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Annex I to the 2006-2007 Unified Budget and Workplan

Key result details
Cosponsors, Secretariat and interagency work

Table of contents

1. Office the United Nations High Commissioner for Refugees (UNHCR)	3
2. United Nations Children’s Fund (UNICEF)	8
3. World Food Programme (WFP)	14
4. United Nations Development Programme (UNDP)	20
5. United Nations Population Fund (UNFPA)	27
6. United Nations Office on Drugs and Crime (UNODC)	32
7. International Labour Organization (ILO)	37
8. United Nations Educational, Scientific and Cultural Organization (UNESCO)	45
9. World Health Organization (WHO)	51
10. The World Bank	61
11. UNAIDS Secretariat	68
12. Interagency activities	76

UNHCR Key Results

Introduction

UNHCR is the UN system's designated agency to lead and coordinate international action to protect refugees and to resolve refugee problems worldwide. In addition to refugees, UNHCR also provides assistance to individuals in similarly desperate circumstances who do not legally qualify as refugees and are consequently often ineligible for normal relief or protection. Working in 116 countries, UNHCR is presently helping approximately 17 million people.

The newest UNAIDS Cosponsor, UNHCR's HIV-related programmes have in recent years become more comprehensive, integrating voluntary and confidential counselling and testing of HIV, prevention of mother-to-child transmission of HIV infection, and other programme elements. UNHCR actively works to dispel the myth that refugees increase the risk of HIV transmission in their host communities.

UNHCR has identified the following three key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on HIV/ AIDS, Human rights and Protection

Integration and mainstreaming of HIV/AIDS and human rights of refugees and other persons of concern to UNHCR by effective implementation of UNHCR's protection policies and standards.

Linkage to Principal Results:

Human rights (2), Programmes addressing vulnerability to HIV (9) and AIDS in conflict- and disaster-affected regions (13).

Achievement Indicators:

- 100% of UNHCR programmes have functioning gender based violence (SGBV) programmes, sexually transmitted infection and HIV prevention and response programmes and improved SGBV reporting systems.
- HIV/AIDS modules included in all protection and resettlement trainings undertaken by UNHCR.

Deliverables:

- Targeted advocacy initiatives aimed at Governments and UNHCR's partners.
- Development of HIV/AIDS, human rights and protection education and advocacy materials.
- Analysis of and recommendations and modified instructions for UNHCR's APRs regarding HIV reporting.
- Development of basic HIV and human rights awareness training modules for refugees and other persons of concern.
- HIV/AIDS issues reported in the Annual Protection Reports (APRs)

Strategy to achieve key result:

- Promote human rights and protection principles among Governments and partners.

- Actively monitor and establish standardised reporting system.
- Intervene if any discriminatory practices arise due to HIV status.
- Develop and include HIV/AIDS in ongoing protection training and awareness programmes for UNHCR's and partners' staff.
- Develop and implement basic HIV and human rights awareness training for refugees and other persons of concern to reduce vulnerability of refugee women and children.
- Improve sexual and gender based violence (SGBV) existing programmes and establish in programmes where it does not currently exist.

Partners:

Ministry of Home Affairs, Government hosting communities, International NGO's, National NGO's, UNFPA, other UNAIDS Cosponsors and the Secretariat.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 500,000	US\$ 250,000	US\$ 1,250,000

Details on the use of the supplemental budget:

The proposed additional funding would enable UNHCR to produce a Human Rights and Protection brochure for refugees and returnees based on cartoon booklet called "HIV/AIDS Stand Up for Human Rights".

References:

- UNHCR's HIV/AIDS and Refugees Strategic Plans, 2002-04 and 2005-07.
- UNHCR's Inter office memo (IOM) 82/92 and Field office memo (FOM) 81/92, 1 July 1992, UNHCR Policy regarding Refugees and Acquired Immune Deficiency Syndrome (AIDS).
- UNHCR's Protection Manual, IOM/96/2001 and FOM/93/01, 9 November 2001, plus additional updates.

Key Result II on Integration and resource mobilization

Increased inclusion and integration of refugees, returnees and other persons of concern to UNHCR in country and subregional HIV/AIDS strategies, proposals and interventions with consequent increase in resources at global, regional and national levels.

Linkage to Principal Results:

AIDS in conflict- and disaster-affected regions (13), Strategic information, research and reporting (14) and Resource mobilization, tracking and needs estimation (15).

Achievement indicators:

- Increased number of host countries with >10,000 refugees whose strategic plans include specific policies or interventions for refugees
- Increased number of major donors who approve HIV proposals from host countries with >10,000 refugees with specific interventions for refugees.
- 50% increase of post-emergency sites reporting using HIV Information System (HIVIS).

Deliverables:

- Report on number of National Strategic Plans and major donors that included policies and programmes for refugees.
- Inclusion of refugees in sub-regional initiatives.
- Completion of operational research into HIV/AIDS-Food-Nutrition in refugee settings with WFP and UNICEF.
- Report on number of UNHCR country offices actively participating in country UN Theme and Technical Groups on AIDS.
- Establishment of HIV Information Systems.

Strategies to achieve key result:

- Advocate for and increase awareness of refugee and returnee issues among key Governments, UN agencies, donors, and global and regional bodies at global, regional and country levels (e.g. National AIDS Control Programmes, UN Theme Groups, CCMs, and subregional Initiatives).
- Implement HIV/AIDS awareness campaigns included in all repatriation, resettlement and reintegration programmes.
- Undertake targeted advocacy initiatives.
- Integrate HIV/AIDS interventions in National HIV/AIDS strategies and programmes.
- Encourage creation and inclusion of refugees in regional and sub-regional initiatives with a strong cross-border component (e.g. Great Lakes Initiative on AIDS (GLIA) in conjunction with UNAIDS and World Bank and GLIA countries).
- Establish HIV Information Systems (HIVIS) in comprehensive programme sites.
- Undertake applied operational research with dissemination of results within and between regions.

Partners:

National Aids Committees in refugee hosting countries/ Ministry of Health, International NGO's, National NGOs, World Bank, WFP, other UNAIDS Cosponsors and the Secretariat, donors.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 900,000	US\$ 250,000	US\$ 1,800,000

Details on the use of the supplemental budget:

The proposed supplemental funding would enable UNHCR to implement HIV/AIDS awareness campaigns in specific repatriation and reintegration programmes, as well as to undertake targeted advocacy initiatives to promote inclusion of ART for refugees in national programmes in Africa.

References:

- UNHCR's HIV/AIDS and Refugees Strategic Plans, 2002-04 and 2005-07.
- Program strategies for integrating HIV/AIDS, food and nutrition activities in refugee settings (draft), UNHCR, WFP, UNICEF, Sept. 2004.
- Spiegel PB. HIV/AIDS among Conflict-affected and Displaced Populations: Dispelling Myths and Taking Action. *Disasters* 2004;28(3):322-39.
- AIDS and conflict: a growing problem worldwide. 2004 Report on the Global AIDS Epidemic, June 2004: 175-81.

Key Result III on Implementation of HIV/AIDS interventions

Improve implementation of multisectoral and integrated HIV/AIDS interventions for refugees and other persons of concern to UNHCR.

Linkage to Principal Results:

HIV Prevention programmes (6), Health-care systems for treatment of HIV and AIDS (10) and AIDS in conflict- and disaster-affected regions (13).

Achievement Indicators:

- 100% of refugee HIV/AIDS programmes have established minimum HIV/AIDS interventions in emergency settings.
- 100% of refugees have access to antiretroviral therapy, when available for the local host community, and to sexually transmitted infection (STI) diagnosis and treatment.

Deliverables:

- Creation and provision of culturally and linguistically appropriate HIV/AIDS IEC material and repatriation packages.
- Trainings on STIs prevention and management undertaken jointly with UNHCR/partners and host government.
- Refugee communities have access to ART when available to local host populations.
- Dissemination better practices and lessons learned documents.

Strategies:

- Ensure minimum HIV/AIDS interventions in emergency settings in line with internationally accepted guidelines and standards.
- Ensure that essential services and systems are established before more complicated and resource intensive interventions are provided.
- Improve coordination and integration of interventions and trainings among refugee and host communities.
- Encourage creation and implementation of regional and sub-regional initiatives with a strong cross-border component (e.g. GLIA).
- Increased provision of technical assistance.
- Develop and ensure availability of wide selection of culturally-appropriate information-education-communication (IEC) materials in local languages.
- Encourage accessibility of antiretroviral (ART) programmes for refugees and other persons of concern to UNHCR when it is provided to the surrounding host communities in line with UNHCR's 2005 ART policy.
- Establish HIV Information Systems in comprehensive programme sites to ensure proper evaluation and monitoring of programmes.
- Consolidate and disseminate better practices and lessons learned.
- Provision of HIV/AIDS repatriation packages in all major repatriation activities.

Partners:

Ministry of Health, Ministry of Home Affairs, International NGOs, National NGOs, UNAIDS Secretariat, World Bank, UNFPA, WHO, UNICEF, WFP.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,000,000	US\$ 250,000	US\$ 6,000,000

Details on the use of the supplemental budget:

The proposed supplemental resources would enable UNHCR to introduce and support the functioning of the HIV Information System in host countries with significant refugee populations in Africa and Asia.

References:

- UNHCR's HIV/AIDS and Refugees Strategic Plans, 2002-2004 and 2005-2007.
- UNHCR's Antiretroviral Therapy Policy, January 2005.
- Inter Agency Standing Committee Guidelines on HIV/AIDS Interventions in Emergency Settings, 2004.
- A Field Experience: assessment of behaviour change and communication strategies employed by NGOs in Kakuma refugee camp, Kenya. HCDS, UNHCR, 2002.
- Spiegel P, Nankoe A. UNHCR, HIV/AIDS and refugees: lessons learned. Forced Migration Review 2004; 19:21-23.

UNICEF Key Results

Introduction

UNICEF pursues comprehensive strategies to protect and promote the well-being of the world's children. HIV/AIDS has been identified by UNICEF's board as one of UNICEF's core priorities, along with girls' education, immunization, child protection, and early childhood.

An original UNAIDS Cosponsor, UNICEF promotes effective HIV prevention measures for young people, prevention of mother-to-child transmission, treatment and care for children and families, and support for orphans and other vulnerable children. UNICEF spearheaded efforts to develop *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, which has united diverse partners in a common agenda to mitigate the epidemic's impact on children and families.

UNICEF has identified the following three key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on Prevention among adolescents

Increased access and utilization of prevention information, skills and services required to reduce adolescent vulnerability to HIV/AIDS.

Principal Results to which the key result is linked:

HIV Prevention programmes (6), Women and girls (7), Programmes addressing vulnerability to HIV (9).

Achievement indicators for key result:

The number of countries with programmes specifically focussing on addressing the risk factors of especially vulnerable adolescents (10-19 years)

Deliverables:

- 20 countries have HIV/AIDS programming for Especially Vulnerable Adolescents integrated into a broader HIV/AIDS strategy;
- Tools, technical publications on adolescent programming developed in the following areas; of policy, psychosocial competencies, evidence-based gender sensitive life skills based education and training tools for effective use of situation assessments, Common Country Assessments, UN Development Assistance Frameworks, Country Programme Documents and Mid Term Review process to improve quality of vulnerability analysis;
- Functional regional and country level partnership forums for adolescents, especially adolescents girls and adolescents living with HIV/AIDS, religious leaders, civil society and all levels of government;
- The following documents developed: a global document of good programming practices and a publication on lessons learned on caring for adolescents living with HIV in Brazil;

- Data on adolescents' knowledge and behaviour collected in the 2006 Multiple Indicator Cluster Survey (MICS); a global data set developed and evidence-base for design and monitoring strengthened in 40 countries;
- A global key advocacy document on prevention developed;
- National HIV prevention communication action plans in place in 40 countries;
- AIDS response integrated into UNICEF Emergency Preparedness Response Plan in at least 25 countries;
- Global participation in 12 Interagency Task Teams and other partners' consultation meetings.

Strategies to achieve key result:

- Through regional offices strengthen the capacity of countries to use situation analysis, Common Country Assessments, UN Development Assistance Frameworks, Country Programme Documents and Mid-Term Review processes to improve the quality of vulnerability analysis;
- Mobilize partners to scale up interventions around increasing access to prevention information, skills and services;
- Advocacy and social mobilization for increased commitments, participation and action by adolescents, civil society (faith-based-organizations and others);
- Strategic and operational information provided to guide policy development programme planning and implementation;
- Capacity development to improve national capacity for teachers and other service providers;
- Technical guidance and tools on adolescent programming developed and disseminated;
- Strengthen UNICEF partnerships with other UN agencies on HIV prevention for injecting drug users in the prison and conflict settings;

Partners:

UNFPA, UNDP, WFP, WHO, UNESCO, UNODC, WB, ILO, Local NGOs, faith-based organizations and networks of people living with HIV and AIDS.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 4,950,000	US\$ 12,250,000	US\$ 5,250,000

Details on the use of the supplemental budget:

The supplemental funding, subject to its availability, will enable UNICEF to expand its coverage and increase measurable impact at country level. Under this key result, the supplemental funding will enable UNICEF to support HIV/AIDS programming for Especially Vulnerable Adolescents (EVA) in 20 additional countries:

- 2 countries in East Asia and the Pacific (EAPRO),
- 2 countries in South Asia (ROSA),
- 2 countries in Middle East and North Africa (MENA);
- 3 countries in Central and Eastern Europe, Commonwealth of Independent States and the Baltic States (CEE/CIS),
- 3 countries in West and Central Africa (WCARO),
- 4 countries in Eastern and Southern Africa (ESARO) and,
- 4 countries in the Americas and the Caribbean (TACRO).

HIV/AIDS programming for EVA in these countries is part of a broader HIV/AIDS strategy but will specifically focus on (1) an EVA situation analysis; (2) the development and implementation of an advocacy and policy plan reducing stigma and vulnerability of EVA; (3) enabling a protective environment with family and community interventions addressing vulnerability; (4) mass and interpersonal communication to raise awareness on risk vulnerability and change of social norms; (5) the development of relevant prevention skills for risk reduction and (6) increasing access to utilization of risk reduction services for EVA.

References:

- “Steady... Ready... Go!”, The Talloires consultation to review evidence for policies and programmes to achieve global goals on young people and HIV/AIDS;
- “Youth Speak Out: Defining Access for All”, Preliminary report findings from country consultations held with young people, prepared for the XV International AIDS Conference, Bangkok, 11-16 July 2004
- “Young People and HIV/AIDS: opportunity in crisis”, UNICEF, UNAIDS, WHO, July 2002

Key Result II on Children affected by HIV/AIDS

Increased percentage of children affected by HIV/AIDS receiving support and protection as a result of the implementation of national plans of action that have been facilitated through partner efforts.

Principal Results to which the key result is linked:

Children affected by HIV and AIDS (8), Partnerships (4), Resource mobilization, tracking and needs estimation (15).

Achievement indicator(s) for key result:

- Number of countries that have a plan under implementation based on a recent situation analysis of children affected by HIV/AIDS.
- Proportion of households with children affected by HIV/AIDS that receive free basic external support in caring for the children.

Deliverables:

- Children on the Brink 2006 developed and disseminated;
- At least 16 countries have undergone assessment and analysis on the situation of children affected by AIDS, and have a costed action plan under implementation;
- Global Campaign on children and AIDS under implementation to mobilise additional resources;
- UNICEF meets 14% Medium Term Strategic Plan target of funding allocation for programmes on children affected by AIDS;
- Each year, UNICEF convened a Global Partners Forum and at least one expanded Interagency Task Team (IATT) meeting. Reports and recommendations of the Global Partner Forum and expanded IATT meetings are available and disseminated;
- Evidence based programme guidance on children affected by AIDS;
- Reports of external audit of UNICEF supported interventions on children affected by AIDS and 3 country reports on the social sector reform in response to children affected by AIDS;

- Technical assistance provided to provide quality assurance of programming for children affected by AIDS in all seven regional offices.

Strategies to achieve key result:

- Convening an expanded IATT and Partners Forums on children affected by AIDS at global and regional levels;
- Data on global situation of children affected by AIDS generated and used to produce estimates and projections;
- Convene regional meetings on children affected by AIDS to build skills of country level partners to plan, budget and implement national programmes;
- Strengthen partnerships between social protection, child welfare, education, and other basic social service actors in AIDS;
- Generate lessons on programmatic effectiveness and use to develop policy and programme guidance;
- Strengthen capacity of countries to measure progress on children affected by AIDS programming both at national and community levels;
- Support countries in developing appropriate public policy and legislation on children and AIDS;
- Mobilization of additional resources for children affected by AIDS programmes through the Global Campaign and development instruments such as the Poverty Reduction Strategy Papers.

Partners:

UNAIDS Secretariat, WFP, WB, UNDP, UNESCO, DFID, Family Health International (FHI), bilateral donors, civil society organizations, USAID, Futures Group, Measure DHS, private foundations.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 7,920,000	US\$ 19,600,000	US\$ 8,400,000

Details on the use of the supplemental budget:

The supplemental funding, subject to its availability, will enable UNICEF to support Botswana, Angola, Eritrea, DR Congo, Madagascar, South Sudan, Burundi, and some West African countries to undergo assessments of the situation of children and AIDS and plan a response with the goal of implementing costed national action plans. Particular attention will be given to the budget clarification and development of monitoring and evaluation plans, to align with newly developed costing methods and models, and national AIDS monitoring and evaluation frameworks, such as the “*Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS*” UNAIDS/UNICEF (2005). Supplemental funding will also have a direct impact increasing the scaling up of interventions in priority regions.

References:

- The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, UNICEF, USAID, et al, July 2004
- Children in the Brink 2004, UNICEF, UNAIDS, USAID, July 2004
- Africa's Orphaned Generations, UNICEF, November 2003.

Key Result III on Care and support

Evidence based national plans on prevention of mother-to-child transmission of HIV (MTCT) plus and paediatric HIV/AIDS care implemented and monitored in support of scaling up treatment and accelerating prevention.

Principal Results to which the key result is linked:

Women and girls (7), Health-care systems for treatment of HIV and AIDS (10), Family and community-based care (11).

Achievement indicator for key result:

The number of countries in which at least 15% of those receiving treatment are children.

Deliverables:

- Global and regional partners forum meeting reports available and disseminated;
- Scaled up MTCT plus, HIV and infant feeding and initiation of paediatric care, support and treatment programmes for women and children in 34 countries that represent 91% of total burden of HIV in women;
- Paediatric HIV/AIDS Advisory expert group Memorandum of Understanding signed and under implementation;
- Global policy, working papers and guidelines including; monitoring and evaluation on MTCT plus, paediatric HIV/AIDS care, support and treatment developed;
- Technical guidance on HIV and nutrition developed and disseminated;
- HIV/AIDS supply management guidance notes developed;
- Information on sources, prices, regulatory aspects of HIV related products available;
- Strategic documents and training materials on paediatric care, including home-based care developed and disseminated;
- National training (paediatric care, supply MTCT Plus, supplies) organised;
- Annual reports on coverage and achievements of Caring for Us available.

Strategies to achieve key result:

- Provide programme leadership in MTCT plus and paediatric care, treatment and support by convening and coordinating a partnership forum at both global and regional levels;
- Ensure sustained programming excellence by institutionalizing continued learning of UNICEF staff and partners at all levels;
- Provide strategic information through a) timely documentation and dissemination of innovations around MTCT plus and paediatric care, treatment and support b) regular programme reviews c) convening regular expert consultations with partners;
- Modelling of approaches to scale on MTCT plus, HIV and infant feeding, and paediatric care, treatment and support;
- Policy, strategy and guidelines on MTCT plus and paediatric care, treatment and support;
- Supply management of ARV and related products including diagnostics;
- Workplace HIV and AIDS programme.

Partners:

WHO, UNAIDS Secretariat, World Bank, UNFPA, UNDP, ILO, WFP, Centers for Disease Control and Prevention (CDC), Family Health International (FHI), USAID, Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Columbia University, Academy for Educational Development, Clinton Foundation.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 6,930,000	US\$ 17,150,000	US\$ 7,350,000

Details on the use of the supplemental budget:

In the same 34 countries (South Africa, India, Kenya, Zimbabwe, Nigeria, Ethiopia, Tanzania, China, Zambia, DR Congo, Malawi, Cote d'Ivoire, Cameroon, Mozambique, Thailand, Uganda, Rwanda, Burkina Faso, Sudan, Burundi, Ghana, Haiti, Guinea, Lesotho, Botswana, Angola, Myanmar, Vietnam, Central African Republic, Indonesia, Ukraine, Russian Federation, Namibia, Swaziland), the supplemental funding will ensure strengthened program efficiency. This will happen through continued program evaluations, strategy reviews and increased budgeting for solving program bottlenecks towards achieving the 2010 UNGASS targets in the area of prevention of infection in children and increased access to care, support and treatment for pregnant women and children.

References:

- Report of the New York Consultation on Paediatric Care. UNICEF, 2004.
- Report of the Expanded PMTCT Inter-Agency Task Team. UNICEF, 2004
- UNICEF and the 3x5 initiative. UNICEF, 2004
- HIV and infant feeding: A compilation of programmatic evidence. UNICEF/USAID, 2004
- Sources and Prices of Selected Medicines and Diagnostics for People Living with HIV/AIDS. UNICEF/WHO/MSF, 2004.
- UNICEF PMTCT Scale Up Working Document. 2004
- Programme Recommendations for the Prevention of Mother-To-Child Transmission of HIV: A Practical Guide for Managers. UNICEF, 2003.
- Ensuring a Secure and Reliable Supply and distribution System in Developing Countries in the Context of HIV/AIDS and PMTCT: A checklist for developing a Supply Management Strategy, UNICEF, August 2003

WFP Key Results

Introduction

WFP is the UN's front-line agency in the fight against global hunger. WFP has played a leading role in raising awareness of, and effectively addressing on the ground, the role of food and nutrition in the response to AIDS, a link that became especially apparent during the food crisis in southern Africa in 2002. Hunger makes people living with HIV more prone to opportunistic infections, and may cause people to risk becoming infected by engaging in sex in exchange for necessities. One of the epidemic's most serious effects is the steady erosion of agricultural sectors in many hard-hit countries. PCB's endorsement of WFP as Cosponsor of UNAIDS is a formal acknowledgement that an effective response to AIDS requires intensive and sustained efforts to promote food security.

WFP's AIDS related activities are built into all of its programming categories, namely emergency, recovery and development. Its interventions concentrate on populations whose food security has been compromised by the pandemic, people living with HIV and their families, with a special attention for vulnerable children, orphans and women. Interventions address prevention (reducing HIV transmission); mitigation (reducing the impact of AIDS) and care (providing direct support to people living with HIV/AIDS and their families). WFP targets its HIV/AIDS assistance based on food insecurity indicators, and not solely on an individual's HIV status. In 2003, WFP fed 104 million people in 81 countries, including most of the world's refugees and internally displaced people.

WFP has identified the following three key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on Increased awareness on the role of food and nutrition in HIV/AIDS and Tuberculosis programmes, with a special focus on reaching children and vulnerable groups

A strong understanding at all levels of evidence based linkages between AIDS and food and nutrition security will contribute to greater political commitment, more comprehensive strategic planning, and effective programming. WFP aims to raise awareness in international and national public fora, among political actors and technical groups as well as among operational partners.

Principal Results to which the key result is linked:

Leadership and advocacy (3), Partnership (4), Programme addressing vulnerability to HIV (9).

Achievement indicators:

- Increased number of national strategic plans for HIV which include food and nutrition support components.
- Increase in the number of NGOs and International bodies that include food and nutrition support in their HIV/AIDS strategies and programmes.
- Increased operational research and number of pilot programmes on food and nutritional support for HIV affected populations.

Deliverables

- Concept papers and pilot projects with strategic partners (e.g. WHO, UNICEF, NGOs) to demonstrate the link between food insecurity and HIV/AIDS and tuberculosis.
- Consensus on best practices in food based programming.
- Food-supported programme interventions in the global level reporting and costing.
- Flagship publication on Hunger and Health.

Strategy to achieve key result:

- Follow and disseminate existing academic/scientific research and case studies linking food and nutrition in the management of HIV/AIDS and TB. Strengthen dialogue with UNAIDS partners to ensure that their messages include nutrition and food issues.
- Integrate food-supported programme interventions within the global level reporting and costing on the response to the AIDS.
- Joint operational research projects and pilot programmes in partnership with universities and research institutes to examine nutritional support as an integral part of care and treatment for people living with HIV/AIDS (PLWHA).
- Develop impact monitoring and analysis of food assistance to highlight the role that food-based safety nets can play in prevention, vulnerability reduction, mitigation, care and support, especially concerning children affected by HIV/AIDS and women.
- Use WFP's vulnerability analysis and mapping (VAM) in collaboration with other information systems for advocacy and treatment scale-up.

Partners:

UNAIDS Secretariat, WHO, UNICEF, other UNAIDS Cosponsors, NGOs, civil society and PLWHA organizations, IMEA, FANTA, International Food Policy Research Institute (IFPRI), Columbia University & Glaser Foundation.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,000,000	US\$ 165,000	US\$ 2,503,000

Details on the use of the supplemental budget:

The supplemental budget would be utilised for joint operational research projects and pilot programmes with universities and research institutes to examine the use of food as an incentive for treatment adherence and the inclusion of nutritional support as an integral part of care and treatment for PLWHA. Additionally it would be used for the development of impact monitoring and analysis of food assistance to highlight the role that food-based safety nets can play in prevention, vulnerability reduction, mitigation, care and support

References:

- The first line of defence. Why food and nutrition matter in the fight against HIV/AIDS. (2003)
- People living with AIDS – Food is their first line of defence (2004)
- HIV/AIDS & Children. Bringing hope to a generation. Food Aid to help educate orphans and other vulnerable children. (2003)
- Facts & Figures – HIV/AIDS & Nutrition. Food in the fight against AIDS. (2004)
- Programming in the Era of AIDS: WFP's response to HIV/AIDS (WFP/EB.1/2003/4-B)
- Update on WFP's Response to HIV/AIDS (WFP/EB.1/2004/4-E)

Key Result II on Increased resources for food and nutrition components in HIV/AIDS programmes.

WFP aims to leverage its present programmatic involvement in the fight against HIV/AIDS to mobilize increased funding for nutritional support as being one aspect of care and treatment, as well as for activities that mitigate the impact of the disease on food and nutrition security. This includes nutritional support linked to prevention of mother-to-child transmission of HIV infection (PMTCT), PMTCT Plus and antiretroviral programmes; food inputs as part of home-based care programmes; school feeding with a special focus on orphans and other vulnerable children and food for training for people infected or affected by AIDS. All activities will include an awareness and prevention education component.

Principal Results to which the key result is linked:

Resource mobilization, tracking and needs estimation (15), Human and technical resources (16).

Achievement indicators:

- Increased food based programs financed by the World Bank Multi-Country AIDS Programme (MAP), Global Fund to Fight AIDS (GFATM), Tuberculosis and Malaria, and PEPFAR in comparison to previous years.
- Increased WFP human and technical capacities devoted to food-based programming in the context of HIV/AIDS and TB, as well as government capacity and requests for nutritional support as part of their treatment scale-up.

Deliverables:

- Resource mobilization in support of nutrition and food programming as part of the national response.
- Adequate tools, guidelines and human and technical resources to increase capacities in the area of program design and implementation at the Regional and Country level.

Strategy to achieve key result:

- Advocate at the country level for nutritional support as an automatic component of the national HIV/AIDS and tuberculosis strategy for vulnerable groups especially children affected by HIV/AIDS.
- Reinforce understanding and commitment of food and nutrition issues in HIV related programs at the national and international level.
- Prepare WFP's traditional interlocutors for the new approach of expanding country contacts and working within country strategy.
- Work with regional banks and regional institutions such as Southern African Development Community (SADC), Economic Community of West African States (ECOWAS) and New Partnership for Africa (NEPAD) to involve them in designing pilot programmes; establish a 'country update/outreach' programme to regularly inform donor and countries on the efforts of WFP and others involved in food and nutrition programming with an HIV-focus.
- Increased funding for operational research on food and/or nutritional support for infected and affected people and poverty issues.
- Increase human resources devoted to food based programming for scaling up operational and technical capacities for HIV/AIDS and tuberculosis programme support.

Partners:

World Bank Multi-country AIDS Programme, Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, Southern African Development Community, Economic Community of West African States, New Partnership for Africa, national governments.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,000,000	US\$ 280,000	US\$ 3,959,000

Details on the use of the supplemental budget:

The proposed supplemental budget would enable WFP to expand operational research on food and or nutritional support for infected and affected and poverty issues and to increase human resources devoted to food based programming for scaling up operational and technical capabilities for HIV/AIDS and tuberculosis programme support.

References:

- The first line of defence. Why food and nutrition matter in the fight against HIV/AIDS, 2003.
- People living with AIDS – Food is their first line of defence, 2004.
- Update on WFP's Response to HIV/AIDS (WFP/EB.1/2004/4-E)

Key Result III on Increased food and nutrition oriented programming within global, regional and national responses to HIV/AIDS

Food and nutrition care and support programmes can provide an immense protective and mitigating safety net when they are well designed and implemented within the context of multi-sectoral response mechanisms. In this regard WFP aims to improve the programmatic capacities of its staff, international and local partners and government counterparts, as well as increasing programmatic coverage (scale-up).

Principal Results to which the key result is linked:

Programmes addressing vulnerability to HIV (9), Family and community-based care (11), AIDS in conflict- and disaster-affected regions (13).

Achievement indicators:

- Increased coverage of food-based programs.
- Mitigated impact of HIV/AIDS through food based safety nets and strategic linkages with prevention and treatment scale-up activities.
- Use of design manuals among practitioners.

Deliverables

- Increased technical assistance to increase and improve implementation and programme effectiveness.
- Publication of programme design and implementation manual and other documents.
- Dissemination of lessons learned and best practices on food-based programming in HIV environments.
- Establishment of common programming norms among practitioners.

Strategy to achieve key result:

- Provide technical assistance in integration of food and nutrition oriented programmes within national HIV/AIDS policy frameworks and action plans as well as in the establishment on national food based safety nets with a special focus on reaching children affected by HIV/AIDS and other vulnerable groups.
- Support for food and nutrition programming scale-up through:
 - Development of guidance materials including the setting of normative standards.
 - Reduce vulnerability through targeted prevention activities, such as HIV/AIDS in the work place and transport sector projects, and using school feeding and food for work activities as entry point into community sensitization.
 - Mitigate the impact of HIV/AIDS through nutrition and food-security based programming, including in emergency situations
 - In country technical support and training with national authorities and local NGOs to develop complementary programming activities, such as school feeding and HIV/AIDS education/sensitization.
 - Consolidation and exchange of best practices and lessons learned among national governments, food based programmes and international NGOs, including in emergency operations.
 - Establishment of appropriate outcome/impact monitoring systems.
- Build global partnership for comprehensive and complementary programme design and delivery.

Partners:

WHO, UNICEF, UNFPA, FAO, the UNAIDS Secretariat, World Vision and other NGO-partners, civil society and organizations of people living with HIV and AIDS, national governments.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,000,000	US\$ 655,000	US\$ 9,062,000

Details on the use of the supplemental budget:

The proposed supplemental budget would enable WFP to provide technical assistance in integration of food and nutrition oriented programmes within national HIV/AIDS policy frameworks and action plans as well as in the establishment on national food based safety nets with special focus on researching children affected by HIV/AIDS and other vulnerable groups. The supplement funding would also assist in country technical support and training with national authorities and local NGOs to develop complementary programming activities, such as school feeding and HIV/AIDS education/sensitization

References:

- The first line of defence. Why food and nutrition matter in the fight against HIV/AIDS (2003).
- People living with AIDS – Food is their first line of defence (2004).
- Getting started: WFP Support to the Prevention of Mother-to-Child Transmission of HIV and Related Programmes (October 2004).
- Getting Started: HIV/AIDS Education in School Feeding Programmes (May 2004).
- Widening the ‘Window of Hope’. Using Food Aid to improve access to education for orphans and other vulnerable children in Sub-Saharan Africa.

- Facts & Figures – HIV/AIDS Orphans & Vulnerable Children. Bringing hope to a generation.
- Facts & Figures – HIV/AIDS & Women. Reversing the trend.
- Facts & Figures – HIV/AIDS & Tuberculosis. Addressing co-infection.
- Facts & Figures – HIV/AIDS & Emergencies. Compounding Crisis.
- Facts & Figures – HIV/AIDS & School Feeding. Children at risk.
- Facts & Figures – HIV/AIDS & Food Security. Food in the fight against AIDS.
- Facts & Figures – HIV/AIDS & Nutrition. Food in the fight against AIDS.
- Programming in the Era of AIDS: WFP's response to HIV/AIDS (WFP/EB.1/2003/4-B).

UNDP Key Results

Introduction

An original UNAIDS Cosponsor, UNDP is the UN's development network. UNDP works on the ground in 166 countries to build national capacity and assist countries in addressing challenges to development. In countries, the UNDP Resident Representative often functions as the UN Resident Coordinator, helping promote strategic coherence and effectiveness of the entire UN system's country-level efforts.

UNDP has identified the following five key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I

Leadership and capacity of governments, civil society, development partners, communities, and individuals – including women, young people and people living with HIV and AIDS (PLWHA) - developed to respond effectively to the epidemic with increased commitments and partnerships/coordination.

Principal result to which the key result is linked:

Leadership and advocacy (3), HIV Prevention programmes (6), Family and community-based care (11).

Achievement indicators for key result

- Number of counties supported for multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generate breakthrough responses for reversing the course of the epidemic.
- Number of communities supported for development of individual and community responses to the epidemic that address attitudes and practices that influence the spread of the epidemic.

Deliverables

- Demonstrable commitment and actions (rights/gender-based) of national partners in responding to the epidemic.
- Enhanced and expanded strategic initiatives and coalition/networks with civil society organisations, private sector and other stakeholders that creatively respond to the epidemic (in partnership with ILO, WHO, civil society and private sector etc).
- Increased capacity and commitment of communities to take decisions and actions to respond to the epidemic, including prevention, care and support especially for women and girls.
- Increased visibility and importance of HIV/AIDS for achieving Millennium Development Goals.

Strategy to achieve key result:

- Develop capacity and leadership that promotes effective response based on participation, gender equality and human rights principles.
- Support leadership coalition and networks.
- Enhance community capacity by generating conversations and community decisions for action.

- Mobilise South-South collaboration networks for leadership and forums for exchange.
- Organise/assist multi-stakeholders events, national policy dialogues and high level seminars to promote creative ways to achieve the UNGASS Declaration of Commitment on HIV/AIDS and Millennium Development goals.

Partners:

UNAIDS Secretariat and other Cosponsors, civil society, Private sector

Budget for key result: (global & regional)

Core	Supplemental	Own Resources
US\$ 3,190,000	US\$ 3,910,000	US\$ 8,000,000

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable UNDP to scale up its response, broaden the partnership base, and increase coverage of countries and communities that benefit from support in the area of leadership and capacity development.

References

- UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-2007.
- Leadership Development Programme: Strategy Note and Implementation Guide.
- Community Capacity Enhancement: Strategy Note and Implementation Guide.

Key Result II

Implementation of HIV/AIDS responses as multi-sectoral and multi-level national, district and community actions that mainstream HIV/AIDS (including gender issues) into national development plans/budgets and instruments – Poverty Reduction Strategies and Poverty Reduction Strategy Papers, Medium-Term Expenditure Framework, Heavily Indebted Poor Countries initiative, etc - and into sector policies and programmes.

Principal result to which the key result is linked:

Country capacity - the “Three Ones” principles (5), National action to alleviate impact (12), Resource mobilization, tracking and needs estimation (15).

Achievement indicators for key result:

- Number of countries supported to generate a broad based, multi-sectoral and multi-level response, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and Ministries.
- Number of countries supported to develop capacity for sustainable access to antiretroviral therapy.

Deliverables:

- Increased capacity of a single national HIV/AIDS authority to manage HIV/AIDS response.
- Enhanced National HIV/AIDS strategic planning processes and its implementation.
- Implementation of sub-national, including district level, comprehensive and gender-based HIV/AIDS responses.

- Countries in humanitarian and post-conflict situations are supported in planning and re-planning.
- Policy or strategy in place to promote comprehensive HIV/AIDS care, support, and access to HIV/AIDS-related medicines, with special emphasis on vulnerable groups.
- Convene the inter-agency mechanism Governance and Development Planning to develop a joint UN system response.

Strategy to achieve key result:

- Develop capacity of National AIDS Councils as well as of national, sub-national and decentralized/local entities.
- Provide technical assistance for review/update/revision of the national strategic planning/budgeting processes and their implementation.
- Provide technical assistance for mainstreaming HIV/AIDS
- Develop capacity of ministries of Trade and Health to adopt enabling policy and legislation to sustainable access to antiretroviral treatment for PLWHA.
- Promote South-South exchange of best practices in development planning and application of trade-related aspects of intellectual property rights (TRIPS) for sustainable access to antiretroviral treatment.

Partners:

UNAIDS Secretariat, ILO, World Bank, UNESCO, WHO, WFP, UNHCR, UNICEF and other Cosponsors.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 3,190,000	US\$ 3,910,000	US\$ 8,000,000

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable UNDP to scale up its response, broaden the partnership base, and increase coverage of countries that benefit from: support to generate a broad based, multi-sectoral and multi-level response; and also support to develop capacity for sustainable access to antiretroviral treatment.

References:

- UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-2007.
- Global Project on Trade and Access to HIV/AIDS Drugs.
- National Development Planning and Implementation: Strategy Note and Guide.
- District Planning and Implementation: Strategy Note and Guide.

Key Result III

Stigma and discrimination reduced and rights of women, girls, and vulnerable groups better protected through advocacy, communication and legal reform.

Principal result to which the key result is linked:

Human rights (2), Women and girls (7), Programmes addressing vulnerability to HIV (9).

Achievement indicators for key result:

- Number of countries supported to: develop an enabling environment for achieving the Millennium Development and UNGASS goals that addresses human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic; and protect and promote the rights of people living with HIV and AIDS (PLWHA) and vulnerable groups.
- Number of countries supported to create advocacy and communications strategies that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination.

Deliverables

- Deeper understanding of the epidemic and its underlying issues among opinion leaders, decision makers and key actors.
- Better protection and promotion of rights of PLWHA, women, girls, and vulnerable groups by legal reform and formulation of anti-discrimination legislation, particularly as it relates to inheritance and property rights.
- Intensified and coordinated activities on cross border issues-mobility, trafficking etc.

Strategy to achieve key result:

- Develop and implement advocacy and communication strategies addressing underlying causes – stigma and discrimination, gender, and vulnerability; and legal reform and formulation and anti-discrimination legislation for PLWHA.
- Develop capacity of the arts, media, civil society, and private sector; and new or expanded partnerships with/among civil society, NGOs, PLWHA, faith-based organizations, business and philanthropic entities, and inter-governmental organizations for social change, policy development, legal reform, and advocacy/communications/actions addressing stigma and discrimination, gender, human rights, and protection of PLWHA, women, girls and vulnerable groups.
- Organise national stakeholder consultations to address legal reforms or formulation of legislation for support and protection of the rights of PLWHA, especially women.
- Promote/assist production of National and Regional Human Development Reports with HIV/AIDS focus as a tool for advocacy and generation of dialogue.
- Develop an enabling legal environment that promotes the rights of PLWHA and women, and generate breakthrough initiatives that address the disconnect between legislation and practice related to women and inheritance laws and property rights, in partnership with UNIFEM and the Global Coalition of Women (International Center for Research on Women, FAO).

Partners:

Civil society, NGOs, PLWHA groups, faith-based organizations, business and philanthropic entities, Inter-governmental organizations, UNIFEM, Global Coalition of Women, International Center for Research on Women, FAO, ILO, UNODC, other UNAIDS Cosponsors and the Secretariat.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,552,000	US\$ 3,130,000	US\$ 6,400,000

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable UNDP to scale up its response, broaden the partnership base, and increase coverage of countries that benefit from support in the areas of advocacy and communication, and also human rights.

References:

- UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-2007
- Breakthrough: UNDP's Response to HIV/AIDS, June 2004
- Arts and Media Transforming the Response to HIV/AIDS: Strategy Note and Implementation Guide

Key Result IV

Human and institutional capacity built for improved HIV/AIDS programmes in least developed and/or worst affected countries.

Principal result to which the key result is linked:

Health-care systems for treatment of HIV and AIDS (10), AIDS in conflict and disaster-affected regions (13), Human and technical resources (16).

Achievement indicators for key result:

- Number of countries supported to strengthen national capacity for development and implementation of initiatives financed by the GFATM.
- Number of countries supported to develop individual, institutional and societal capacities to effectively respond to the epidemic in crisis countries, high prevalence countries, small island states and countries with other special circumstances.

Deliverables:

- Increased capacity of countries in crisis to respond to the epidemic – especially in critical sectors (health, education and agriculture etc) – in partnership with WHO, UNESCO and WB), with a special focus on the UNDP Southern African Capacity Initiative (SACI) covering 9 countries in the sub region.
- Least developed and/or worst affected countries' capacity built and systems strengthened to manage funding from donors in 30 countries.
- Countries in special circumstances – least developed countries are supported intensively to accelerate their efforts to address HIV/AIDS and capacity to achieve MDGs.
- Special initiatives developed to address the epidemic in "new wave countries" including Nigeria, India and China.

Strategy to achieve key result:

- Accelerate human capacity development under SACI.
- Strengthen partnership with GFATM and UNAIDS to develop national capacity for implementation.
- Close collaboration with the UN for high-level support to countries in special circumstances, for example in least developed countries; and with UNESCO for small island states.

Partners:

The United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing Countries (UN-OHRLS), UNAIDS secretariat and other Cosponsors.

Budget for key result: (global & regional)

Core	Supplemental	Own Resources
US\$ 3,190,000	US\$ 3,910,000	US\$ 8,000,000

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable UNDP to scale up its response, broaden the partnership base, and increase coverage of countries that benefit from support in the area of human and institutional capacity development.

References:

- UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7
- “Southern Africa Capacity Initiative” (24th CCO paper)
- Generating Action: UNDP’s Response to HIV/AIDS in Sub-Saharan Africa.

Key Result V

The Resident Coordinator System supported to implement Country Cooperation Frameworks, UN Development Assistance Frameworks, UN Implementation Support Plans for country responses on HIV/AIDS and to strengthen partnership to enhance the principles of one national HIV/AIDS authority and one agreed national multisectoral HIV/AIDS action framework.

Principal result to which the key result is linked:

UN system Coordination (1), Partnerships (4), Resource mobilization, tracking and needs estimation (15).

Achievement indicator for key result :

Number of Resident Coordinator Systems and UN Country Teams supported for capacity development.

Deliverables

- Increased UN system’s commitment and capacity at country level for technical assistance and action on HIV/AIDS.
- Improved and coherent joint UN annual support actions for national HIV/AIDS response.
- Improved donor and stakeholder coordination while ensuring national ownership.
- UN Implementation Support Plans for country responses to HIV/AIDS developed in selected counties.

Strategy to achieve key result

- Develop capacity of Resident Coordinator Systems and UN Country Teams.
- Provide technical assistance to Resident Coordinator Systems and UN Country Teams in integration of HIV/AIDS into Common Country Assessments and UN

Development Assistance Framework and in formulation of Implementation Support Plans.

- Organise round table meetings for partnerships development and resource mobilisation in collaboration with government, donors and UN agencies.

Partners:

UN Country Teams, UNAIDS Secretariat and Cosponsors, other UN agencies.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 638,000	US\$ 780,000	US\$ 1,600,000

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable UNDP to increase coverage of countries where the Resident Coordinator system and UN Country Teams were supported to strengthen UN system response on HIV/AIDS at country level.

References:

- UNDP/UNFPA Executive Board (DP/2003/32): Second multi-year funding framework, 2004-7
- Breakthrough: UNDP's Response to HIV/AIDS, June 2004
- UNDP Development Viewpoints and Practice Notes.

UNFPA Key Results

Introduction

An original UNAIDS Cosponsor, UNFPA has made HIV prevention an institutional priority. As the world's largest international source of funding for population and reproductive health programmes, UNFPA positions its work within the context of strengthening linkages between sexual and reproductive health and AIDS focusing on three priority areas: HIV prevention in young people including through youth-adult partnerships; comprehensive condom programming for both male and female condoms; and HIV prevention in women and girls (executed through a dual role of preventing infection among women and girls and addressing the sexual and reproductive health needs and rights of HIV positive women and adolescent girls).

UNFPA has identified the following three key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on Young People

Youth-friendly policies and programmes established and/or enhanced that: (i) strengthen national HIV prevention efforts especially for youth in vulnerable situations; and (ii) empower young people to effectively participate in halting the epidemic.

Principal result(s) to which the key result is linked:

HIV Prevention Programmes (6), Partnerships (4), Programmes addressing vulnerability to HIV (9).

Achievement indicator(s) for key result:

- Improved national index¹ score on policies relating to young people and HIV/AIDS. Verification: Country assessment questionnaire;
- Increased national funds spent on HIV/AIDS programmes for young people. Verification: Financial resource flow survey;
- Increased young peoples' participation in HIV/AIDS policy, funding and programme decisions. Verification: National surveys.

Deliverables:

- In 10 countries: (i) advocacy initiatives involving youth advocates implemented to increase political and financial commitment; (ii) effective national coordination and capacity building strategies established for delivery of youth friendly HIV prevention programmes; (iii) costing, financial resource flow, quality and coverage data available in support of advocacy, programming and resource mobilisation;
- Evidence based guidance, approaches and tools developed to enhance HIV programming for young people;
- Technical assistance provided to UN Country Teams and national partners in support of HIV prevention programmes for young people;
- UN response to HIV/AIDS and young people effectively coordinated.

¹ The "National Index on Policy relating to Young people and HIV/AIDS" is a core indicator defined in the Guide to Monitoring National HIV/AIDS Prevention Programmes for Young People (2004)

Strategy to achieve key results:

- Analysis of national response (policy, financial allocations/expenditures, coverage, quality and cost-effectiveness) for young people in 10 countries;
- Strengthen global and regional UN and national level coordination for young people;
- Strengthen youth-adult partnerships for advocacy through capacity building of youth in policy advocacy, resource mobilisation and formative research;
- Build regional and national capacities to deliver scaled up HIV/AIDS programmes for young people appropriate to the epidemic's profile;
- Develop and provide evidence-based guidance and operational tools to UN Country Teams and national partners;
- Document and share good practices and lessons learnt through regional/sub-regional knowledge sharing mechanisms.

Partners:

Select Governments, UN Country Teams and UN Theme Groups on HIV/AIDS, national youth councils/networks, NGOs and civil society groups, Interagency Task Teams and Interagency Working Groups², regional and national training institutions.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 8,400,000	US\$ 12,000,000	US\$ 10,000,000

Details on the use of the supplemental budget:

The supplemental funding, subject to its availability, will have the greatest impact on the level of national and regional coverage of UNFPA work in 2006-2007. The higher level of supplemental funds will enable UNFPA to further catalyze and support action to strengthen the linkages between sexual and reproductive health and HIV/AIDS as outlined in the New York Call to Commitment. Under this key result, the supplemental resources will enable UNFPA to further strengthen regional and national capacities to deliver and measure coverage of scaled-up evidenced-based HIV/AIDS programmes for young people.

References:

- Making 1 Billion Count, State of the World Population Report, UNFPA, 2003
- Preventing HIV/AIDS Among Adolescents: Through Integrated Communication Programming, UNFPA, 2003
- At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions, UNAIDS IATT/YP, 2004.

Key Result II on Comprehensive Condom Programming

Increased implementation of comprehensive condom programming as a means to prevent HIV infection emphasizing:

- Promotion of dual protection;
- Female condom programming scale up;
- Increase access for young people to male and female condoms; and
- Commodity security in Humanitarian settings.

² IATT: Interagency Task Team on Young People consisting of members of the UNAIDS cosponsors and the UNAIDS Secretariat; IAWG: Interagency working groups on young people (usually regional and sub-regional based structures)

Principal result to which the key result is linked:

HIV prevention programmes (6), Women and girls (7), AIDS in conflict and disaster-affected regions (13).

Achievement indicators for key result:

- Number of service delivery points and national programmes addressing condoms and/or dual protection. Verification: Post programme surveys.
- Frequency of condoms stock outs in target countries including humanitarian settings. Verification: Country specific Reproductive Health Logistics Management and Information System (LMIS) data.

Deliverables:

Effective coordination of UN efforts in condom programming.

In 10 countries:

- Effective approaches to promote condoms for dual protection within family planning and other sexual and reproductive health settings.
- Strategic programming for female condoms established.
- Effective condom programming for young people.

Strategy to achieve key result:

- Promote dual protection³ build family planning and sexual and reproductive health service managers and health providers' capacity to increase condom use by target audience.
- Strategic planning for programming female condoms in selected countries including assessing consumer needs and service capabilities, community level advocacy, capacity building, donor and government mobilization to increase spending on condoms, and partnerships.
- Targeted condom programming for young people.
- Strengthened implementation of UNFPA Reproductive Health Commodity Security (RHCS) global strategy at the country level to provide necessary logistics and supplies.
- Provision of technical assistance to build local capacities and catalyse comprehensive condom programming.
- Strategic partnerships to secure supplies of male and female condoms in humanitarian settings.

Partners:

UN Country Teams, WHO, WFP, UNHCR, ILO, Global Coalition on Women and AIDS, Global Youth Partners, Global Youth Advocates, Population Council, National Family Planning Associations, Female Health Company, Program for Appropriate Technology in Health (PATH), Futures Group, Population Services International, DKT, local partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 4,400,000	US\$ 20,000,000	US\$ 9,000,000

Details on the use of the supplemental budget:

The supplemental funding, subject to its availability, will have the greatest impact on the level of national and regional coverage of UNFPA work in 2006-2007. The higher level

³ Condom use for simultaneous disease prevention and unintended pregnancy

of supplemental funds will enable UNFPA to further catalyze and support action to strengthen the linkages between sexual and reproductive health and HIV/AIDS as outlined in the New York Call to Commitment. For this key result, the supplemental funds will facilitate accelerated action in support of and in partnership with the Global Coalition on Women and AIDS, voluntary counselling and testing (VCT) and prevention of infections among young women and adolescent girls; technical support for implementation of the framework on services to meet the SRH needs of HIV positive women.

References:

- Comprehensive Condom Programming (UNFPA/PATH)
- Rapid Needs Assessment tool for condom programming (UNFPA/Population Council)
- Condom Programming Guidelines for 1) Programme Managers and 2) Providers (UNFPA/PATH)
- Country Commodities Manager (UNFPA)
- UNFPA/WHO/UNAIDS Statement on Condoms (2004)

Key Result III on Women, Girls and HIV/AIDS

Intensified country action through policies and programmes to address women, girls and AIDS with emphasis on:

- Linking HIV/AIDS and sexual and reproductive health (SRH);
- HIV prevention for young women and girls; and
- SHR needs and rights of HIV positive women and adolescent girls.

Principal result to which the key result is linked:

HIV Prevention programmes (6), Women and girls (7), Health-care systems for treatment of HIV and AIDS (10).

Achievement indicators :

- Proportion of service delivery points offering integrated HIV/AIDS and SRH information and services. Verification: Site-specific data collection.
- Number of countries adopting specific programmes and protocols to address the SRH needs of HIV positive women and adolescent girls. Verification: Identification of countries with protocols and programmes to address the SRH needs of HIV positive women and adolescent girls.

Deliverables

- Functioning partnerships on HIV prevention in young women and girls, especially through active engagement in the Global Coalition on Women and AIDS.

In 10 countries:

- Implementation of effective approaches to better meet the SRH needs of HIV positive women and adolescent girls.
- Demonstrated examples of effective integration of HIV/AIDS and SRH programmes.

Strategy to achieve key result

- Facilitate country level collaboration to implement effective approaches linking SRH and HIV/AIDS services and information.

- Building partnerships with women's groups and networks of people living with HIV/AIDS to increase advocacy on HIV prevention in young women and girls.
- Scale up effective approaches for meeting the SRH needs of HIV positive women and adolescent girls based on 2005 operational framework.
- In cooperation with WHO and other partners, train public and private sector health providers on STI prevention and counselling, diagnosis and treatment for women and their partners.
- Support research on the relationship between gender-based violence and STI/HIV/AIDS and appropriate interventions.
- Provision of technical assistance and tools to build local capacities and catalyse programming to address women and AIDS.

Partners:

Global Coalition on Women and AIDS, ICW, IPPF, WHO, WB, UNICEF, UNHCR, WFP, UNAIDS Secretariat, FHI, Young Positive, EngenderHealth, Gates Foundation, Local NGOs, CBOs and networks of people living with HIV and AIDS, National Family Planning Associations, Population Council.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 4,400,000	US\$ 6,000,000	US\$ 7,000,000

Details on the use of the supplemental budget:

The supplemental funding, subject to its availability, will have the greatest impact on the level of national and regional coverage of UNFPA work in 2006-2007. The higher level of supplemental funds will enable UNFPA to further catalyze and support action to strengthen the linkages between sexual and reproductive health and HIV/AIDS as outlined in the New York Call to Commitment. For this key result, the supplemental funds will facilitate accelerated action in support of and in partnership with the Global Coalition on Women and AIDS, VCT and prevention of infections among young women and adolescent girls; technical support for implementation of the framework on services to meet the SRH needs of HIV positive women.

References:

- Women and AIDS: Confronting the Crisis (UNFPA/UNAIDS/GCWA)
- Integrating HIV Voluntary Counselling and Testing Services into Reproductive Health Settings: *Stepwise Guidelines for Programme Planners, Managers and Service Providers* (UNFPA/IPPF)
- HIV Prevention in Maternal Health Services, Training and Programming Manual (UNFPA/EngenderHealth)
- High-level collaborative documents: New York Call to Commitment; Glion Call to Action.
- Module on SRH for HIV positive women, WHO/UNFPA, publication due 2005
- Operational framework and health provider tools on meeting the SRH needs of HIV positive women and adolescent girls, WHO/UNFPA, publication due 2005.

UNODC Key Results

Introduction

The United Nations *Office on Drugs and Crime* implements the drug and crime programmes of the United Nations Secretariat in an integrated manner, addressing drug control, crime prevention and terrorism prevention in the context of sustainable development and human security. A UNAIDS Cosponsor since 1999, has been assisting governments and non-governmental organizations to develop and implement comprehensive HIV/AIDS prevention and care for drug users. With the integration of the Office's crime and drugs programmes, UNODC also has begun to assist governments with developing and implementing HIV/AIDS prevention and care programmes in prison settings, which include prisons, pre-trial detention centres and closed institutions for juveniles in conflict with the law.

UNODC has begun strengthening the capacity of governments and non-governmental organizations to protect those who have been trafficked in order to avert or reduce negative health and social consequences, particularly HIV infection. Headquartered in Vienna, UNODC operates 12 regional offices and ten country offices.

UNODC has identified the following three key results to be achieved in the framework of the UBW 2006-2007.

Key Result I on HIV/AIDS prevention and care among injecting drug users

Increase and improve service coverage of HIV/AIDS prevention and care for injecting drug users (the comprehensive package⁴) in countries where the use of contaminated injection equipment among them is a major or potentially major route of HIV transmission⁵.

Principal result to which the key result is linked:

HIV Prevention programmes (6) and Programmes addressing vulnerability to HIV (9).

⁴ HIV/AIDS prevention and care programmes for injecting drug users typically include a wide variety of measures (the "package" approach), ranging from drug dependence treatment, including drug substitution treatment, outreach providing injecting drug users with information on risk reduction and referral to services, clean needles and syringes, and condoms, voluntary counselling and testing, treatment of sexually transmitted infections, antiretroviral therapy, and interventions for especially at-risk populations such as prisoners and sex workers who inject drugs. Such a comprehensive package of measures also usually includes treatment instead of punishment for persons convicted of minor offences, since drug treatment not only constitutes a humane, cost-effective alternative, but also incarceration usually increases the risk of HIV transmission

⁵ Such countries include:

Eastern Europe and Central Asia: Belarus, Estonia, Latvia, Lithuania, Kazakhstan, Kyrgyzstan, Uzbekistan, Moldova, Russia, Tajikistan, and Ukraine, South and South East Asia: China, India, Indonesia, Malaysia, Myanmar, Pakistan, Thailand, and Viet Nam; Latin America: Argentina, Brazil, Mexico, Paraguay, Uruguay; North Africa and Middle East: Bahrain, Kuwait, and Libya

Achievement indicators for key result:

The overarching achievement indicator is the increase in coverage of HIV/AIDS prevention and care services for injecting drug users to at least 35 per cent of such users in countries where the use of contaminated injection equipment is a major or potentially major route of HIV transmission. To arrive at this, the specific objectives need to be achieved and related progress monitored against the following two indicators:

- Favourable policies and legal environment enabling the implementation of the comprehensive package are in place in at least 15 key countries;
- Sufficient capacity at programmatic level to implement effective HIV/AIDS programmes at country levels in at least 15 key countries.

Deliverables:

- Policy and legal reviews in at least 15 key countries;
- Tools and guidelines for development and implementation of the comprehensive package;
- Assessment, monitoring and evaluation mechanisms in at least 15 key countries;
- Good practice case studies on how to increase coverage with services for injecting drug users;
- Large-scale prevention and care programmes, which include antiretroviral treatment, covering at least 35 per cent of injecting drug users in 15 key countries.

Strategy to achieve key result:

- Significantly strengthen UNODC human resource capacity related to HIV/AIDS programming for injecting drug use at global, regional and country levels,
- Establishment of multi-sector technical working groups to support governmental and civil society initiatives for HIV/AIDS prevention and care among injecting drug users. The technical working groups will be tasked:
 - To carry out rapid situation assessments,
 - To assist in the development and implementation of interventions, taking into account the specific national circumstances and available funding opportunities, such as grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), World Bank and other multi- and bilateral donors.
- Support to national authorities in developing legislation, policies, and standards of HIV/AIDS prevention and care that enable the implementation of effective services for drug users;
- Implementation of a comprehensive package of interventions, covering at least 35 per cent of all injecting drug users in the 15 key countries.

Partners:

WHO, UNICEF, World Bank, civil society organisations and harm reduction networks.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 5,000,000	US\$ 7,000,000	US\$ 4,500,000

Details on the use of the supplemental budget:

The supplemental budget will mainly be used for regional capacity building activities, exchange of experience and developing best practice documentations in local languages.

References:

HIV/AIDS: Injecting drug use, prison-like settings and trafficking in persons. A concept paper for UNODC.

Key Result II on HIV/AIDS prevention and care in prison settings

Develop a global agreed strategy on HIV/AIDS prevention and care in prison settings and establish national HIV/AIDS prevention and care programmes in prison setting of selected countries. Ten specific countries will be selected on the basis of HIV/AIDS rates in prison settings.

Principal result to which the key result is linked:

HIV Prevention programmes (6), Programmes addressing vulnerability to HIV (9).

Achievement indicators for key result:

- An agreed national strategy for HIV/AIDS in prison settings in each of the ten selected countries in place.
- A comprehensive national programme for the prevention and care of HIV/AIDS in prison settings in the ten selected countries under implementation.

Deliverables:

- Ten national strategies on HIV/AIDS prevention and care in prison settings;
- Ten national programmes on HIV/AIDS prevention and care in prison settings under implementation;
- Data on effectiveness of interventions for HIV/AIDS prevention in prison settings;
- UN and civil society partners mobilised;
- Global strategy on HIV/AIDS prevention and care in prison settings and regional adaptations;
- Toolkits, manuals and training materials for HIV/AIDS prevention and care in prison settings;
- Good practice case studies;
- Global epidemiological overview on HIV/AIDS in prison settings.

Strategy to achieve key result:

- Strengthen UNODC human resource capacity related to HIV/AIDS programming in prison settings at global and regional levels;
- Convene global partners meeting to develop global strategy and regional meeting for regional adaptations;
- Establish national multi-sector technical working groups to develop national strategies and programmes on HIV/AIDS prevention in prison settings of selected countries;
- National awareness raising, advocacy and assessment;
- National capacity building: Training of prison personnel and judges;
- Resource mobilisation through inclusion of HIV/AIDS prevention and care in prison settings in Global Fund proposals and mobilising other multi- and bilateral donors.

Partners:

WHO, UNICEF, UNESCO, ILO, World Bank, civil society organisations and harm reduction networks.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,000,000	US\$ 5,000,000	US\$ 2,500,000

Details on the use of the supplemental budget:

The supplemental budget will mainly be used for capacity building activities, exchange of experience and developing best practice documentations in local languages. In addition, supplemental funds will be used for advocacy purposes.

References:

- HIV/AIDS: Injecting drug use, prison-like settings and trafficking in persons. A concept paper for UNODC;
- Declaration on the Guiding Principles of Drug Demand Reduction, the ACC United Nations System Position Paper on preventing the transmission of HIV among drug abusers;
- UNGASS Declaration of Commitment on HIV/AIDS,
- Resolutions of the Commission on Narcotic Drugs, and Commission on Crime Prevention and Criminal Justice, and
- various interagency position papers and policy briefs related to HIV/AIDS prevention and care.

Key Result III on Trafficking in persons: HIV/AIDS prevention and care

Provide actual and potential victims of trafficking in persons, particularly women and girls, with comprehensive, gender sensitive HIV/AIDS prevention and care in selected countries of origin and destination.

Principal result to which the key result is linked:

HIV Prevention programmes (6), Women and girls (7) and Programmes addressing vulnerability to HIV (9).

Achievement indicators for key result:

- Anti-trafficking programmes that include HIV/AIDS prevention and care as a major component in place in at least 12 countries (countries of origin or of destination).
- In at least 12 origin or destination countries, responsible government agencies and civil society organisations have been trained in addressing HIV/AIDS prevention and care for victims of trafficking in persons.
- In at least 12 origin or destination countries, components of HIV/AIDS prevention and care for victims of trafficking in persons are included in national AIDS strategies.

Deliverables:

- UN and non-UN stakeholders mobilised and a regular consultation mechanism established to address HIV/AIDS prevention and care for victims of trafficking in persons, particularly women and girls, at the global level;
- Global strategy with regional adaptations for addressing HIV/AIDS as it relates to the trafficking in persons, particularly women and girls, developed and agreed;
- Gender-sensitive Toolkits, manuals and training materials for HIV/AIDS prevention and care for victims of trafficking in persons developed;

- Large-scale awareness campaigns on the nature and extent of trafficking in persons and the related HIV/AIDS risks, particularly on the vulnerability of women and girls, as well as strengthening counter-trafficking legislation and its enforcement in at least 12 origin or destination countries;
- Detailed HIV/AIDS epidemiological information and maps on routes for trafficking in persons available;
- Data on effectiveness of interventions for HIV/AIDS prevention and care for victims in trafficking in persons;
- Good practice case studies.

Strategy to achieve key result:

- Strengthen UNODC human resource capacity related to HIV/AIDS programming in the area of anti-human trafficking;
- Convene global partners meeting to develop a global, gender-sensitive strategy and regional adaptations on HIV/AIDS prevention and care for victims of trafficking in persons;
- Mobilise in-country partners and stakeholders (government agencies, civil society organisations, UN partners) for awareness raising, advocacy programme development and implementation;
- National awareness raising, advocacy and assessment;
- National capacity building.
- Resource mobilisation through inclusion of HIV/AIDS prevention and care for victims of trafficking in persons in Global Fund proposals and mobilising other multi- and bilateral donors;
- Establish and strengthen mechanisms for origin-destination country collaboration.

Partners:

UNHCR, UNICEF, UNFPA, UNDP, WHO, ILO, UNESCO, UNAIDS Secretariat, OHCHR, UN Division for the Advancement of Women (UNDAW), United Nations Interregional Crime and Justice Research Institute (UNICRI), UNIFEM, IOM, government agencies, civil society organisations.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,500,000	US\$ 4,000,000	US\$ 2,000,000

Details on the use of the supplemental budget:

The supplemental budget will mainly be used for improving inter-country and inter-regional cooperation and for advocacy purposes.

References:

HIV/AIDS: Injecting drug use, prison-like settings and trafficking in persons. A concept paper for UNODC.

ILO Key Results

Introduction

The UN agency with special responsibility for the world of work, ILO promotes social justice and internationally recognized human and labour rights. Working with its tripartite constituents (government, business and labour), ILO formulates international labour standards and provides technical assistance in areas related to its mission.

With an estimated 26 million workers worldwide living with HIV, ILO's cosponsorship of UNAIDS reflects recognition of the important role of the workplace in the response to the epidemic. The ILO *Code of Practice on HIV/AIDS and the World of Work* is the internationally accepted workplace guideline on HIV/AIDS.

The ILO strategic objective include strengthening the capacity of ILO's tripartite constituents and other stakeholders at national and regional levels to develop and implement workplace policies and programmes to prevent the spread of HIV/AIDS and protect the rights of affected workers and mitigate the impact of the epidemic on workers and their families. The UBW will support ILO's work within its mandate and increase its capacity at global and regional levels.

Based on the review of the HIV/AIDS situation in the regions and taking into account the outcomes of the regional consultation, the ILO has identified the following five key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on Increased capacity of ILO's tripartite constituents and other relevant stakeholders to implement workplace policies and programmes, mobilize resource locally and take action in the world of work in support of national efforts to reduce the spread and impact of the epidemic.

ILO/AIDS will provide technical support to strengthen the capacity of its tripartite constituents and other relevant stakeholders at country level to develop and implement workplace policies and programmes at country level. The extended ILO's infrastructure at both global and regional levels will support and monitor the report on the implementation of the ILO code of practice and mainstreaming HIV/AIDS in all ILO's main programmes and projects.

Principal results to which the key result is linked:

Country capacity – the “Three Ones” principles (5); National action to alleviate impact (12), Resource mobilization, tracking and needs estimation (15).

Achievement indicators for key result:

- Member States that have incorporated world of work components into their national action plans;

- Country provided with technical support in the development and the implementation of comprehensive workplace policies and programmes at national and enterprise levels;
- Country Coordination Mechanisms (CCMs) with business (public and private) and labour representatives;
- Countries with funded proposals and project on workplace issues.

Deliverables:

- Ministries' of Labour, employers/business organizations and workers organization and other stakeholders empowered to implement workplace programmes;
- Workplace HIV/AIDS activities reflected in Government, private sector and regional bodies' strategic plans;
- Increase number of CCM which include business and labour representatives;
- Operational HIV/AIDS workplace programmes at country level.

Strategies to achieve key result:

- Capacity enhancement of employers and workers, especially those in the informal economy, to contribute to the national response against HIV/AIDS in collaboration with Academic Institutions and bilaterals;
- Provision of technical assistance to access global finance (Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, the World Bank Multi-country AIDS Programm) proposal d to leverage resources at country;
- Promotion of the role and the participation of employers and workers in Country Coordination Mechanisms;
- Advocacy and support to the integration of the world of work component into national strategic (in support to the "Three Ones" principles) and development plans;
- Strengthening of ILO's technical institutional capacities to support ILO sub-regional offices;
- Integration of HIV/AIDS in other ILO projects and programmes in collaboration with ILO interdepartmental task force.

Partners:

ILO interdepartmental task force, tripartite structure of governments, workers' and employers' organizations, UNDP, World Bank, academic institutions and bilateral agencies.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,000,000	US\$ 5,000,000	US\$ 2,000,000

Details on the use of the supplemental budget:

Supplemental funding will allow ILO to increase its technical support to sustain and strengthen ongoing workplace projects. ILO will extend its institutional capacity and infrastructure at regional and country level in order to provide technical support to its constituents and other stakeholders at country level to develop and implement workplace policies and programmes and mainstreaming HIV/AIDS in all ILO's main programmes and projects. The extended ILO's infrastructure at both regional and country levels will support and monitor the report on the implementation of the ILO code of practice and the integration of HIV/AIDS issues into key ILO's programmes and projects.

References:

- The ILO's programme and budget proposal 2004-2005
- HIV/AIDS and the decent work agenda: Responding to the need (GB paper/Nov 2003)
- Summary on ILO, UN System Strategic Plan on HIV/AIDS, 2001-2005.

Key Result II on Scaling up the implementation of comprehensive HIV/AIDS workplace policies and programmes integrating prevention, care and the protection of rights, in the framework of the ILO code of practice at national, sectoral and enterprise levels, with particular reference to vulnerable groups.

As the workplace is a community of adults and often a social base, it is the ideal setting for a range of prevention efforts, including information on education for behavioural change and practical measures, such as condom distribution. To ensure that vulnerable groups, especially migrant workers, youth, women, operators in the informal sector, are not excluded; it is necessary to review and harmonize labour legislation for access to socio-economic security, education and health care services for all.

Principal results to which the key result is linked:

Human Rights (2), HIV Prevention programmes (6); Programmes addressing vulnerability to HIV(9).

Achievement indicators for key result:

- Workplace with education programmes for HIV/AIDS behavioural change.
- Countries with ethical and human rights oriented legal framework, based on relevant ILO standards to fight stigma and discrimination in the workplace.
- Enterprises, public and private sectors with workplace policies which ensure equal rights in employment and services for vulnerable groups.
- Operational measure to reduce stigma and discrimination at the workplace.

Deliverables:

- Government's Adoption of Reformed labour legislation to prevent stigma and discrimination;
- Operationalisation of policies and strategies for the elimination of child labour;
- Harmonized and strengthened legislation for the social protection of vulnerable workers;
- Workplace HIV/AIDS activities reflected in Government strategic plans for key economic sectors;
- Coordination of the UN response to HIV/AIDS at the workplace through the UNAIDS Interagency Task Team;
- Country report on the implementation of the ILO Code of Practice.

Strategies to achieve key result:

- Promotion of non-discrimination and gender sensitive programme in the world of work;
- Advocacy and promotion of policies to ensure equal rights in employments and services, social protection for vulnerable workers (migrants, youth, women);
- Management of the crisis of orphans through combined efforts to maintain the health of parents, the incomes of families and the prevention of new HIV infections;
- Advocacy and promotion of policies to ensure the elimination of child labour;

- Capacity development for judges, labour inspectors, human resource managers and UN HIV/AIDS focal points;
- Technical support and advisory services to Governments to revise labour legislation and implement the core labour standards.

Partners:

UNIFEM, IOM, UNICEF, UNHCR, UNFPA; UNAIDS Human Resources Task Force (HRTF), Network of HIV/AIDS and the workplace focal points.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 3,000,000	US\$ 5,000,000	US\$ 5,000,000

Details on the use of the supplemental budget:

Additional funding are needed to scale up the implementation of comprehensive HIV/AIDS workplace policies and programmes which integrate prevention, care and the protection of rights, in the framework of the ILO code of practice. ILO will extend the geographical coverage by adding more countries in all five regions as follow:

- **Asia:** South Asia: Sri Lanka, Iran/ East Asia: Thailand, Vietnam/ Southeast Asia and the Pacific: South Pacific
- **Africa:** Countries in post Conflict situation (Sierra Leone, DRC) , Chad, Niger, Mali, Madagascar and Mauritius
- **MENA:** Egypt, Jordan, Morocco
- **LAC:** Paraguay, Peru, Honduras, Haiti
- **EE/CA:** The Baltic States

ILO will also extending the world of work response to HIV and AIDS to the informal economy and small and medium enterprises.

References:

- Technical cooperation: A means to implement the ILO code of Practice on HIV/AIDS and the world of work
- Social dialogue processes for promotion of the ILO code of practice on HIV/AIDS and the world of work – (Katherine Hagen)
- ILO/AIDS Newsletter 2004 (Issues 3-4)

Key Result III on Enhanced capacity of occupational health services and increased public-private partnership including community outreach programmes to extend access to social protection, treatment, care and support.

The workplace is an ideal entry point for voluntary, confidential, counselling and testing and access to care, support and treatment. ILO is committed to improve access to social protection and identify opportunities to foster public-private partnerships to extend access to treatment care and support at the workplace including community outreach programme. Co-investment will be promoted as a central mechanism for establishing public-private partnerships at country level.

Principal results to which the key result is linked:

Partnerships (4); Health-care systems for treatment of HIV and AIDS (10) and Family- and community-based care (11).

Achievement indicators for key result:

- Collective agreement and health insurance at enterprise level that include access to HIV prevention, care and support services.
- Operational occupational health and safety services and committees.
- Country which has developed a public-private partnership framework to respond to HIV/AIDS in The world of work.

Deliverables:

- Social protection and insurance schemes available for all workplaces;
- Technical report on the review of the insurance policy and schemes.
- Increased number of the public and private sectors involved in the national response against HIV/AIDS;
- Strategic frameworks for collaboration with regional institutions (African Union, Southern African Development Community, the Economic Community Of West African States, the Economic and Monetary Community of Central African States), in place;
- Existence of Social security and workers educational programmes;

Strategies to achieve key result:

- Advocacy and technical support to national governments to implement social protection plans at the workplace;
- Strengthening the use of social cooperatives for HIV/AIDS care and support;
- Promotion of social dialogue within public and private sector to strengthen public and private partnership;
- HIV/AIDS treatment education of workers;
- Capacity enhancement of occupational health and safety services in provision of HIV/AIDS care and support;
- Advocacy to corporate associations and private sectors at national and sub- regional level for adoption and sustenance of HIV/AIDS workplace prevention and care policies;
- Promotion of Co-investment as a mechanism for establishing public-private partnerships at country level.

Partners:

Workplace/Enterprise occupational health and safety committees, tripartite structure of governments, workers' and employers' organizations, World Bank, UNESCO, WHO and UNDP.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,000,000	US\$ 2,000,000	US\$ 1,500,000

Details on the use of the supplemental budget:

The recognition that HIV/AIDS is a corporate responsibility is driving companies to engage in supporting national response. With additional resources, ILO will build new partnerships and engage with corporate social responsibility actors in order to extend the interventions beyond the workplace to the community through public-private partnerships

at national and regional levels. These could include projects on social security, occupational health and safety management systems and social dialogue. ILO will also mobilize public and private health care providers through workers' and employers' organizations and will strengthen advocacy and capacity building for workplace-based prevention, non-discrimination, care and support programmes.

References:

- The future of health care financing in Botswana (proposal, 2004)
- Expanding access to HIV/AIDS treatment, care and support through occupational health services (issue paper, 2004)
- Co-investment: a central mechanism for establishing public-private partnerships at country level (ILO-GFATM, 2004)

Key Result IV on Methods and guidance for monitoring and assessing the implementation and the impact of workplace programmes in the private sector (formal and informal) and the public sector.

In order to improve the understanding of the impact of HIV/AIDS on the world of work will require support, advocacy, and provision of a sound basis for planning operational activities at all levels. Strategic information is needed in the following areas: Implications of HIV/AIDS labour market and employment HIV/AIDS; poverty and development; legal and policy frameworks for national strategic planning and workplace programmes; gender dimensions; statistical requirements for measuring and monitoring the impacts of HIV/AIDS in the world of work; development of guideline for the implementation of HIV/AIDS programmes for small and medium enterprises and for the informal economy.

Principal result to which the key result is linked:

Leadership and advocacy (3), Strategic information, research and reporting (14).

Achievement indicators for key result:

- Tools to monitor the impact of implementation of HIV/AIDS workplace policies and programmes;
- Knowledge and understanding of the economic, labour force and social consequences of HIV/AIDS and the response;
- Ministries' of labour and other sectors monitoring implementation of workplace policies and programmes.

Deliverables:

- Strategic information on the impact of HIV/AIDS on employments and labour market efficiency
- Technical report on skill base, future needs and quality of education and training systems for policy priorities;
- Harmonized set of indicators and guidelines to monitor the implementation of HIV/AIDS workplace policies and programmes;
- Documentation and sharing of Best Practices.

Strategy to achieve key result:

- Policy oriented research on the impact of HIV/AIDS in key economic sectors and labour market in collaboration with the World Bank;

- Identification of Best practices in workplace initiatives to fight HIV/AIDS;
- Assessing and mapping of micro and small businesses and the informal economy HIV/AIDS activities and responses.

Partners:

UNAIDS Secretariat and all Cosponsors

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,000,000	US\$ 1,500,000	US\$ 1,000,000

Details on the use of the supplemental budget:

The understanding of the impact of HIV/AIDS on the world of work will require support, advocacy, and provision of a sound basis for planning operational activities at all levels. Supplemental resources will allow ILO to facilitate dialogue on current needs at national, regional and global levels, in order to develop common guidelines for companies to evaluate and report on management systems and workplace policies including guidelines for small and medium enterprises and for the informal economy for the implementation of HIV/AIDS programmes.

References:

- Guideline for Employers and workers (ILO, 2004)
- Indicators to monitor the implementation of workplace policies and programmes in the UN workplace (IATT, 2004)
- The impact of HIV/AIDS on socio-economic development in Africa (Working document for the AU Labour and Social Affairs Commission, April 2004)
- HIV/AIDS and work: Global estimates, impact and response (June 2004)

Key Result V on Mechanisms to strengthen human capacity management and development

The loss of skilled workers and managers today threatens the capacity of nations to deliver essential goods and services tomorrow. HIV/AIDS threatens future generations as children are orphaned or forced to leave school to care for family members or provide income. Without planning to protect or manage human resources and maintain training capacity, HIV/AIDS threatens sustainable development. This is an important area where the ILO could contribute and make a difference by assessing human capacity development options, and strengthening human capacity development programs.

Principal results to which the key results is linked:

National action to alleviate impact (12), Human and technical resources (16)

Achievement indicators for key result:

- Guidelines for human capacity development and management in specific sectors;
- Operational plan for national authorities to assess impact and maintenance of productive capacity;
- Countries implementing innovative and long term strategies for capacity development.

Deliverables:

- Reformed human resource policies;
- Key services and outputs maintained and access is ensured for all those in need;
- Regional technical assistance network developed.

Strategies to achieve key result:

- Development of innovative strategies and plans to address the erosion of national capacity to deliver social services in collaboration UNDP, ECA and regional bodies;
- Assessment of new ways to maintain and reinforce existing human resource capacity;
- Revision/adaptation of sectoral human resource policies and programmes to reflect sustainable development:
 - Education system: tasks for formal education;
 - Health sector: realignment of health training that matches a new set of health objectives;
 - Rural development and food production: social learning and passing of skills and knowledge to maintain productivity;
 - Informal economy.

Partners:

UNDP, World Bank, UNESCO, FAO, WFP, WHO, Economic Commission for Africa, academic institutions.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,500,000	US\$ 5,000,000	US\$ 2,000,000

Details on the use of the supplemental budget:

This is an important area where the ILO could make a difference by assessing and strengthening human capacity development options, and programs. Additional resources are needed to review and adapt human resource policies and programme to reflect sustainable development in the following sectors: education system, health sector, rural development and food production: and informal economy.

References:

- HIV/AIDS and work: Global estimates, impact and response (June 2004)
- Issue paper for African Union Extraordinary Summit of Heads of State and Government on Employment and Poverty Alleviation in Africa (September 2004)
- HIV/AIDS and human resource capacity: Challenges in Southern and Eastern Africa (CCO paper)
- Working out Poverty (The ILO Director-General's report, 2003)

UNESCO Key Results

Introduction

Founded in 1945, UNESCO functions as a laboratory of ideas and a standard-setter in its areas of responsibility. An original UNAIDS Cosponsor, UNESCO focuses on the role of education in preventing HIV transmission and on efforts to mitigate the epidemic's impact on education sectors. UNESCO is the convening agency for the UN's inter-agency collaborative work on HIV/AIDS and education.

In 2006-2007, UNESCO will aim to achieve the following four key results.

Key Result 1

Building political commitment for comprehensive education responses to HIV/AIDS

Principal Results to which the key result is linked:
Leadership and advocacy (3) and Partnerships (4).

Achievement indicators:

- Viable mechanisms to support collective advocacy and collaboration on HIV/AIDS and education, such as partnership forums and consortia, are functioning and include the regular participation of key education sector stakeholders, measured through actions and products emanating from them.
- National education strategies reflect appropriate consideration of HIV/AIDS, and these strategies are assessed on the basis of how widely they are disseminated, understood and implemented.

Deliverables:

More effective communication and collaboration among key education sector stakeholders in decision-making and programme planning. Production, repackaging and strategic use of research, advocacy materials, surveys and syntheses in areas related to education, and expansion of language versions of available materials.

Strategy to achieve key result:

Insufficient political commitment is a primary obstacle to broad educational responses to HIV/AIDS. To be effective, advocacy must be clear in its goals, present feasible objectives, be tailored to the context, target key actors, and take a broad enough approach to ensure impact and desired responses. UNESCO's strategy to accomplish greater commitment is fourfold:

- Collaborate with national and international partners to achieve a unified message and approach, particularly through support of consortia and partner forums;
- Identify and reach individuals and groups with high influence;
- Make direct contact with ministries and other high-level decision-makers through meetings, networks and the production and distribution of materials, the use and dissemination of data, evidence and good practice to inform policy formulation and practice;

- Advocate with key groups to broaden the base for support and work with civil society organizations.

Partners:

UNAIDS Cosponsors, bilateral donors, civil society organizations, local partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,000,000	US\$ 1,200,000	US\$ 1,500,000

Details on the use of the supplemental budget:

The proposed supplemental funding UNESCO would be in a position to expand the number of adapted language versions of materials designed to support comprehensive education responses, particularly working with partners that are engaged in efforts to reach rural and other key populations. Emphasis would be put on extending support for regions that may typically not be considered high priorities for HIV/AIDS, including parts of Latin America and the Arab States, and where funding is often less abundant. A mentoring programme among political leaders following a “positive deviance” model could be tested and expanded in support of this key result.

References:

UNESCO Strategy for HIV/AIDS prevention education (2004)

<http://portal.unesco.org/en/ev.php->

[URL_ID=2703&URL_DO=DO_TOPIC&URL_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=2703&URL_DO=DO_TOPIC&URL_SECTION=201.html)

UNESCO's Advocacy Toolkit on HIV/AIDS and Education

<http://www.unescobkk.org/hivaids/features04.html>

Key Result II

Developing capacity to design, implement and assess efficient education, communication and information strategies and programmes for HIV prevention

Principal Results to which the key result is linked:

County capacity - the “Three Ones” principles (5) and HIV Prevention programmes (6).

Achievement indicators:

- Strengthened national policies, reflected in Education For All (EFA) plans, will be in place in 20 countries.
- Analytical and decision-making tools will be available and in the hands of decision-makers in all countries

Deliverables:

- Modifiable tool produced in generic versions and in versions adapted to regional and local needs and conditions.
- Technical assistance supplied and capacity building (in formal and non-formal education sector, and in civil society organizations) organized in 15 countries for developing and implementing Global Initiative.
- Training schemes and programmes for key actors in at least 15 countries.

- Provision of learning opportunities and materials for young people and adults in educational institutions, appropriate information and communication programmes, cultural manifestations in 15 countries

Strategy to achieve key result:

UNESCO uses the term “education” to mean the communication of knowledge through structured environments, including formal and non-formal education. UNESCO’s aim is to ensure that all interventions are culturally appropriate, linguistically sensitive, gender responsive, age-specific, grounded in human rights, and involve people living with HIV/AIDS.

This key result will be achieved in large part through the Global Initiative on HIV/AIDS Prevention Education, that is conceived and designed to be a multi-pronged effort to help countries scale up broad prevention education efforts as part of education sector development and reform, fully integrated with other education development and donor processes such as EFA/FTI, PRSP, SWAp at country-level and through a wide range of networks of learning environments. The Initiative will provide strategic advice, capacity building and technical resources for analysis and planning, as well as help in identifying and marshalling the material resources for implementation. Principal UN partners will be UNICEF, World Bank, and UNFPA, as well as development institutions active in specific countries targeted.

In addition to the Global Initiative, UNESCO will work with its range of partners in cultural, information and communication and educational fields to reach young people and adults with appropriate prevention education through a wide range of delivery mechanisms. This will include developing the capacity to conceive such schemes, training for developers and trainers, and dissemination of learning materials and programmes (working through organizations and networks of artists, information and communications specialists, educators, for example). All initiatives and programmes are based on characteristics proven to be effective in reducing vulnerability of individuals and groups,

Through existing partnerships, research will be carried out on both school based and out of school prevention education in order to draw policy conclusions and recommendations for future programmes.

Partners:

UNAIDS Cosponsors, bilateral donors, civil society organizations, local partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 5,000,000	US\$ 6,000,000	US\$ 5,200,000

Details on the use of the supplemental budget:

The proposed supplemental funding would enable UNESCO to increase the number of countries that can participate in the Global Initiative on HIV/AIDS and Education beyond the 15 indicated. Support for an expanded programme of research on effective ways of working with school-aged populations would also be a priority.

References:

- First draft of briefs
- Descriptive brochure (draft)
- Discussion paper for CCO October 2004 (draft)

Key Result III

Improve policies and practices through the development, promotion and sharing of knowledge on the relationship between HIV/AIDS and education

Principal Results to which the key result is linked:

Strategic Information, research and reporting (14).

Achievement indicators:

- Knowledge and evidence base on HIV/AIDS and education improved; monitoring, evaluation and research capacity on HIV/AIDS increased, knowledge management systems and research networks strengthened.
- Research to policy linkages strengthened: evidence based approaches to the design of policies dealing with prevention education, including socio-cultural issues, developed and implemented.

Deliverables:

- Increased research and management capacity at regional/national level, as well as policy-oriented research results.
- Enhanced knowledge base for decision-making, including statistics and indicators of socio-cultural impact of HIV/AIDS on education systems.
- Social science networks established and strengthened.
- National research agendas developed integrating qualitative and quantitative research questions and needs

Strategy to achieve key result:

In close cooperation with WHO's treatment initiative and UNAIDS Secretariat prevention initiative, research will be carried out through regional and national partners and networks, defining the parameters and the outcomes, and providing technical and material assistance for local projects. The capacity of partner institutions conducting research, as well as of UNESCO staff itself, in regard to design and implementation of new research in education and social science will be strengthened through training.

UNESCO aims at using existing expertise and networks of social scientists to make sure the evidence base of policies and programs is strengthened.

These upstream deliverables will enhance the quality and reach of the Global Initiative on HIV/AIDS and Education.

Partners:

UNAIDS Cosponsors, bilateral donors, civil society organizations, local partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,100,000	US\$ 900,000	US\$ 1,200,000

Details on the use of the supplemental budget:

The proposed supplemental funding would enable UNESCO to significantly expand and improve UNESCO's system of knowledge management with increase in both quality and depth of the analysis and quantity of topics covered. Additional funds would also allow for more interactive dissemination and results utilization strategies to be implemented through, for example, regional and sub-regional capacity and skills-building workshops designed to utilize lessons learned.

References:

UNESCO Strategy for HIV/AIDS Prevention Education (UNESCO Strategy projecting onto the period 2004-2008)

Key Result IV

Reducing stigma and discrimination and ensuring human rights through the promotion of access to quality educational, health and information services for key populations

Principal Results to which the key result is linked:

Human Rights (2), Women and girls (7), and Programmes addressing vulnerability to HIV (9).

Achievement indicators:

- Number and quality of rights-based initiatives in place for the key vulnerable populations, and increase in addressing HIV/AIDS and relevant issues in learning institutions, Universities, community centres, NGOs.
- Improved access to targeted and culturally appropriate education, health and other services by key vulnerable populations including girls and women, ethnic and linguistic minorities, sex workers and their clients, injecting drug users, men who have sex with men and people living with HIV/AIDS.

Deliverables:

- Codes of practice and workplace policies for educational settings
- Educational policies targeting children affected or orphaned by HIV/AIDS,
- Strengthened networks working for respect of human right,
- Communication, information and entertainment programmes and training (including materials development) designed to change discriminatory attitudes, behaviour and practice towards vulnerable populations
- Strengthened networks of social science institutions and researchers working on policies for key populations

Strategy to achieve key result:

The core strategy will be to build on existing efforts by UNESCO to increase the capacity to design, implement and monitor evidence-based quality HIV/AIDS prevention programmes, initiatives, and training for key populations, (including ethnic and linguistic minorities, sex workers and their clients, injecting drug users, men who have sex with men and people living with HIV/AIDS), that are culturally appropriate, gender responsive, age-specific, and grounded in human rights.

This will be achieved by mobilizing partners through partner forums and other existing networks, enhanced collaboration between UN agencies, learning institutions, researchers and NGOs, building on UNESCO's ongoing collaboration with key partners in this area.

Partners:

UNAIDS Cosponsors, bilateral donors, civil society organizations, local partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,500,000	US\$ 2,000,000	US\$ 2,100,000

Details on the use of the supplemental budget:

The proposed supplemental funding would enable UNESCO to catalyze at a larger scale actions for work with all learners, including those considered key populations for the dynamic of the epidemic; to accelerate efforts to bring HIV/AIDS workplace policies into schools and other learning environments, as well as the establishment of mechanisms to ensure these are monitored and enforced.

References:

HIV/AIDS and education "A Strategic Approach" (Strategy developed by the UNAIDS Inter Agency Task Team on Education)

WHO Key Results

Introduction

WHO is the UN system's lead agency on health issues. Established in 1948, WHO aims to help all peoples attain the highest possible standard of health. WHO is governed by 192 Member States through the World Health Assembly. In addition to its Geneva-based headquarters, WHO operates through six regional offices and works with health ministries and other health sector organizations in over 160 countries worldwide.

WHO supports the response to HIV and AIDS through advocacy, facilitating the development of internationally agreed global norms and standards, promoting research into new methods and technologies for responding to HIV/AIDS, developing and disseminating evidence-based scientific technical tools and guidelines, and provision of extensive technical assistance to countries.

WHO promotes a comprehensive approach to HIV/AIDS that includes both prevention and treatment as part of an integrated system of service delivery. WHO's HIV related activities include a broad array of interventions necessary for a comprehensive response.

As the lead UNAIDS agency on "3 by 5" and HIV/AIDS treatment, WHO advocates prevention and treatment scale-up, develops technical guidelines and tools, and provides technical assistance to countries on treatment scale-up. WHO supports countries to strengthen their health sectors to effectively scale up treatment and prevention, and to ensure an uninterrupted supply of HIV medicines, diagnostics, and other essential HIV related commodities.

WHO has identified the following six key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I

Increased global and national commitment and financial resources available to scale up HIV/AIDS prevention and treatment in countries

Principal result to which the key result is linked:

Leadership and advocacy (3), Country capacity –the "Three Ones" principles (5), Resource mobilization, tracking and needs estimation (15).

Achievement indicators for key result:

- Percentage increase in resources channelled to HIV/AIDS
- Number of countries assisted by WHO to access funds for HIV/AIDS from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other sources in 2006-2007

Deliverables:

- High level advocacy at the global level to increase global awareness and commitment to combating the HIV/AIDS Pandemic

- Advocacy at global, regional and country levels to increase awareness of the need to scale up HIV/AIDS prevention and treatment in countries
- Production and dissemination of high quality information, education and communications materials
- Highly visible participation in global and regional conferences and other events
- Effective leadership in promoting a comprehensive approach to HIV/AIDS that includes both prevention and treatment
- Provision of strategic information and technical assistance on legislation and policies relating to HIV/AIDS and treatment access, gender, equity and human rights
- Technical support to enable countries to reallocate internal resources and develop sustainable financing mechanisms for HIV/AIDS prevention, care and treatment.
- Technical support to mobilize, effectively use, track and monitor external resources, including through the GFATM, World Bank, and other sources

Strategy to achieve key result:

WHO will promote increased awareness of HIV/AIDS issues and urge increased commitment to combating the HIV/AIDS pandemic through:

- engaging in high-level advocacy and awareness-raising activities at all levels
- production and dissemination of high-quality information, education, and communications materials
- providing highly visible leadership in scaling up prevention, treatment and care of HIV/AIDS.

WHO will also promote the allocation of increased resources to HIV/AIDS at all levels. At the country level, WHO will provide technical support to enable countries to access and effectively use available international resources, including funds from the GFATM, PEPFAR, the World Bank, and other sources.

Partners:

UNAIDS Secretariat and Cosponsors, national governments, civil society, bilateral donors, and others

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,550,000	US\$ 7,050,000	US\$ 3,085,000

Details on the use of the supplemental budget:

Supplemental funds will be used together with WHO resources and core UBW funds for advocacy and communications, and to support countries to access and effectively use resources from GFATM grants, the World Bank and other international sources.

References:

- The World Health Report 2004: Changing History, World Health Organization, 2004
"3 by 5" Progress Report, December 2004, World Health Organization, 2005
Treating 3 Million by 2005: Making it Happen - The WHO Strategy, World Health Organization, 2003
Investing in a Comprehensive Health Sector Response to HIV/AIDS: Scaling up Treatment and Accelerating Prevention, World Health Organization, 2004

Key Result II

Countries supported to accelerate prevention and scale up treatment equitably through a public health approach

Principal result to which the key result is linked:

HIV Prevention programmes (6), Health-care systems for treatment of HIV and AIDS (10).

Achievement indicators for key result:

- Number of countries achieving national treatment targets for women, men and children receiving treatment according to WHO guidelines;
- Number of countries delivering core prevention packages in 80% of health facilities to contribute to target 7 of the Millennium Development Goals;
- Number of countries offering basic PMTCT services to 80% of pregnant women, contributing to targets 5 and 6 of the Millennium Development Goals.

Deliverables:

- Policy advice to health ministries and other stakeholders on improved prevention and treatment interventions;
- Technical support to establish and harmonize national prevention and treatment scale-up targets;
- Technical support for strategic planning and coordination of prevention and treatment scale-up efforts;
- Technical support to develop enabling legislation and regulatory environments;
- Normative guidance and technical support to ensure equitable access to HIV/AIDS treatment and prevention services, including for women, girls and vulnerable groups.
- Identification, documentation and training in best practices in prevention and treatment scale-up;
- Guidelines and technical support on testing and counselling including strengthening entry points for treatment and care;
- Technical support for adaptation and use of appropriate normative tools and guidance on prevention and treatment scale-up;
- Technical support to strengthen programmes on HIV and infant feeding and prevention of mother-to-child transmission of HIV/AIDS;
- Guidance and technical support to prevent HIV transmission through unsafe blood supplies and in clinical settings (including injection safety and Post-exposure Prophylaxis);
- Strategic information and technical guidance on prevention of HIV infection among young people and vulnerable groups;
- Training on participatory health education teaching methods.

Strategy to achieve key result:

WHO will provide countries with the tools and technical support they require to scale up prevention and treatment equitably. This will include provision of strategic information, guidance and technical support for:

- strategic planning;
- establishing and harmonizing national prevention and treatment scale-up targets;
- development of appropriate policy, legal and regulatory frameworks;
- coordination of national and international scale-up efforts;
- documentation and training on best practices in prevention and treatment scale-up;

- prevention of HIV infections through unsafe blood supplies and in clinical settings;
- testing and counselling;
- prevention of mother to child transmission;
- adaptation and local application of normative tools and guidelines.

Partners:

UNAIDS Secretariat and Cosponsors, National governments, civil society organizations, bilateral donors, and others.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 5,610,000	US\$ 15,510,000	US\$ 6,795,000

Details on use of supplemental funds:

Supplemental funds will be used together with WHO resources and core UBW funds to provide technical support to countries for scaling up prevention and treatment of HIV/AIDS using a public health approach. With supplemental funds, WHO will be able to document best practices, develop normative standards, and provide technical support to countries on strategic planning, setting treatment and prevention targets, developing enabling legislation, and scaling up provision of integrated prevention and treatment services. Supplemental funds will also enable WHO to develop normative guidance and provide technical support to promote equitable access to treatment and prevention services, especially for women and vulnerable groups and to address gender issues in programming more broadly.

References:

- The World Health Report 2004: Changing History, World Health Organization, 2004
- "3 by 5" Progress Report, December 2004, World Health Organization, 2005
- Treating 3 Million by 2005: Making it Happen - The WHO Strategy, World Health Organization, 2003
- Investing in a Comprehensive Health Sector Response to HIV/AIDS: Scaling up Treatment and Accelerating Prevention, World Health Organization, 2004
- Scaling up Antiretroviral Therapy in Resource-limited Settings: Treatment Guidelines for a Public Health Approach, 2003 Revision, World Health Organization, 2003

Key Result III

Countries supported to strengthen the capacity of their health systems to respond to HIV/AIDS, including through greater community involvement

Principal result to which the key result is linked:

Health-care systems for treatment of HIV and AIDS (10), Partnerships (4), HIV Prevention programmes (6).

Achievement indicators for key result:

- Number of countries supported by WHO to develop and implement health workforce plans and strategies incorporating HIV/AIDS needs;
- Number of countries implementing integrated/coordinated TB/HIV policies;
- Number of countries achieving national treatment targets.

Deliverables:

- Policy advice and implementation support to governments and other stakeholders on integrated approaches for HIV/AIDS and related services;
- Policy advice and technical support to countries on health workforce planning, training, compensation and retention measures;
- Identification and documentation of best practices in integrated health service delivery;
- Technical support on integrated management of illnesses (IMAI);
- Development of HIV-related training materials for health service providers;
- Technical support for country health workforce assessments and investment plans
- Development of financial planning and costing tools for sustainable financing for HIV/AIDS programmes;
- Models of HIV/AIDS service delivery for vulnerable and marginalized populations;
- Technical and financial support for community involvement in treatment preparedness, adherence, and monitoring systems.

Strategy to achieve key result:

WHO will support countries to strengthen health sector capacity by advising and supporting health ministries and other stakeholders on the core components of an effective health sector response to HIV/AIDS, and by providing normative guidance, training and technical support for:

- development of policy, planning, priority setting, implementation and monitoring frameworks;
- human capacity-building through development of human resource policies, plans, training programmes, and appropriate wage and retention policies;
- establishing and implementing national plans for strengthening clinical and laboratory services;
- development of quality management systems for clinical and laboratory services;
- development of national HIV accounts based on national health accounts;
- promoting increased involvement of affected communities and other partners, including positive women's groups, in antiretroviral treatment (ART) preparedness and literacy programmes;
- development of integrated health systems that link HIV/AIDS care and prevention services with other health service programmes, such as tuberculosis, reproductive health, including maternal and child health and sexually transmitted infections;

Partners:

Civil society and PLWHA organizations, national governments, bilateral donors, World Bank, UNICEF, ILO, local and international academic institutions such as the Swiss Tropical Institute and others, ABT Associates, ITPC, Tides Foundation, Management Sciences for Health (MSH), Institute for Health sector Development (IHSD), networks such as Equinet, and others.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 5,100,000	US\$ 14,100,000	US\$ 6,175,000

Details on the use of the supplemental budget:

Supplemental funds will be used together with WHO resources and core UBW funds to support countries to strengthen the capacity of their health systems to respond effectively

to the HIV/AIDS pandemic. Supplemental funds will enable WHO to provide technical support to countries in planning to meet health workforce requirements, developing appropriate compensation and retention policies, training of health workers, and planning to deal with the effect of HIV/AIDS on the health sector through attrition and increased demand. Support can also be provided to strengthen laboratory and diagnostic services as well as training on integrated approaches to HIV/AIDS based on the "integrated management of adolescent and adult illness" (IMAI) model.

References:

- The World Health Report 2004: Changing History, World Health Organization, 2004
- "3 by 5" Progress Report, December 2004, World Health Organization, 2005
- Treating 3 Million by 2005: Making it Happen - The WHO Strategy, World Health Organization, 2003
- Investing in a Comprehensive Health Sector Response to HIV/AIDS: Scaling up Treatment and Accelerating Prevention, World Health Organization, 2004
- The WHO HIV/AIDS and Health System Platform (Draft), World Health Organization, 17 November 2004.

Key Result IV

Countries supported to ensure an uninterrupted supply of HIV-related commodities and medicines

Principal result to which the key result is linked:

Health-care systems for treatment of HIV and AIDS (10), Partnerships (4).

Achievement indicators for key result:

- Number of countries in which key stakeholders in the public, private and NGO sectors receive biannual updates with strategic procurement and supply management information;
- Number of heavily burdened countries that receive substantial technical support from WHO or its partners to increase access to affordable essential medicines.

Deliverables:

- Management of the AIDS Medicines and Diagnostics Service (AMDS);
- Facilitation of the AIDS Medicines and Diagnostics Network (AMDN) including management of the AMDN website;
- Private sector pricing surveys;
- Procurement guidelines and training in procurement for HIV-related commodities and medicines;
- Documentation and training in best practices in supply and distribution of ARVs and diagnostics;
- Technical support for training in selection, supply, financing, quality assurance and rational use of diagnostics, antiretroviral and other HIV-related medicines;
- Guidance and support for the establishment of ARV financing mechanisms;
- Guidelines and advice on donations of medicines and diagnostics;
- Training and support to drug regulatory agencies in assessing ARVs, HIV medicines and diagnostics.

Strategy to achieve key result:

WHO will work with countries to provide strategic information and build the capacity necessary to ensure an uninterrupted supply of HIV medicines and diagnostics. This will be accomplished through:

- the creation and management of an AIDS Medicines and Diagnostics Network (AMDN) to provide a forum for exchange of information on the ARV and diagnostics market in low and middle income countries, and on country management of HIV medicines
- brokering collaborations between partner organizations and countries to build capacity to plan and manage the supply of HIV medicines and diagnostics.
- providing global information on patents, trade agreements and regulatory status
- providing guidance and advice on Agreement on Trade-Related Aspects of Intellectual Property Rights Agreement (TRIPS) -compatible legislation, compulsory licensing, parallel imports, etc
- guidelines and technical support on selection, procurement and supply chain management for HIV medicines and diagnostics
- prequalification of ARVs and quality control laboratories
- promotion of regional regulatory harmonization
- promotion of fast-track registration of HIV medicines
- promotion of national clinical guidelines, drug information, and prescriber training

Partners:

Management Sciences for Health (MSH), Ecumenical Pharmaceutical Network (EPN) AMDN members, UNICEF, World Bank, GFATM.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 4,590,000	US\$ 12,690,000	US\$ 5,560,000

Details on the use of the supplemental budget:

Supplemental funds will be used together with WHO resources and core UBW funds to support countries to ensure an uninterrupted supply of HIV/AIDS medicines and other commodities. Supplemental funds will be used to maintain the AIDS Medicines and Diagnostics Service to ensure countries have strategic information on TRIPS-related legislation, prices and availability of HIV medicines and diagnostics. Supplemental funds will also enable WHO to maintain a system for the prequalification of HIV medicines and quality control laboratories to facilitate procurement of appropriate and high quality HIV medicines. WHO will also use supplemental funds to provide technical support to countries on procurement and supply chain management, to help ensure an uninterrupted supply of essential HIV medicines and diagnostics

References:

- The World Health Report 2004: Changing History, World Health Organization, 2004
- "3 by 5" Progress Report, December 2004, World Health Organization, 2005
- Treating 3 Million by 2005: Making it Happen - The WHO Strategy, World Health Organization, 2003.
- Investing in a Comprehensive Health Sector Response to HIV/AIDS: Scaling up Treatment and Accelerating Prevention, World Health Organization, 2004.
- Scaling up Antiretroviral therapy in Resource-limited Settings: Treatment Guidelines for a Public Health Approach (2003 Revision) , World Health Organization, 2003

- Pre-qualified ARV products and manufacturers list, Website of the Prequalification project managed by the World Health Organization (WHO)
<http://mednet3.who.int/prequal/>

Key Result V

Evidence-based normative tools and guidelines developed, including through research on technological innovations, operational research and targeted evaluation

Principal result to which the key result is linked:

Health-care systems for treatment of HIV and AIDS (10), HIV Prevention programmes (6), Strategic information, research and reporting (14).

Achievement indicators for key result:

- Number of countries using IMAI guidelines for HIV/AIDS prevention, treatment and care
- Number of countries with WHO-supported operational research programmes.

Deliverables:

- Evidence-based normative guidelines and tools for effective HIV/AIDS prevention and care interventions;
- Technical and scientific guidance on research and operational research protocols;
- Convening of scientific meetings and other fora for exchange of information on research;
- Use, safety and acceptability studies on technologies that will improve detection and prevention of HIV, including rapid HIV tests and microbicides;
- Policy advice on research and operational research programmes;
- Collaborative and comparative analysis of treatment and prevention in countries;
- Technical support for HIV vaccine related research and clinical trials;
- Guidelines to accurately assess the cost-effectiveness of HIV vaccination strategies.

Strategy to achieve key result:

WHO will actively lead the development of evidence-based, internationally agreed normative guidelines and tools for the use of countries in prevention and treatment scale-up. To provide an evidence base, WHO will support a targeted research programme to advance knowledge in areas of critical importance to overcoming HIV, such as:

- clinical research to develop technologies for testing and prevention of HIV infection;
- development and clinical trials of vaccines and technologies against HIV;
- development of methods to protect against HIV infection using microbicides and other female-controlled methods;
- operations research to define best practices and improve interventions against HIV;
- development of knowledge management systems.

WHO will also provide scientific and ethical advice to countries, facilitate the development of research networks and partnerships, provide technical support for the development of research capacity in countries, develop regional frameworks for clinical trials of vaccines, and help strengthen national capacity to conduct HIV vaccine related research and clinical trials in developing countries.

Partners:

UNAIDS Secretariat and Cosponsors, World Bank, International AIDS Vaccine Initiative, national governments, academic institutions, scientific research organizations, and others.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 4,080,000	US\$ 11,280,000	US\$ 4,940,000

Details on the use of the supplemental budget:

Supplemental funds will be used together with WHO resources and core UBW funds to develop evidence-based tools and guidance, and to support research on new technologies to prevent and treat HIV and AIDS. Supplemental funds will enable WHO to facilitate the development of internationally agreed norms and standards as well as evidence-based normative guidelines and tools for effective HIV/AIDS prevention and care interventions. Supplemental funds will be essential to support research on an HIV vaccine as well as research on microbicides and other female-controlled technologies.

References:

- The World Health Report 2004: Changing History, World Health Organization, 2004
- "3 by 5" Progress Report, December 2004, World Health Organization, 2005
- Treating 3 Million by 2005: Making it Happen - The WHO Strategy, World Health Organization, 2003
- Investing in a Comprehensive Health Sector Response to HIV/AIDS: Scaling up Treatment and Accelerating Prevention, World Health Organization, 2004

Key Result VI

Global, regional and national surveillance systems strengthened to provide more accurate strategic information on the epidemic and the response.

Principal result to which the key result is linked:

Strategic information, research and reporting (14).

Achievement indicators for key result:

- Number of countries that regularly collect, analyse and report surveillance, coverage and outcome data using WHO standardized methodologies
- Number of countries reporting on HIV drug resistance surveillance and monitoring using WHO guidelines

Deliverables:

- Guidelines and networks for surveillance of ARV drug resistance;
- Core set of health system metrics to monitor performance of health systems;
- Mapping HIV/AIDS service coverage and delivery points, including sex and age of users;
- HIV surveillance and normative guidance on classification of HIV-related deaths and disabilities;
- Technical support and tools to design and implement national M&E and surveillance programmes (including HIV/AIDS, STI and behavioural surveillance).

Strategy to achieve key result:

WHO will support countries to develop and strengthen national systems for the monitoring and surveillance of the epidemic. This will include:

- Monitoring the prevalence of risk factors for HIV among targeted populations;
- Capacity building through training on 2nd generation HIV/AIDS surveillance and estimation methodologies;
- Monitoring performance of country health systems;
- Surveillance of antiretroviral drug resistance;
- Promoting systems of pharmacovigilance (detection of adverse reactions to antiretroviral therapy).

Partners:

National governments, bilateral donors, UNAIDS Secretariat, Global Fund, Oklahoma Genetics Advisory Council, Centers for Disease Control and Prevention (CDC), USAID, NGOs, committees (MERG, HIV ResNet), and others.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 3,570,000	US\$ 9,870,000	US\$ 4,325,000

Details on the use of the supplemental budget:

Supplemental funds will be used together with WHO resources and core UBW funds to build and/or strengthen global and regional surveillance systems, and to support countries in the development of national systems for monitoring and surveillance of the epidemic and national responses. Supplemental funds will be essential to ensure the development and maintenance of systems for the surveillance of ARV drug resistance.

References:

- The World Health Report 2004: Changing History, World Health Organization, 2004
- "3 by 5" Progress Report, December 2004, World Health Organization, 2005
- Treating 3 Million by 2005: Making it Happen - The WHO Strategy, World Health Organization, 2003
- Investing in a Comprehensive Health Sector Response to HIV/AIDS: Scaling up Treatment and Accelerating Prevention, World Health Organization, 2004
- AIDS Epidemic Update, UNAIDS/WHO, 2004

World Bank Key Results

The World Bank's mission is to fight poverty and improve living standards in developing countries. Working through five closely associated institutions that are owned by member countries, the Bank advances its mission by providing grants, credits, loans, policy advice, technical assistance, and knowledge-sharing services to low- and middle-income countries.

The World Bank has dramatically scaled up its financial and technical support to countries on HIV/AIDS. The Bank is one of the three largest financiers of HIV/AIDS programs. By the end of 2004, it had committed more than US\$ 2 billion in grants, credits and loans to more than 80 HIV/AIDS prevention and control programs globally. The majority of this funding has come through the Multi-Country HIV/AIDS Program (MAP) for Africa which has committed more than US\$ 1.1 billion to twenty nine country and four sub-regional projects. Furthermore, the World Bank has committed US\$117.65 million to nine country and one sub-regional project under the Caribbean MAP.

There has been a growing commitment to HIV/AIDS within the World Bank. In addition to the Global HIV/AIDS Program established in 2002, and the AIDS Campaign Team for Africa, the Bank has established an HIV/AIDS Coordinating Unit with multisectoral mandate within the South Asia region to coordinate the region's HIV/AIDS activities and to support implementation of the regional strategy. The World Bank is currently developing its Global HIV/AIDS Program of Action.

The HIV/AIDS work in the Bank has changed dramatically. Today, the characteristics of World Bank Support are:

- Flexible, rapid and increased lending for HIV/AIDS;
- Innovative partnerships, especially with civil society e.g. the Treatment Acceleration Program in Burkina Faso, Ghana and Mozambique is a good example;
- Helping to ensure that HIV/AIDS remains a key area of development focus through Poverty Reduction Strategy Papers (PRSPs) economic work and support for harmonization: the Three Ones – one national HIV/AIDS strategy, one national HIV/AIDS authority and one national program Monitoring and Evaluation (M&E) system; and
- Disseminating lessons learned through knowledge management products and country level assistance for establishing program monitoring and evaluation.

The World Bank has identified the following five key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on Improving HIV/AIDS program implementation

Improved efficiency, effectiveness and pace of implementation of HIV/AIDS programs in the public and private sectors and in civil society, especially at the community level and across national boundaries in collaboration with UN agencies and other partners.

Principal result to which the key result is linked:

Partnerships (4), AIDS in conflict and disaster-affected regions (13), Resource mobilization, tracking and needs estimation (15).

Achievement indicators for key result:

- Increased coverage and improved implementation of HIV/AIDS programs funded by the international community, including in countries receiving HIV/AIDS financial support from the World Bank in particular for the multi-sectoral response in collaboration with WHO, UNESCO, WFP, UNFPA and others.
- Increased funding to conflict and disaster-affected regions in coordination with the UNAIDS Secretariat and UNHCR.

Deliverables:

- Technical assistance to enhance implementation capacity and share/learn lessons, publication of implementation manuals and other documents, and workshops focusing on lessons learned by sector and by stakeholder group
- Quantitative and qualitative lessons learned of the most effective responses to HIV/AIDS by implementation partners in the public and private sector and in civil society disseminated through workshops and publications.
- Increase in lending and disbursement rates

Strategy to achieve key result:

The Bank will work with UNAIDS co-sponsors and other partners to identify implementation bottlenecks around the world by region, sector, stakeholder group and target population and establish mechanisms for enhancing program implementation through improving policies, procedures and practices. There will be particular emphasis to: (i) with other UN organizations, including UNESCO and WFP, and partners improve performance of public sector agencies outside the Ministry of Health; (ii) ensure with WHO that program implementation is enhanced by supporting health sector reform, especially through MAP funding; (iii) improve the performance of the private sector and civil society by facilitating their access to available funding and knowledge; and (iv) expand the coverage of donor funding, including from the World Bank, for programs for children affected by HIV/AIDS with UNICEF and UNFPA, and in sub-regional conflict and disaster-affected regions with UNHCR and the UNAIDS Secretariat.

Partners:

WHO, UNESCO, WFP, UNFPA, UNHCR, UNICEF, the UNAIDS Secretariat and other partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,560,000	US\$ 4,800,000	US\$ 7,050,000

Details on the use of the supplemental budget:

The supplemental budget will be used to provide additional implementation support needed to deliver comprehensive, flexible and adaptable “program support” in all regions. The World Bank will work with countries especially in the areas of planning, budgeting, program design, financial management, disbursement and procurement, expenditure tracking and scaling up programs in public and private sectors and in civil society. The World Bank will generate and capture knowledge about good HIV/AIDS implementation practices and make this widely and readily available. The World Bank will also work to create networks of program practitioners to exchange experiences, knowledge and practical advice across countries and globally that will encompass general operational issues, the fiduciary architecture and special programmatic themes. The

supplemental budget will also help to set-up a Bank-wide AIDS implementation advisory service, building up on the work of the Implementation Acceleration Team, to work with countries to further improve planning, budgeting, program design, financial management, disbursement and procurement, and expenditure tracking.

References:

- “Turning Bureaucrats Into Warriors,” World Bank, 2004
- “Low Income Countries Under Stress,” World Bank,
- Interim Review of the Multi-country HIV/AIDS Program for Africa, World Bank, 2004.
- Draft World Bank Global HIV/AIDS Program of Action, World Bank, 2005.

Key Result II on Strengthening a single national HIV/AIDS authority

- “Three Ones” translated into action.
- Effective and efficient use of available resources achieved.
- Rapid action for HIV/AIDS programs ensured by improved donor coordination and practical harmonization measures implemented at global and regional levels, particularly through closer collaboration among UNAIDS Cosponsors and other stakeholders, especially those providing substantial funding.

Principal result to which the key result is linked: Country capacity – the “Three Ones” principles (5).

Achievement indicator for key result:

Increased number of countries using specific program coordination mechanisms.

Deliverables:

Production of coordination templates, material and provision of expertise, workshops for knowledge generation and dissemination, especially in key harmonization areas, including donor coordination, financial management and disbursement, legal documentation, general procurement, as well as procurement of antiretroviral treatment (ART) medicines and medical devices in collaboration with UNAIDS Secretariat, WHO and other co-sponsors.

Strategy to achieve key result:

Building on its substantial experience around the world in donor coordination and harmonization, both in HIV/AIDS programs and in other associated sectors, particularly in poor HIV/AIDS affected countries, the Bank will collaborate with the UNAIDS Secretariat and co-sponsors and other partners, to assist countries regionally to coordinate HIV/AIDS programs better with particular emphasis on the deliverables above and also: decentralized approaches, including those associated with community based organizations and PLWHA; and multi-sectoral approaches, especially for sectors that affect or are affected by HIV/AIDS that may not commonly have appropriate representation in a national coordinating authority. An important part of the World Bank’s strategy to achieve this key result is to put its own lending at the country level¹ within one national HIV/AIDS authority.

Partners: UNAIDS Secretariat, UNAIDS Cosponsors and other partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,000,000	US\$ 2,600,000	US\$ 6,890,000

Details on the use of the supplemental budget:

The supplemental budget will be used to develop practical guidelines for effective, strategic, prioritized planning and for the preparation of good practice notes. The Bank will support the development of a network of country practitioners, enabling clients to develop and share national expertise in strategic planning.

References:

- The World Bank. 2004. Battling HIV/AIDS: A decision maker's guide to the procurement of Medicines and related supplies.
- "Three Ones" Key Principles. Geneva: UNAIDS.

Key Result III on Scaling up care and treatment

- Effective and timely use of World Bank resources for care and treatment, including expanded treatment programs at country level.
- Strengthened health systems through accessing MAP resources, including sub-regional projects, in support of "3 by 5" initiative.
- Effective reliable supply of AIDS medicines and diagnostics.

Principal result to which the key result is linked: Health-care systems for treatment of HIV and AIDS (10).

Achievement indicators for key result:

- Increased International Bank for Reconstruction and Development/International Development Association financing for treatment.
- Number of countries receiving support, especially through MAPs and sub-regional programs, to support a comprehensive treatment program, in collaboration with WHO and World Bank health units.

Deliverables:

- Facilitate new lending for treatment.
- Assist WHO and other partners to develop country plans for expanded, comprehensive treatment programs, including increasing access of health systems to MAP resources.
- Workshops, inter-country exchanges and technical assistance for sharing of experiences, lessons and tools.
- Joint quality enhancement assessments of treatment services and adherence.

Strategy to achieve key result:

The World Bank is a major supporter of treatment and health infrastructure development at the country level. It has joined the global commitment by WHO and others to support countries to expand access to care and treatment, including financing of anti-retroviral therapy. Most of the treatment programs at country level are fledgling and need increased support to build capacity in service delivery. At the same time, experience is being gained which can be shared with other countries. While projects like the new Bank's Treatment Acceleration Project for three countries in Africa allow for increased

technical assistance with WHO and sharing of experiences, more joint support will be used to intensify the technical capacity of treatment programs and expand access.

Partners:

WHO, other UNAIDS Cosponsors and other partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 1,000,000	US\$ 1,800,000	US\$ 8,675,000

Details on the use of the supplemental budget:

The supplemental budget will be used for workshops, inter-country exchanges and technical assistance for sharing of experiences, lessons and tools.

References:

- Resistance and Adherence. Editorial: AIDS 2004, Zewdie, D., Lang, J. & Kuritzkes.
- Treating 3 million by 2005: Making it Happen – The WHO Strategy, WHO, 2003.

Key Result IV on Supporting one national HIV/AIDS program monitoring and evaluation system

- Strengthened partnerships of UN Cosponsors, donors and partners in support of One Agreed Country-level Monitoring and Evaluation System.
- Enhanced national M&E capacity and systems to improve decision-making.
- Expansion to additional geographical and technical areas based upon lessons learned from 2004-05 work experiences

Principal result to which the key result is linked:

Country capacity – the “Three Ones” principles (5).

Achievement indicators for key result:

- Expanded number of functioning national M&E systems in Africa, in particular, but also in other regions within a coordinated UN/partnership framework
- Capacity building on-going in all regions through coordinated actions by UNAIDS Cosponsors and partners.
- Increased use of M&E evidence to improve decision making and resource allocation for HIV/AIDS programs by donors and countries at national and global levels.

Deliverables:

- Lessons learned regarding establishing country-level program M&E systems
- National indicators supporting the monitoring of UNGASS commitments implementation, Country Information System (CRIS)
- Costed/funded national M&E plan/budgets
- National/local M&E units established and staffed
- Biological, behavioural, health-facility, community, program surveillance/monitoring plans, studies/reports
- Documents/meetings demonstrating M&E data use to improve program relevance, delivery, quality, impacts.

Strategy to achieve key result:

The UN system and other partners have worked together both regionally and at the country level to create capacity for monitoring and evaluating programs to promote efficiency and effectiveness. The UNAIDS sponsors and other partners created the Global AIDS Monitoring and Evaluation Team housed in the World Bank to support this effort, initially in Africa. This proposal would expand the cooperation of the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) with UNAIDS Cosponsors and others, within the Monitoring and Evaluation Reference Group (MERG) framework, from some twenty countries in Africa to other African countries and other regions. Support to countries with: (1) emerging M&E systems will focus on developing functioning systems at the national and community levels, (2) maturing systems will focus on data-use to improve evaluation, decision-making, programming, strategies.

Partners: UNAIDS Cosponsors and the UNAIDS Secretariat, MERG and other partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 3,730,000	US\$ 4,350,000	US\$ 2,850,000

Details on the use of the supplemental budget:

The supplemental budget will help to expand GAMET's work in regions outside of Africa including developing and regularly revising guidelines for national monitoring and evaluation systems, preparing good practice notes that highlight examples of promising national responses, facilitation of global, regional and national M&E training courses, continuing to build and train the country support team (CST) of international monitoring and evaluation specialists who provide intensive practical monitoring and evaluation field support to countries. The supplemental budget will also be used to train M&E specialists in each country building national capacity and gradually reducing the need for CST support.

References:

Monitoring and Evaluation Operations Manual. UNAIDS/ World Bank, 2002.
Monitoring and Evaluation Social Programs in Developing Countries. Valadez & Bamberger. World Bank. 1994. Draft World Bank Global HIV/AIDS Program of Action, World Bank, 2005.

Key Result V on Addressing the economic and social impact of the HIV/AIDS epidemic

- HIV/AIDS policies and programs are based on sound economic analyses of country needs and responses;
- HIV/AIDS policies and programs are integrated into national poverty reduction strategies (PRSPs) with their implementation supported by an improved allocation of resources at country level (national budgets and Medium-Term Expenditure Framework).

Principal result to which the key result is linked:

National action to alleviate impact (12).

Achievement indicators for key result:

- Increased HIV/AIDS policy focus of PRSPs .

- Increased consistency between the macroeconomic framework and the objectives of national HIV/AIDS plans.
- Improved allocation of resources based on the implementation of cost effectiveness models and the formulation of models of household behaviour.

Deliverables:

- Analyses of HIV/AIDS impact on national economies.
- Technical assistance to countries engaged in the PRSP process, in collaboration with UNDP and other partners.
- Analysis of macroeconomic constraints affecting program implementation.
- Analysis of economic factors affecting household behaviour.
- Poverty assessments of HIV/AIDS in six countries.

Strategy to achieve key result:

The proposed economic work will be delivered through various channels. Technical assistance will be provided for PRSP preparation, in collaboration with UNDP. Public expenditure and PRSP reviews will be used as an entry point for optimizing resource allocation. On-going policy dialogue with governments and the IMF will provide the basis for addressing key macroeconomic constraints that may prevent the absorption of external resources. Joint missions and increased coordination through the UNAIDS Reference Group on Evaluation (URGE) will be used to ensure that key partners such as UNDP, UNICEF and WHO are involved in HIV/AIDS priority sector dialogue. Training provided by the World Bank Institute will serve to sensitize parliamentarians and other leaders on critical issues concerning HIV/AIDS.

Partners: UNDP, UNICEF, WHO, URGE and other UNAIDS Cosponsors.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,120,000	US\$ 3,765,000	US\$ 3,242,000

Details on the use of the supplemental budget:

The supplemental budget will be used to support new analytic work in priority areas, and will supplement the analytic work included in regional and country work plans and specifically focus on cross-cutting and cross-country areas, and research. It will include analysis of the links between poverty and HIV, analysis of the economic and budgetary implications and fiscal impact of HIV, analysis of potential policy and program trade-offs, analysis of institutional and structural factors that influence program effectiveness and working with UNAIDS to develop National HIV/AIDS Accounts in an increased number of countries where resource flows for HIV/AIDS are large.

References:

- Macroeconomics and Health: Investing in Health for Economic Development, Report of the Commission on Macroeconomics and Health, World Health Organization, 2001.
- Poverty Reduction Strategy Papers, World Bank, 2004.
- “Making Services Work for Poor People” World Development Report, 2004.

UNAIDS Secretariat Key Results

The overall work of the Joint Programme is facilitated by the UNAIDS Secretariat, which is based in Geneva and at regional level supporting UNAIDS presence in over 60 countries, including UNAIDS Country Coordinators (UCCs) and technical advisers. The Secretariat also undertakes a set of key functions on behalf of the Joint Programme in the areas of leadership and advocacy; strategic information; and monitoring and evaluation. Under the UBW 2006-2007, the Secretariat will continue the trend to dedicate more of its effort and resources to actively assisting countries to scale up the response to HIV and AIDS.

The Secretariat supports the ability of the Cosponsors to undertake their HIV-related activities and to participate effectively in decision-making within the Joint Programme. The Secretariat coordinates development of the UBW and systems for performance monitoring.

The Secretariat has identified the following five key results to be achieved in the framework of the UBW 2006-2007 as related to the principal results.

Key Result I on Leadership, Coordination and Advocacy

Leadership for setting the global HIV and AIDS agenda and galvanizing political commitment for a proactive and targeted response to the evolution of the epidemic at all levels by the international community, including intergovernmental bodies, governments, other key partners, as well as UNAIDS and the broader UN system.

Principal result linkage:

UN system coordination (1), Leadership and advocacy (3), Country capacity –the “Three Ones” principles (5).

Achievement indicator(s):

- References to UNAIDS Secretariat as an authoritative source of guidance in HIV and AIDS actions by major partners.
- Increase in the number of countries that have UN Implementation Support plans on HIV/AIDS endorsed and in operation.

Deliverables:

- Broad based international strategies developed and under implementation on key issues including: strengthening global prevention efforts; HIV and AIDS in conflict, post-conflict and emergency and humanitarian crisis situations; coordinated delivery of technical assistance to countries; the impact of international trade policies on medicines and essential commodities; the “Three Ones” principles.
- Coordinated and coherent UNAIDS action at all levels;
- Coordinated UNAIDS advocacy on HIV and AIDS including on stigma and discrimination; promotion of human rights; populations at higher risk of HIV infection.
- Strategically oriented Unified Budget and Workplan (UBW) for UNAIDS which builds on the strengths and value added of each Cosponsor and the Secretariat.
- Effective and smoothly operating Programme Coordinating Board (PCB) and its Bureau, Committee of Cosponsoring Organizations (CCO), Interagency Advisory Group on AIDS (IAAG), other interagency mechanisms.
- UN System Strategic Framework on HIV and AIDS developed and in implementation.

Strategy to achieve key result:

- Promoting sound HIV/AIDS policies that address stigma and discrimination, populations at risk of HIV infection, reduced prices for ARV and other commodities;
- Advocating for, developing capacity in, placing comprehensive HIV prevention at the heart of HIV/AIDS strategies;
- Identification of gaps and emerging areas and development of related advocacy approaches and strategies, programme and policy guidance;
- Mobilizing, and coordinating effort of , intergovernmental bodies, governments, donors and major development partners at all levels, including around OECD/DAC harmonization effort and “Three Ones” principles;
- Strengthening global and regional initiatives.
- Coordinated and strategic programming of UNAIDS collective effort through the UBW;
- Support UN organizations for their coordinated involvement in the response to HIV/AIDS through UN system strategic frameworks, regional and thematic strategies and initiatives, and through strategic programming of Programme Acceleration Funds;
- Providing leadership and strengthening coordination of UNAIDS, UN system actions through PCB, CCO, IAAG, regional and thematic UN interagency mechanisms, UN Implementation Support Plans for country responses to HIV/AIDS (UN-ISPs);
- Coordinating, supporting information sharing on, providing technical guidance for development and implementation of UN-ISPs.
- National multi-partner consensus building on, and mobilization of support for establishment of, one national AIDS coordinating authority.
- Monitoring, documenting, increasing transparency of UNAIDS actions at all levels.

Partners: all Cosponsors, broader UN system, non-UN partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 45,400,000	US\$ 7,000,000	n/a

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable the Secretariat to accelerate programming of global, regional and sub-regional initiatives on women, girls and HIV and AIDS along the seven areas of work identified under the auspices of the Global Coalition on Women and AIDS. Supplemental funding would also be used to address critical emerging issues which require action by the UNAIDS Secretariat on behalf of UNAIDS but which were not anticipated at the time the budget was adopted and for which funds are not provided in the core budget.

References:

- Declaration of Commitment on HIV/AIDS, United Nations, UNGASS, June 2001.
- Future directions for UNAIDS: Responding to the Five-Year Evaluation of UNAIDS. UNAIDS/PCB (13)/02.3.
- UN System Strategic Framework on HIV and AIDS, 2006-2010 (draft)
- Advocacy guide: HIV/AIDS prevention among injecting drug users. UNAIDS, WHO, UNODC.
- The “Three Ones” in action: where we are and where we go from here. UNAIDS Secretariat, February 2005.
- Action Guide for United Nations Country Teams: Implementing the Declaration of Commitment, UNAIDS Secretariat.

Key Result II on Strategic Information

Generation and wide dissemination of up-to-date and reliable data, information and analysis on global, regional and country trends in the epidemic, its impact and the response, to support advocacy and inform policy and strategy formulation by all partners.

Principal result linkage:

Strategic information, research and reporting (14).

Achievement indicators:

- Evidence of the use of strategic information generated by UNAIDS to influence resource allocation, to develop policies and strategies at all levels by key partners (review of relevant documents, survey of selected partners on their assessment of timeliness and quality of received information support)
- Number of countries that are using the UNAIDS/WHO epidemiologic estimation and projections software packages.

Deliverables

- Systems in place to regularly update widely disseminate widely high quality data, information and analyses on the epidemic and its impact;
- Best practices identified, documented and disseminated and adapted for the exchange of experience within and between countries, sub-regions, regions and at the global level;
- Development and wide dissemination of policies, strategies and programme guidance for action, in appropriate languages, including in the areas of HIV prevention and commercial sex and men who have sex with men.
- Standard high-quality tools for analysis of the epidemic, its impact, resource needs;
- Biennial Report on the global AIDS epidemic; annual AIDS epidemic up-dates; country progress reports, including “Three Ones” status up-dates, regional trend reports.

Strategy to achieve key result:

- Use of UNAIDS Reference Groups on subjects such as prevention, human rights, injecting drug use, economics and epidemiology & projection to provide guidance and technical advice on strategic information;
- Coordinated efforts of key partners in the development of standard analytical approaches and tools for gathering and processing data and production of strategic information;
- Coordinated development of the UNAIDS common list of needs for strategic information, operational research and evaluations;
- Provision of an aligned technology platform, including e-mail, Internet and Web information for UNAIDS;
- Technical assistance to partners at all levels for identification, documentation of Best Practices, for innovative approaches in their sharing and adapting to local circumstances;
- Use of country case study analyses to provide best practices with a focus on the “Three Ones” principles;
- Coordinated generation of strategy frameworks, policy and position papers, technical up-dates on key issues;
- Compilation and production of the annual AIDS epidemic up-dates and biennial Global AIDS report;
- Preparing and disseminating appropriate publications in all necessary languages;
- Compilation and production of annual progress reports on the implementation of the “Three Ones”, including case studies, and other annual progress reports on UNAIDS country-level progress.

Partners:

all UNAIDS Cosponsors and other key partners at global, regional and country levels.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 25,000,000	US\$ 2,000,000	n/a

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable the Secretariat to expand the coverage of generated strategic information covering in a timely manner new emerging critical areas in the response to HIV and AIDS; to convene in-depth evaluation in the priority areas.

References:

- Progress report on the Global Response to the HIV/AIDS Epidemic, 2003.
- Report on the global AIDS epidemic, July 2004.
- Global summary of the HIV and AIDS epidemic, December 2004.
- AIDS in Africa: Three scenarios to 2025, UNAIDS Secretariat, March 2005.

Key Result III on Monitoring and Evaluation

Harmonized monitoring and evaluation approaches at global, regional and country level to generate reliable and timely information on the epidemic and the response.

Principal result linkage:

Strategic information, research and reporting (14); Country capacity – the “Three ones” principles (5).

Achievement indicators:

- Increase in the number of countries reporting on the UNGASS core indicators
- Increase in the number of countries with standardised indicators in the monitoring plans developed with the UNAIDS tools and guidance.

Deliverables:

- Harmonized indicator and operational guidance for use by countries and intergovernmental organizations;
- Global report on progress in implementing UNGASS;
- Improved and commonly agreed indicator sets and data collection methodologies in key areas;
- New, improved M&E methods for country capacity building;
- Tools for improved tracking of resources through national M&E systems;
- Improved tools for data management at country level, using appropriate database networks, with special emphasis on installation and use of Country Response Information System;
- Global and country reports on national HIV and AIDS spending;
- In-depth performance assessments of selected UNAIDS actions.

Strategy to achieve key result:

- Use of UNAIDS Monitoring and Evaluation Reference Group (MERG) and other reference groups for developing and harmonizing indicators, collection strategies, training, and data use/dissemination;
- Coordinating support to development, adaptation and utilization of software packages on estimation and projections, data management, and resource tracking;
- Supporting national and regional capacity building on estimation and projection in a globally standardized manner;
- Supporting monitoring of the UNGASS implementation through analysis and aggregation of country reports;
- Coordinating partner involvement in implementing and measuring the updated UNGASS and the MDG indicator frameworks;
- Providing M&E support to UN Theme Groups on HIV and AIDS;
- Through the UNAIDS Global Resource Tracking Consortium and other mechanisms, coordinated development of methodological tools, protocols, guidelines on resource needs analysis and resource flow tracking;
- Supporting development of an annual national HIV/AIDS spending reports, compilation of data and analyses of resource flows and gaps, production of aggregated reports;
- Building capacity, strengthening global, regional, country coordination mechanisms on M&E;
- Supporting government-led participatory reviews;
- Coordinating in-depth performance assessments of UNAIDS actions with Cosponsors.

Partners: all UNAIDS Cosponsors, key partners, including academic institutions, bilateral agencies, UNAIDS reference groups, e.g. MERG.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 10,500,000	US\$ 7,000,000	n/a

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable the Secretariat to increase coverage of countries that benefit from support in the area of M&E capacity building.

References:

- National AIDS programmes: A guide to monitoring and evaluation, UNAIDS, UNICEF, WHO, World Bank, and partners, June 2000.
- Monitoring the Declaration of Commitment on HIV/AIDS: Guideline son construction of core indicators, UNAIDS, August 2002.
- Monitoring and Evaluation modules, UNAIDS Secretariat, 2003.
- Country Response Information System: Overview of the system and its plan of establishment. UNAIDS, 2003
- Monitoring and Evaluation Toolkit, HIV/AIDS, Tuberculosis and Malaria, UNAIDS, UNICEF, WHO, World Bank, and partners, June 2004.

Key Result IV on Civil Society Engagement and Partnerships

Greater and sustained involvement of civil society, people living with HIV and AIDS (PLWHA) and vulnerable populations through global, regional and national partnerships that allow for regular and structured engagement of civil society in policy and programme decision-making.

Principal result linkage:

Human Rights (2); Partnerships (4); Women and girls (7).

Achievement indicators:

- Number of countries with documentation that civil society was involved in data collection and data review for UNGASS progress reporting.
- Number of priority countries with established donor and non-governmental organizations (NGO) forums that advocate for the “Three Ones” principles.

Deliverables:

- Horizontal collaboration among PLWHA networks and civil society organizations; relevant partnerships brokered;
- Multi-stakeholder partnerships for intensified action on Women and AIDS, intensifying HIV prevention, scaling up access to treatment, other emerging issues;
- Strategic information, tools, resource materials, political support for PLWHA and civil society;
- More involvement of vulnerable populations, including men who have sex with men, persons involved in sex work, injecting drug users, in providing inputs for policy and programme decision-making and implementation;
- More relevant, targeted programming and implementation due to the systematic reflection of the needs and concerns of vulnerable sub-populations;
- Best practice examples on partnerships, tools and guidance;
- Effective government-led partnership forums that ensure participation of civil society, intergovernmental organizations, donors, private sector in HIV/AIDS policy and programme dialogue.

Strategy to achieve key result:

- Advocating the fundamental importance of partnerships in HIV prevention, care and treatment, impact mitigation;
- Developing technical manuals on operationalizing partnership mechanisms;
- Building capacity of networks of PLWHA and other civil society groups for collaboration;
- Brokering collaboration and partnerships between UN, donors, inter-governmental bodies, private sector, NGOs, community-based organizations (CBOs) at all levels;
- Providing technical and programmatic support to engage strategic and innovative partners within different sectors and disciplines at all levels;
- Developing capacity for relevant partners, organizations working to prevent HIV infection, access to care and treatment, reduce vulnerability and mitigate the impact of AIDS on women and girls;
- Monitoring and reporting on the involvement of civil society, private sector and PLWHA organizations and partnerships mechanisms;

- Mapping and analysing involvement of civil society entities and private sector to facilitate outreach to new entities;
- Identifying, documenting and disseminating widely multi-partner collaboration best practice experiences.

Partners: all Cosponsors, bilateral, non-governmental organization at all levels.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 11,500,000	US\$ 7,000,000	n/a

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will enable the Secretariat to galvanize partnerships building to expand action at national level in the area of uniformed services, women and AIDS and other emerging issues.

References:

- A report on a theological workshop on HIV and AIDS-related stigma, UNAIDS, February, 2005.
- A study of the Pan-Caribbean Partnership against HIV/AIDS: Common goods, shared responses, UNAIDS.
- Engaging uniformed services in the fight against HIV/AIDS. UNAIDS Document series.
- The Global Coalition on Women and AIDS. UNAIDS initiative.
- Greater involvement of persons living with or affected by HIV/AIDS, UNAIDS, 1999.
- UNAIDS Partnership: working together on AIDS, February 2005.

Key Result V on Resource Mobilization

Additional human, technical and financial resources available to meet priority needs in the response to the HIV and AIDS epidemic and its impact and more effective and efficient use of available resources.

Principal result linkage:

Resource mobilization, tracking and needs estimation (15); Human and technical resources (16).

Achievement indicators:

- Increased resources in countries through national, bilateral and multilateral channels.
- Increase in the number of countries that undertake the national spending assessments.
- All priority countries have strategic plans and frameworks costed and budgeted.

Deliverables:

- Global HIV and AIDS resource mobilization strategy;
- Strengthened country capacities to mobilize, leverage, manage and utilize human, technical and financial resources;
- Technical support facilities, based on existing regional institutions and harmonized with Cosponsors' technical support mechanisms, providing support to countries to mobilize, leverage and utilize human, financial resources;

- Harmonization of technical and financial resources from national and international partners in line with “Three Ones” principles;
- Fully funded UNAIDS Unified Budget and Workplan.

Strategy to achieve key result:

- Advocacy for HIV and AIDS dedicated resource flow to address priorities, major gaps and emerging issues for proactive response to the epidemic and its impact
- Coordinating implementation and up-dating of the global resource mobilization strategy
- Leadership for the establishment and functioning of regional technical support facilities, regional coordination teams, technical networks and knowledge hubs.
- Coordinated development of methodological tools, protocols, guidelines on HIV/AIDS budgeting, planning and costing, mainstreaming and resource management.
- Advocacy for and brokering financial management and procurement procedures;
- Resource mobilization for the UNAIDS Unified Budget and Workplan;
- High-level support for regions and countries in their effort to access major grants to address priority issues.
- Strengthening national capacity for the preparation and implementation of proposals for Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Multi-country AIDS Program grants, U.S. Emergency Plan for AIDS Relief etc;
- HIV mainstreaming in national development plans, Poverty Reduction Strategy Papers and other development instruments.

Partners: all Cosponsors

Budget for key result:

Core	Supplemental	Own Resources
US\$ 23,000,000	US\$ 2,000,000	n/a

Details on the use of the supplemental budget:

The supplemental budget of the Secretariat will be used to assist countries to implement the Three Ones principles.

References:

- Financing the response to AIDS, Chapter 6, UNAIDS 2004 Report on the Global AIDS epidemic.

Interagency Key Results

The interagency component is a unique feature of the UBW, and represents one of the most tangible manifestations of the uniqueness of UNAIDS within the UN System. While various components of the UBW finance activities by individual Cosponsors or the Secretariat, the interagency budget provides funding for joint or collective action by the UNAIDS family as a whole. These interagency activities enable UNAIDS to act not only through coordination of action by different players, but collectively. For example, UNAIDS Coordinators and technical advisors at country level act on behalf of the whole Joint Programme: all ten Cosponsors and the Secretariat. Not only does this allow the UN to speak with one voice at country level, but it is a practical means to ensure that the various UN agencies act in concert, focusing their action on areas where they have comparative advantages and avoiding duplication of effort.

Key Result I on Global level support to countries

Coordinated and collective UNAIDS action to provide an enabling environment to increase national action through amplification of global-level coordinated advocacy, generation of evidence base and joint programming in emerging areas.

Principal result to which the key result is linked:

Leadership and Advocacy (3); Strategic information, research and reporting (14).

Achievement indicators:

- Instances of reflection of joint UNAIDS positions on HIV and AIDS issue at major global and regional fora.
- UN-wide institutionalized approach to integration of HIV/AIDS in humanitarian and post-crises assistance.

Deliverables:

- Strategic deployment of the network of Special Envoys of the Secretary General on HIV and AIDS to deliver targeted advocacy on specific country, regional and global priority and neglected issues.
- Timely initiation of interagency collaborative action on new and emerging issues that require merger of disciplines through such mechanisms as Interagency Task Teams, Groups and other expedient forms.
- Coordinated, consistent and coherent UNAIDS participation in the International AIDS Conference contributing to an expanded response.
- Timely, effective, coordinated UN action on HIV and AIDS on strengthening capacity of national and international entities to respond to HIV and AIDS among security institutions such as national and regional civil, military and peacekeeping forces in conflict, post conflict, humanitarian crisis and natural disaster situations.

Strategy to achieve key result:

- Positioning UNAIDS advocacy efforts through the Special Envoys network
- Coordinating UNAIDS contribution to Global AIDS Conference.
- Joint identification of emerging issues; developing consensus through expert consultations.
- Joint identification of specific initiatives for joint action, including thematic campaigns, such as on emerging issues within the prevention and care continuum.

- Supporting the InterAgency Steering Committee Task Force on HIV/AIDS in Emergency Settings providing policy guidance on joint action for populations affected by disaster or conflict and on uniformed services.
- Collaborating with the UN Department for Peacekeeping Operations and UN Secretariat.

Partners: UNAIDS Cosponsors, other UN agencies and key partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 4,300,000	0	n/a

References:

Future directions for UNAIDS: Responding to the Five-Year Evaluation of UNAIDS. UNAIDS/PCB (13)/02.3.

Key Result II on Regional level support to countries

Strategic employment of regional and sub-regional platforms to expedite technical, coordination, harmonisation support, timely access to qualified human and technical and financial resources for national HIV/AIDS programmes.

Principal results to which the key result is linked:

UN System coordination (1); Country capacity – the “Three Ones” principles (5); Human and technical resources (16).

Achievement indicators:

- Number and type of technical support mechanisms operational at regional levels; Number of countries supported through these mechanisms;
- Number and nature (i.e. multi-partner, multi-discipline issues addressed) of functioning interagency collaboration that allow timely and coordinated action in seven UNAIDS sub-regions.

Deliverables:

- Establishment and functioning of Regional Facilities to provide on-going technical support to countries to scale up the national response.
- Coordination of action by the Joint Programme at the sub-regional level on jointly identified actions to support country scale-up:
 - *East and Southern Africa:* Supporting sub-regional organizations to establish “AIDS Watch” for accountability of all actors. Enhanced coordination in procurement of necessary commodities (antiretroviral drugs, condoms, etc.).
 - *West and Central Africa:* HIV and AIDS in conflict and post-conflict situations; enhanced coordination in the area of young people.
 - *South-East Asia:* Policies & services for neglected populations, including, sex workers, men who have sex with men, injecting drug users.
 - *South Asia* – strategic information on youth, drug-using pops; collaboration on access to treatment, care & support; advocacy on “Three Ones” principles.
 - *Europe and Central Asia:* Stigma and discrimination; technical support.

- *Latin America and the Caribbean:* Stigma & discrimination; young people & adolescents, street children, injecting drug users, men who have sex with men, sex workers.
- *Middle East and North Africa:* Joint advocacy based on strategic information.

Strategy to achieve key result:

- Establishing and supporting the functioning of regional technical coordination facilities providing support to scale up national HIV/AIDS programmes, including technical support on proposals for Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank MAP and other donors.
- Promoting Regional Technical Facilities among partners and coordination with other UN regional and sub-regional technical support structures.
- Assisting with the development of country partner-owned and coordinated approach to addressing the technical assistance and capacity building needs.
- Creating forums for sharing information between partners about respective needs, capacities and expectations.
- Encouraging the pooling of technical assistance and funds by organizations for delivery of technical assistance and capacity building support.
- Relying on existing institutions, for sustainability.
- Ensuring interagency management of Joint Action Frameworks at regional and sub-regional level through Regional Consultations among Cosponsors and the Secretariat; through Cosponsor Regional Directors as an approval and accountability mechanism.
- Employing the UNAIDS Regional Support Teams to act as the platform for coordination in implementation of the joint action plans.

Partners: UNAIDS Cosponsors, other UN agencies and key partners.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 5,900,000	US\$ 10,000,000	0

Details on the use of the supplemental budget:

Supplemental funding will enable more technical support facilities to be established and to undertake more joint sub-regional actions.

References:

- Technical Support Facilities technical notes
- Reports from the five regional UBW consultations, June-September, 2005.
- A study of the Pan-Caribbean Partnership against HIV/AIDS: Common goods, shared responses, UNAIDS.
- UNAIDS Partnership: working together on AIDS, February 2005.

Key Result III on Country level support to scale up the response

Effective and coordinated action by UNAIDS, the broader UN system and other stakeholders to strengthen the country response including provision of catalytic technical support and capacity-building.

Principal results to which the key result is linked: UN System Coordination (1); Country capacity – the “Three Ones” principles (5); Human and Technical Resources (16).

Achievement indicators:

- Increase in the number of countries where National AIDS Coordinating Authority is recognised by all major partners as one National Authority on HIV/AIDS;
- Increase in the number of UN country teams where HIV/AIDS included in the CCA/UNDAF.

Deliverables:

- Effective coordination of UN action on the country level through UN Theme Groups on HIV and AIDS through placement and effective support for UNAIDS Country Coordinators and through the development, implementation and monitoring of UN Implementation Support Plans for country responses to HIV/AIDS (UN-ISPs).
- Provision of technical support to countries on behalf of Theme Groups through placement and effective support of experts on monitoring and evaluation, resource mobilization and civil society partnerships.
- Targeted support to catalyze and leverage country level action to scale up the national response as requested and managed by UN Theme Groups on HIV and AIDS (Programme Acceleration Funds - PAF).

Strategy to achieve key result:

- Placement of UNAIDS Country Coordinators (UCCs) in 65 countries; placement of UNAIDS focal points in additional countries to support the UN Theme Group on HIV/AIDS and ensure coordination.
- Placement of experts in monitoring and evaluation; resource mobilization and partnerships in countries under UN Theme Groups to act on behalf of the Joint Programme, on the basis of country priorities.
- Identification by UN Theme Groups in consultation with Government and other partners of targeted interventions, which require modest seed money and to leverage action (PAF) and subsequent support to elaborating and implementing the PAF activity.

Partners:

UNAIDS Cosponsors, UN agencies, national counterparts.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 71,800,000	US\$ 10,000,000	n/a

Details on the use of the supplemental budget:

Supplemental funding will allow the placement of UNAIDS Country Coordinators, as well as the placement of country-level technical advisors in key areas including monitoring and evaluation, resource mobilization and partnership development in more countries. Additional funding will enable to expand the provision of technical support in key areas for more countries.

References:

- PCB recommendations to strengthen country level support, 2002, 2003 and 2004 meetings.
- Directions for the Future: Unifying and Intensifying Country Support, UNAIDS Secretariat, 2003.
- Action Guide for United Nations Country Teams: Implementing the Declaration of Commitment, UNAIDS Secretariat.

- The “Three Ones” in action: where we are and where we go from here. UNAIDS Secretariat, February 2005.

Key Result IV on UN System staff capacity on HIV and AIDS.

Enhanced capacity of UN System staff to respond to the HIV and AIDS epidemic at the individual, professional and organizational levels.

Principal results to which the key result is linked:

UN System Coordination (1); HIV Prevention programmes (6).

Achievement indicators:

- Number of UN agencies where HIV and AIDS workplace programmes in UN headquarters, regional and country offices are in conformity with the UN policy on HIV and AIDS and the ILO code of practice.
- Number of UN agencies and UN Country Offices reporting on implementation of the workplace policy and programmes.
- Increased competence and capacity of UN staff to respond to the HIV and AIDS epidemic, including on issues related to HIV and IANDS in the UN workplace and support to national responses.

Deliverables:

- Comprehensive and coordinated HIV/AIDS workplace programmes in implementation in UN system organizations headquarters’, regional and country offices, fully integrated into the on-going work of UN system agencies.
- UN staff members and their families have complete information on available HIV and AIDS prevention, care, and treatment services, particularly in countries with high prevalence and /or inadequate services.
- UN staff members and their families have access to essential HIV prevention commodities, particularly in countries with high prevalence and/or undependable access to essential commodities.
- Increased knowledge and competence of staff on HIV and AIDS, including human resource professionals, managers, UN-affiliated medical personnel and technical staff in various areas with responsibilities for and related to the development, implementation, monitoring and evaluation of programmes addressing HIV and AIDS to enable them to support national responses more effectively and contributes to the elimination of stigma and discrimination surrounding HIV/AIDS.
- A more supportive UN workplace moving toward an environment free of stigma and discrimination.

Strategies to achieve key result:

- Ensure a network for systematic and regular consultation with UNAIDS Cosponsors is in order to ensure close identification of needs and to achieve synergy in the development and implementation of learning programmes and approaches.
- Full implementation of the Learning Strategy on HIV and AIDS, including
 - Development of learning materials and activities related to specialised competency areas on HIV/AIDS.
 - Establishing inter-agency structure and mechanism in each country office and headquarters of agencies to implement and report on workplace programmes.

- Building on existing HIV/AIDS structures and workplace programmes and initiatives (inter-agency and agency-specific).
- Providing technical support to agencies to develop/revise and implement workplace policies and programmes, including extending access for all employees and dependants.
- Strengthening and maintaining the existing HIV/AIDS learning facilitators network with a particular focus on the priority countries through the implementation of regular activities and approaches (workshops, distance-learning, etc.), on-going support through the e-workspace, dissemination of existing materials and updating and/or development of additional materials as needed.
- Sub-Regional and country level training for managers, focal points and staff.
- Determining the impact of the Learning Strategy in terms of a) behaviour change; b) knowledge acquisition with reference to each building block of the learning strategy; c) decreasing HIV/AIDS-related stigma and discrimination in the workplace, and d) its effectiveness in supporting national responses.
- Conduct a comprehensive inventory of available HIV and AIDS prevention, care, and treatment services for UN staff world-wide, aiming to consider the entire spectrum (prevention, care, treatment and support services, including voluntary and confidential counselling and testing)
- Identify opportunities to improve access to essential HIV prevention commodities; put in place practical means to ensure staff have access to such commodities particularly in countries with high prevalence and/or un dependable access.
- Ensure that UN system agencies integrate into their regular work programmes training for staff on HIV and AIDS to build capacity to develop, implement, monitor and evaluate programmes.
- Advocate for harmonization of the health insurance schemes and extension of access for all staff and dependants.

Partners: all UNAIDS Cosponsors and wider UN system, local non-governmental and community-based organizations.

Budget for key result:

Core	Supplemental	Own Resources
US\$ 2,400,000	US\$ 1,200,000	n/a

Details on the use of the supplemental budget:

The supplemental budget, subject to its availability, will:

- enable the Joint Programme to undertake operations research to gauge the impact of the HIV and AIDS epidemic on UN system operations in priority countries;
- expand the HIV and AIDS Learning Strategy and workplace policy implementation to the UN's humanitarian workforce in areas removed from UN country offices.

References:

UN Personnel Policy; ILO Code of Practice; UN Learning strategy on HIV and AIDS; Agency workplace programmes; Indicators to monitor the implementation and impact of HIV/AIDS workplace policies and programmes in the UN system (UNAIDS Interagency Task Team).