Joint Team on AIDS and the UN Country Team ensuring that HIV priorities are reflected in the UNSDCF or equivalent (e.g. UNDAF or UN Action Plan).</p> <p>It is important to note that as UNAIDS further aligns with the UN reform development and for closer synergies with UN Resident Coordinator's structure (such as results groups and UN system wide tools), UN Joint Teams and Plans on HIV may evolve in the future in which case this indicator and related milestones and targets may need to be updated.</p> <p>Data sources: Reports and information from Secretariat leads on programme planning and monitoring</p>			
<p>Baseline</p> <p>91 country level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent (at start of 2022-2023 planning cycle).</p>	<p>Milestone (2023)</p> <p>At least 85 country level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent.</p>	<p>Milestone (2025)</p> <p>At least 85 country level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent.</p>	<p>Target (2026)</p> <p>At least 85 country level UN Joint Teams on AIDS implement a Joint UN Plan on HIV to support national HIV response as a part of and contributing to the UNSDCF or equivalent.</p>
<p>Secretariat Function 4 – Coordination, convening and country implementation support</p>			
<p>Specific output 2022-2026</p> <p>S4.2 Harmonized Joint Programme approaches to address HIV-related inequalities and remove barriers to equitable, people-centred and rights-based, gender-transformative, community and youth led integrated HIV services at regional and country level.</p>			
<p><u>Indicator S4.2.1. Number of countries where Joint Programme support is provided to promote and apply an inequalities lens to the HIV response, including through a new HIV inequalities framework and toolkit and other available tools.</u></p> <p>Rationale: In the design, implementation and monitoring of HIV programmes, insufficient attention to inequalities can result in harmful gaps in understanding of HIV risk and vulnerability factors, including those that prevent access to prevention and treatment. Reducing HIV-related inequalities and principles on improving human rights, gender equality and promoting community leadership are at the core of the 2021-2026 Global AIDS Strategy and underpin the work of the Joint Programme. To guide and support countries to implement this new lens to address intersecting inequalities that are key for reaching the global AIDS targets, in addition to existing tools and frameworks to identify and analyse inequalities (i.e. the Gender Assessment Tool), the Secretariat leads and coordinates the development of a framework for analysis using a multi-dimensional HIV-related inequalities lens and an accompanying toolkit to better develop evidence-based interventions to reduce or eliminate the inequalities that fuel the HIV epidemic. This support could include development or use of guidance, tools, trainings, and technical support provided to</p>			

the countries.

This indicator measures the Secretariat's coordination role in developing the core inequalities framework to guide HIV programmes to address underlying and persisting HIV-related inequalities, as highlighted in the 2021-2026 Global AIDS Strategy, and its support to countries to utilize the tools made available to reduce or address these inequalities.

Data sources: Secretariat leads for the Inequalities for ending AIDS Framework and Toolkit (PAK)

Baseline:	Milestone (2023)	Milestone (2025)	Target (2026)
<p>Baseline not available as this is a new area of work, including a new framework to be developed according to the 2021-2025 Global AIDS Strategy, and data prior to 2022 relating to this indicator are not available.</p>	<p>Normative guide to addressing Inequalities for ending AIDS (Framework and Toolkit on HIV related inequalities) developed and disseminated.</p> <p>HIV-related Inequalities framework and toolkit piloted in 12 countries with lessons from gender assessments and Stigma Index which inform the refinement of the documents and are incorporated in the roll-out.</p>	<p>At least 5 countries supported by the Joint Programme to apply an inequalities lens to the HIV response, guided by the HIV inequalities framework and toolkit and other available tools.</p>	<p>At least 10 countries supported by the Joint Programme to apply an inequalities lens to the HIV response, guided by the HIV inequalities framework and toolkit and other available tools.</p> <p>Toolkit and framework refined and published and disseminated as an updated version in several languages.</p> <p>Consultation(s) undertaken by the Joint Programme in 2025 to identify high-level indicators for tracking progress on HIV-related inequalities based on the lessons learned (2025-2026).</p>

Secretariat Function 5 – Governance and mutual accountability

Specific output 2022-2026

S5.1 Facilitate and support effective governance of and inclusive stakeholder engagement in the Joint Programme and promote multilateral commitment to the Global HIV response (PCB, including Committee of Cosponsoring Organizations (CCO), ECOSOC, and UNGA).

Indicator S5.1.1. Number of meetings with constituency inclusive engagement facilitated to support the governance of the Joint Programme, including by transparent and effective decision-making per the PCB modus operandi.

Rationale: The effectiveness and inclusivity of Joint Programme governance rests upon the quality and level of engagement with its constituencies. This is particularly true given the uniqueness and complexity of the multisectoral UNAIDS’ governance structure. The UNAIDS Secretariat is responsible for the coordination and facilitation of constituency engagement opportunities designed to support Member States, the NGO Delegation, and the Cosponsoring Organizations to coordinate, collaborate, and inform their participation in UNAIDS governance. In addition, the Secretariat serves as the Secretary to the PCB Bureau, which coordinates intersessional governance work. These mechanisms support inclusive engagement from all PCB constituencies and contribute to transparent and effective decision-making.

This indicator measures the volume of constituency engagement opportunities in five key areas (PCB, ECOSOC, PCB Bureau, Committee of Cosponsoring Organizations, and NGO Delegation). This indicator measures the facilitation and support provided to stakeholders for their engagement in UNAIDS work and its effective governance so that it can best deliver for countries and communities as per its mandate and the UBRAF. While engagement takes place through various forms, it is measured through the effective and inclusive meetings with multiple PCB stakeholders across UNAIDS primary governance mechanisms.

Data sources: PCB Bureau meeting summaries, Annual report of the CCO to the PCB, Annual statement of NGO delegation to the PCB, PCB Decisions, ECOSOC Resolution

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
A total of 20 meetings were facilitated in 2020, reflecting effective UNAIDS governance and inclusive multistakeholder engagement.	A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.	A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.	A minimum of 14 meetings per year held across UNAIDS primary governance mechanisms (PCB, PCB Bureau, ECOSOC, CCO, NGO Delegation) to support effective governance and inclusive stakeholder engagement.

Secretariat Function 5 – Governance and mutual accountability

Specific output 2022-2026

S5.2 Mutual accountability and transparency mechanisms, including the PCB Independent External Oversight Advisory Committee, in place (in relation to UBRAF management, monitoring and reporting, compliance with IATI, follow up to audit recommendations, relevant PCB decisions, and MOPAN).

Indicators S5.2.1. Annual performance monitoring, financial and organizational oversight reports (i.e. reports of the auditors, Ethics Office, and UNAIDS Independent External Oversight Advisory Committee) submitted to the PCB for consideration and Results & Transparency Portal updated.

Rationale: This indicator measures the accountability and transparency of the Joint Programme to the PCB. As the primary oversight body of the UNAIDS Joint Programme, these reports are instrumental in the PCB's ability to fulfill this role and to support the integrity and functioning of the Joint Programme. These reports are annual requirements of the PCB as laid out in the PCB's modus operandi annex 4, which clarifies the oversight and accountability responsibilities of the PCB. These documents include: UBRAF Performance Monitoring Reports, UBRAF financial reports, reports of the external and internal auditors, reports of the Ethics Office, and report of the UNAIDS IEOAC.

Data sources: PCB papers and decisions, other internal tracking systems

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)
External auditor report (2021), Internal auditor report (2021), Ethics report (2021), Performance Monitoring report (2020-2021), Financial Reports (2020-2021).	Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB. Results and Transparency portal updated with latest information.	Annual performance monitoring reporting, financial reporting, and organizational oversight reports submitted and considered by PCB. Results and Transparency portal updated with latest information.	Performance monitoring reporting and transparency portal demonstrate effective and transparent accountability of the Joint Programme. Oversight reports, management responses and the related PCB decisions demonstrate effective and transparent accountability and compliance by the Secretariat.

Secretariat Function 5 – Governance and mutual accountability

Specific output 2022-2026

S5.2 Mutual accountability and transparency mechanisms, including the PCB Independent External Oversight Advisory Committee, in place (in relation with UBRAF management, monitoring and reporting, compliance with IATI, follow up to audit recommendations, relevant PCB decisions, and MOPAN).

Indicator S5.2.2. Number of meetings of the Independent External Oversight Advisory Committee (IEOAC) held and the submission of its annual oversight report to the PCB, that are effectively supported by the Secretariat in order for the IEOAC to fulfil its role as per its final terms of reference/mandate

Rationale: This indicator measures the Secretariat support to the UNAIDS IEOAC for the implementation of its workplan in accordance with its terms of reference. The IEOAC, which was established in 2022 by the PCB to support its oversight role, consists of a team of experts who will review the organizational oversight reports and provide guidance to the PCB and the Executive Director. Secretariat support to the faithful execution of their terms of reference and follow-up to their recommendations supports the oversight and accountability of the Joint Programme. This will be measured through monitoring of Secretariat support for meetings, engagement of members, finalization of reports and correspondence/participation in the PCB meetings as appropriate.

Data sources: Report of the IEOAC to the PCB, Summaries of the meetings of the IEOAC

Baseline	Milestone (2023)	Milestone (2025)	Target (2026)

Baseline on PCB oversight beginning of 2022: IEOAC in process of establishment.	IEOAC supported by the Secretariat to fulfill their terms of reference, measured by a minimum of two meetings per year and submission of their annual report to the PCB.	IEOAC supported by the Secretariat to fulfill their terms of reference, measured by a minimum of two meetings per year and submission of their annual report to the PCB.	IEOAC supported by the Secretariat to fulfill their terms of reference, measured by a minimum of two meetings per year and submission of their annual report to the PCB.
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Secretariat Function 5 – Governance and mutual accountability

Specific output 2022-2026

S5.3 Submit quality UN mandatory reports (QCPR, UN Funding Compact, UN SWAP) demonstrating strong compliance rates and active contribution to UN reform.

Indicator S5.3.1 Mandatory UNAIDS reporting relating to Quadrennial Comprehensive Policy Report (QCPR), UN Funding Compact and UN System-Wide Action Plan on gender equality and women empowerment, completed indicating progress towards compliance with recommendations and integration with UN system-wide tools

Rationale: The QCPR of UN operational activities for development, adopted by the UN General Assembly, calls for a UN development system that is “more strategic, accountable, transparent, coherent, collaborative, efficient, effective and results-oriented”, with a central focus on leaving no one behind and that addresses themes and approaches that are central to UNAIDS work and successfully delivery of its mandate. The Secretariat’s report to the annual QCPR survey is an opportunity to assess and track progress towards UN reform commitments as they apply to UNAIDS.

The Funding Compact articulates concrete commitments made by the UN and Member States to strengthen how they work together to deliver on the SDGs, committing to accelerating results for countries, through more collaboration, while reporting on needs and results more clearly, consistently, and transparently. In 2021 the compact combined 22 commitments and 50 indicators.

The UN System-Wide Action Plan on Gender Equality and the Empowerment of Women is the accountability framework for accelerating the mainstreaming of gender equality and the empowerment of women in all institutional functions of the entities of the UN system. It measures entity and departmental performance against 17 common performance indicators. The Secretariat’s annual report to the UN SWAP is an opportunity to assess and track progress against delivering on its commitments for Gender Equality and the Empowerment of Women.

Data sources: Quadrennial Comprehensive Policy Report (QCPR) and UN funding compact report, UN System Wide Action Plan on gender equality and women empowerment (UN SWAP) report .

Baseline: 2021 UN SWAP report 2021: QCPR and Funding Compact report PCB48_PMR_QCPR_CRP1.pdf (unaid.org)	Milestone (2023) Annual QCPR, UN Funding Compact and UN SWAP report completed.	Milestone (2025): Annual QCPR, UN Funding Compact and UN SWAP report completed.	Target (2026) Annual QCPR, UN Funding Compact and UN SWAP report completed.
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Secretariat Function 5 – Governance and mutual accountability

Specific output 2022-2026

S5.4 Implement Evaluation Plan, ensure systematic follow up of recommendations and document lessons learned

Indicator S5.4.1. Percentage of UNAIDS evaluations as per the PCB approved Evaluation Plan, implemented and tracking of the follow-up on related recommendations

Rationale: Independent evaluations are key in assessing UNAIDS contribution to the achievement of the Joint Programme UBR AF outcomes and in identifying ways of enhancing the relevance, coherence, efficiency, effectiveness, impact and sustainability of the work of the Joint Programme as part of a broader knowledge management strategy. Every two years—aligned with the UBR AF and Workplan and Budget cycle—an evaluation plan is presented to the PCB for approval. An annual report on evaluation is presented to the PCB and a semi-annual update is presented to the PCB Bureau. Final evaluation reports, along with the corresponding management responses, are published on the UNAIDS webpage.

This indicator measures progress in implementing the PCB approved evaluation plans and follow-up to evaluations drawing on publicly available official documents and reporting to the PCB.

Further information:

[UNAIDS Evaluation Office](#)

[UNAIDS Evaluation Policy](#)

[Annual Report on Evaluation and 2022-2023 Evaluation Plan](#)

Data sources: PCB documents and decisions; Evaluation Office plans and reports

<p>Baseline:</p> <p>2022-2023 evaluation plan approved by the December 2021 PCB. Annual report on 2021 evaluations (overview of the implementation of the 2020–2021 evaluation plan: (UNAIDS/PCB (49)/21.28.rev2: Annual Plan on evaluations and evaluation plan 2022-2023 (un aids.org)).</p>	<p>Milestone (2023)</p> <p>At least 80% of the evaluations (as per the evaluation plan for 2022-2023) implemented. Follow up on recommendations from evaluations in 2021 and 2022 tracked.</p> <p>Evaluation plan for 2024-2025 approved by the PCB.</p>	<p>Milestone (2025)</p> <p>At least 80% of the evaluations planned (as per the evaluation plan for 2024-2025) implemented.</p> <p>Follow up on recommendations from evaluations in 2023 and 2024 tracked.</p> <p>Evaluation plan for 2026-2027 approved by the PCB.</p>	<p>Target (2026)</p> <p>At least 80% of the evaluation (as per the evaluation plan for 2026-2027) implemented.</p> <p>Follow up on recommendations from evaluations in 2024 and 2025 tracked.</p>
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