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20th Meeting of the Programme Coordinating Board
Geneva, Switzerland
25-27 June 2007

Provisional agenda item 2:

2008-2009 Unified Budget and Workplan and Financial Report:
2008-2009 Unified Budget and Workplan

Summary

The proposed UNAIDS Unified Budget and Workplan for 2008-2009 aims to maximize the impact of the UNAIDS leadership at global and regional levels and the effectiveness of the Joint Programme's assistance to national stakeholders to achieve meaningful results and impact at country level. As in prior biennia, the 2008-2009 UNAIDS Unified Budget and Workplan unites in a single framework the AIDS activities of 10 Cosponsors and the UNAIDS Secretariat, including joint interagency work involving multiple components of the Joint Programme.

The 2008-2009 Unified Budget and Workplan is based on the *2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access*, approved by the Programme Coordinating Board at its 19th meeting in December 2006. "Making the money work" constitutes an overriding theme in the 2008-2009 Unified Budget and Workplan, which provides for intensified, coordinated technical support to countries to accelerate progress towards universal access to HIV prevention, treatment, care and support. The clarity, simplicity, transparency and performance monitoring of UNAIDS have been enhanced in the 2008-2009 Unified Budget and Workplan, with a mid term review to permit assessment of the outcomes and impact of the Joint Programme's efforts under the Unified Budget and Workplan.

The amount to be raised by the UNAIDS in the proposed 2008-2009 Unified Budget and Workplan is US\$ 469 million. This includes the core US\$ 429 million, the Supplemental Secretariat US\$ 15 million, the Supplemental interagency US\$ 20 Million and the Supplemental Contingency US\$ 5 million.

The proposed 2008-2009 Unified Budget and Workplan includes US\$ 135 million to be shared among 10 Cosponsors, US\$ 182 million for the UNAIDS Secretariat, US\$ 147 million for interagency activities and US\$ 5 million for a contingency fund.

Additional documents for this item:

- i. Interim financial management information for the 2006-2007 biennium and financial update as at 30 April 2007 (*UNAIDS/PCB(20)/07.4*)
- ii. Proposal to PCB for new discretionary authority for the Executive Director with respect to the programming and disbursement of funds received over the approved level of the budget (*UNAIDS/PCB(20)/07.15*)
- iii. Mid-term Progress Report: 2006-2007 Unified Budget and Workplan (*conference room paper*)

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

- i. endorse the strategies and approaches contained in the 2008-2009 Unified Budget and Workplan.
- ii. approve the 2008-2009 Unified Budget and Workplan and the proposed distribution of those resources as follows: US\$ 135 million to be shared among 10 Cosponsors; US\$ 182 million for the UNAIDS Secretariat; US\$ 147 million for interagency activities and US\$ 5 million for a contingency fund.
- iii. take note of the planned Cosponsor supplemental and global/regional resource budgets.
- iv. endorse the mid-term review to increase the flexibility of the UBW as outlined on page 16 of the Unified Budget and Workplan document.
- v. approve the authority of the Executive Director of UNAIDS to increase or decrease funds by up to 10 % between Principal Outcomes of the Unified Budget and Workplan subject to the conditions outlined in page 16 of the Unified Budget and Workplan document.

Table of Contents

Foreword	4
Executive Summary	5
I. Introduction and overview	6
1. Development of the 2008-2009 Unified Budget and Workplan.....	7
2. Important New Features of the Unified Budget and Workplan	8
3. Strategic Objectives of the 2008-2009 Unified Budget and Workplan.....	9
4. Financing the 2008-2009 Unified Budget and Workplan	11
5. Budget.....	12
6. Ensuring the continuing relevance of the Unified Budget and Workplan	15
7. Accountability.....	16
II. Unified Budget by Principal Outcome	18
1. Leadership and resource mobilization	19
2. Planning, financing, technical assistance and coordination	21
3. Strengthened evidence base and accountability.....	23
4. Human resources and systems capacities.....	24
5. Human rights, gender, stigma and discrimination.....	26
6. Most at-risk populations	28
7. Women and girls, young people, children and populations of humanitarian concern	28
III. Workplans by Cosponsors, Secretariat, and Interagency	30
1. Office of the United Nations High Commissioner for Refugees (UNHCR)	30
2. United Nations Children's Fund (UNICEF).....	31
3. World Food Programme (WFP)	33
4. United Nations Development Programme (UNDP).....	35
5. United Nations Population Fund (UNFPA).....	36
6. United Nations Office on Drugs and Crime (UNODC)	38
7. International Labour Organization (ILO).....	39
8. United Nations Educational, Scientific and Cultural Organization (UNESCO) 41	
9. World Health Organization (WHO)	43
10. The World Bank.....	45
11. UNAIDS Secretariat	46
12. Interagency activities	48
IV. Technical notes	49
Appendix 1: Budget allocation by Principal Outcome, Key Output and Activity ..	51
Appendix 2: Budget allocation by Cosponsor, Secretariat and interagency	75
Appendix 3: Budget allocation by global and regional level	101

Foreword

1. The creation of UNAIDS was a pioneering step towards improving the coordination, coherence and impact of the UN system's efforts to address the AIDS epidemic.
2. The UNAIDS Unified Budget and Workplan combines in a single framework the HIV-related activities of 10 Cosponsors and the UNAIDS Secretariat. The 2008-2009 Unified Budget and Workplan reflects both lessons learnt by the Joint Programme in its first decade of work, as well as important trends and emerging challenges in the global epidemic.
3. The 2008-2009 biennium is a pivotal moment in the global AIDS response. Political and financial support for the AIDS response has never been greater, and the evidence base for effective action is stronger than ever. To achieve the results that are now possible for the first time, the concerted efforts of the entire global community must focus on "making the money work" in countries as they scale up towards universal access to prevention, treatment, care and support by harmonizing and strengthening collective action to support country-led strategies and plans. While landmark progress has been made in expanding treatment access in recent years, comparable efforts are also critically needed to bring HIV prevention to scale.
4. While the 2008-2009 Unified Budget and Workplan outlines planned UNAIDS activities for the biennium, the UN system does not undertake its HIV-related efforts in a vacuum. In every aspect of our work, UNAIDS relies on a host of diverse partners without whom progress on AIDS would not be possible.
5. By making the 2008-2009 Unified Budget and Workplan available to Cosponsors, UN Theme Groups on HIV/AIDS, and partners at global, regional and country levels, it is our hope that it will contribute to fostering greater coherence and effectiveness in the UN system's response to AIDS.

Dr. Peter Piot
Executive Director

Executive Summary

6. Supporting the achievement of significant progress towards universal access to HIV prevention, treatment, care and support is the linchpin of the 2008-2009 Unified Budget and Workplan. To accelerate scale-up towards universal access, 2008-2009 Unified Budget and Workplan aims to maximize the impact of UNAIDS leadership at global and regional levels and the effectiveness of the Joint Programme's assistance to national stakeholders.
7. The activities set forth in the 2008-2009 Unified Budget and Workplan are guided by the *2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access*, endorsed by the Programme Coordinating Board at its 19th meeting in December 2006. The 2008-2009 Unified Budget and Workplan adheres to the UNAIDS Technical Support Division of Labour and to the recommendations of the *Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors*. An overarching aim of the 2008-2009 Unified Budget and Workplan is to "make the money work" by enhancing the coordination and impact of HIV-related efforts.
8. To improve harmonization of UNAIDS' work with broader development efforts, the 2008-2009 Unified Budget and Workplan has adapted the nomenclature of the Development Cooperation Directorate of the Organization for Economic Cooperation and Development, presenting the Unified Budget and Workplan according to *Principal Outcomes* and *Key Outputs*. In the 2008-2009 biennium, UNAIDS will achieve seven Principal Outcomes and 33 Key Outputs. Transparency and clarity have been enhanced as a result of a clearer description in the budget of the individual contributions of each Cosponsor and Secretariat, consistent with the Joint Programme's Division of Labour for provision of technical support. A limited number of performance indicators, geared towards demonstrable impact at country level, have been developed for each Principal Outcome and Key Output, and a mid-term review will permit assessment of UNAIDS progress under the 2008-2009 Unified Budget and Workplan.
9. The 2008-2009 Unified Budget and Workplan is funded from numerous sources. The Fund of UNAIDS, which is financed exclusively from voluntary funds provided by donors (including the UNAIDS Cosponsor, World Bank), provides resources for the core budget for Cosponsors and for the Secretariat and interagency activities. Cosponsors also provide funding for AIDS through their own budgetary and planning mechanisms.
10. The amount to be raised by UNAIDS in the proposed 2008-2009 Unified Budget and Workplan is US\$ 469 million. The 2008-2009 proposed Unified Budget and Workplan includes US\$ 135 million to be shared among 10 Cosponsors, US\$ 182 million for the UNAIDS Secretariat, US\$ 147 million for interagency activities and US\$ 5 million for a contingency fund.
11. It is estimated that of the proposed budget of US\$ 469 million for the Cosponsors, Secretariat, interagency and contingency¹, 74% (US\$ 347 million), will be applied to regional and country level support and 26% (US\$ 122 million) at global level.

¹ Assumes the contingency will be applied in the same ratio as for the Secretariat, Cosponsors and interagency

I. Introduction and overview

12. The UNAIDS Unified Budget and Workplan is a unique instrument in the United Nations system. Combining the AIDS efforts of 10 UN Cosponsors and a Secretariat, the biennial UNAIDS Unified Budget and Workplan aims to maximize the coherence, coordination and impact of the UN's response to AIDS.²

13. The 2008-2009 UNAIDS Unified Budget and Workplan emerges at a pivotal moment in the global AIDS response. Encouraged by the growth in financial resources on AIDS and by concrete success in expanding treatment access, the world has embarked on a pioneering effort to move towards universal access to HIV prevention, treatment, care and support by 2010. Supporting the achievement of significant progress towards universal access to HIV prevention, treatment, care and support is the linchpin of the 2008-2009 Unified Budget and Workplan.

14. Yet the movement towards universal access confronts major challenges. In part due to the loss of key personnel as a result of HIV, many countries are having difficulty converting substantial new resources into scaled-up programmes of action. While remarkable strides have been made in increasing treatment access, more than 70% of those needing treatment in December 2006 were still unable to obtain it. And although available HIV prevention measures could prevent more than 60% of new infections that are projected to occur through 2015, prevention coverage remains minimal in most countries.

15. The 2008-2009 Unified Budget and Workplan positions the UNAIDS family to *deliver as one* at global, regional and national levels to meet the epidemic's challenges. The 2008-2009 Unified Budget and Workplan provides for:

- **Unified and coordinated action** on jointly established priorities, in accordance with the *UNAIDS Technical Support Division of Labour*³ and taking into account the comparative advantage of each member of the Joint Programme;
- A **Budget** focused on joint priorities and results, maximizing the impact of available resources; and
- A **Workplan** that provides a framework for joint implementation, translated into clear and accountable operational plans at country level.

16. By sharpening the strategic focus of the Joint Programme, the 2008-2009 Unified Budget and Workplan seeks to help countries "make the money work." By assisting countries in scaling up harmonized, goal-driven national strategies and programmes of action, UNAIDS in 2008-2009 aims to ensure the full implementation of the *Declaration of Commitment on HIV/AIDS* and the *Political Declaration on HIV/AIDS*, as well as adherence to the recommendations of the *Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors*. As in previous

² The 10 UNAIDS Cosponsors are the Office of the UN High Commissioner for Refugees (UNHCR); the UN Children's Fund (UNICEF); the UN Development Programme (UNDP); the UN Population Fund (UNFPA); the UN Office on Drugs and Crime (UNODC); the International Labour Organization (ILO); the UN Educational, Social and Cultural Organization (UNESCO); the World Food Programme (WFP); the World Health Organization (WHO); and the World Bank. The AIDS-related work of these 10 agencies is supported by a Secretariat, which has professional staff in more than 75 countries.

³ In 2005, the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors called on UNAIDS to clarify and cost a delineation of specific responsibilities within the Joint Programme for the provision of technical support. In November 2005, UNAIDS released the *UNAIDS Technical Support Division of Labour*, which identified individual members of the UNAIDS family with lead responsibility for coordinating technical support on specific topics (e.g., prevention of mother-to-child HIV transmission, antiretroviral treatment and management, HIV surveillance). The document further identifies the members of the UNAIDS family responsible for working with the lead agency in the provision of technical support in each area.

biennia, UNAIDS will pursue its work in five cross-cutting areas: leadership, coordination and advocacy; strategic information; monitoring and evaluation; civil society engagement and partnerships; and resource mobilization.

1. Development of the 2008-2009 Unified Budget and Workplan

17. At its 18th meeting in June 2006, the Programme Coordinating Board requested UNAIDS to develop a strategic framework for its assistance to countries in 2007-2010 to meet the commitments set forth in the *Declaration of Commitment on HIV/AIDS* and the *Political Declaration on HIV/AIDS*. The result was the *2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access*, which was endorsed by the Programme Coordinating Board. The 2008-2009 Unified Budget and Workplan is based on the *2007-2010 Strategic Framework*, which outlines five strategic directions for the Joint Programme:

- Guiding the global agenda, increasing involvement and monitoring progress;
- Technical support and capacity building to “make the money work” for universal access;
- Human rights, gender and reduced vulnerability of most-at-risk populations;
- Re-emphasizing HIV prevention alongside treatment, care and support; and
- Strengthening harmonization and alignment to national priorities.

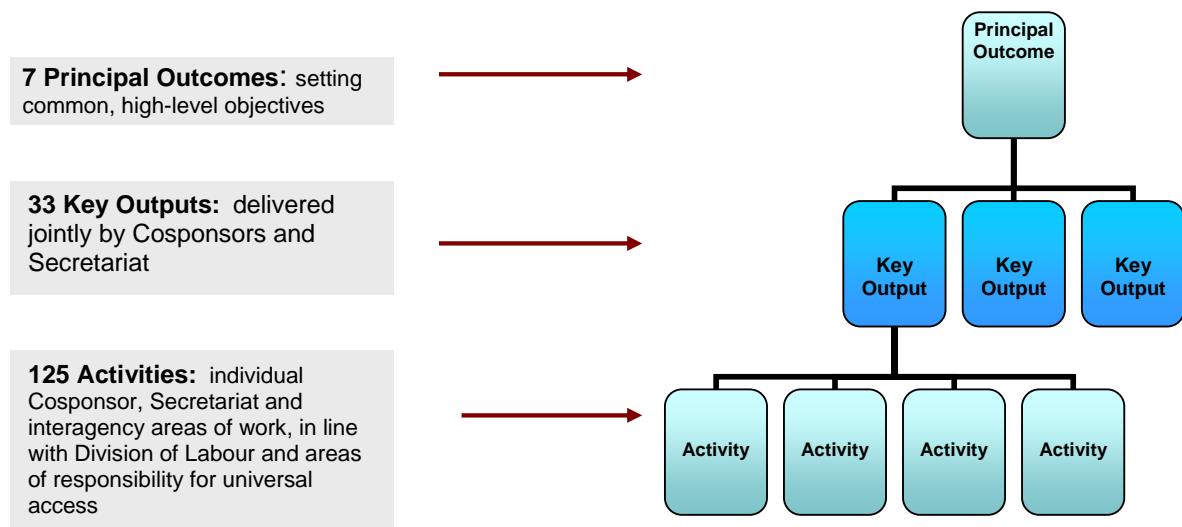
18. While the *Strategic Framework* was in development, the Cosponsors and Secretariat established working groups to begin developing the 2008-2009 Unified Budget and Workplan. The Cosponsors and Secretariat developed seven *Principal Outcomes* for the 2008-2009 Unified Budget and Workplan. For each Principal Outcome, Cosponsors and the Secretariat formulated *Key Outputs*, working as teams with designated agencies. The 2008-2009 Unified Budget and Workplan articulates broad activities by each Cosponsor and the Secretariat, as well as joint interagency activities, that will support achievement of individual Principal Outcomes and Key Outputs.

19. The UNAIDS Cosponsors and Secretariat convened in February 2007 to undertake a peer review of the collective set of Principal Outcomes and Key Outputs and of planned activities for each Cosponsor and the Secretariat. The peer review not only contributed to the quality, clarity and coherence of the Unified Budget and Workplan but also helped avoid potential overlap and duplication and ensured close adherence of planned 2008-2009 activities to the division of labour.

20. In March 2007, results of the peer review process were incorporated into the 2008-2009 Unified Budget and Workplan, with appropriate revisions made to Principal Outcomes, Key Outputs and agreed activities. Heads of Cosponsor Agencies unanimously endorsed the revised 2008-2009 Unified Budget and Workplan at their annual meeting in April 2007. In April and May 2007, UNAIDS shared the results of the Unified Budget and Workplan development process with key partners and stakeholders, including donors and civil society.

21. Altogether, as set forth in Figure 1, 33 Key Outputs are envisioned to support the achievement of seven Principal Outcomes. The Joint Programme will undertake 125 activities to ensure fulfillment of anticipated Key Outputs.

Figure 1: UBW Results-based structure



22. Development of the 2008-2009 Unified Budget and Workplan reflects a planning process for the Joint Programme that has considerably matured. With more than a decade of experience, the Joint Programme now embodies a collaborative and synergistic working partnership, with roles, responsibilities and expectations clearly defined for each member of the UNAIDS family.

2. Important New Features of the Unified Budget and Workplan

23. The 2008-2009 Unified Budget and Workplan includes notable improvements over prior biennial budgets. New features of the 2008-2009 Unified Budget and Workplan include the following:

- *Harmonization.* To promote harmonization of the Unified Budget and Workplan with other instruments in the development field, the 2008-2009 Unified Budget and Workplan has adapted the nomenclature of the Development Cooperation Directorate of the Organization for Economic Cooperation and Development, presenting the Unified Budget and Workplan according to *Principal Outcomes* and *Key Outputs*.⁴
- *Simplification.* The 2008-2009 Unified Budget and Workplan reflects greater clarity and simplicity in the articulation and presentation of strategic outcomes and outputs. The number of overarching goals has been reduced from 16 Principal Results in 2006-2007 to seven Principal Outcomes in the 2008-2009 Unified Budget and Workplan. The 33 Key Outputs in the 2008-2009 Unified Budget and Workplan compare with 49 Key Results in 2006-2007 and with 478 Key Results in 2004-2005.
- *Coherence.* Convening and leadership roles are defined in accordance with the division of labour. At country level, the growing number of joint UN teams on

⁴ See OECD Development Assistance Committee, *Glossary of Key Terms in Evaluation and Results Based Management*, available at <http://www.oecd.org/dataoecd/29/21/2754804.pdf>.

AIDS and joint programmes of action will continue to enhance the coherence of the UN system's assistance to countries.⁵

- *Substance-led process and budget.* Agreement on overarching strategic aims drove the process and the development of the 2008-2009 Unified Budget and Workplan, with allocations within the UNAIDS family made on the basis of the outcomes, outputs and activities.
- *Joint programming.* The 2008-2009 Unified Budget and Workplan reflects an unprecedented degree of joint programming and systematic planning for collaborative work within the UNAIDS family. Whereas in 2006-2007 Cosponsors and the Secretariat identified 49 agency-specific Key Results, in the next biennial workplan the Joint Programme will work together for the achievement of common seven Principal Outcomes through the delivery of jointly defined 33 Key Outputs. The Key Outputs will be produced through collaborative work and cumulative effort by Cosponsors and the Secretariat as reflected in their broad activities. For example, to achieve the *Key Output on enhanced capacities at country level to scale-up comprehensive programmes for the prevention of mother-to-child HIV transmission*, four UNAIDS Cosponsors - UNICEF, WFP, UNFPA and WHO - have elaborated specific activities and outputs reflecting agencies' specialized and complementary contributions and together they constitute a package of support to countries in the area of PMTCT.
- *Accountability.* There is a strong focus on improving how the impact of UNAIDS work is monitored, measured and reported. In particular, specific outcome and output indicators are being developed for each Principal Outcome and Key Output of the 2008-2009 workplan. The indicators, both qualitative and quantitative, will focus on country interventions and expected impact at country level, and will be measured at country level. Standard data sources for each indicator will be specified, and baselines will be established. Monitoring information for the outcome and output indicators will be supplemented by evaluation studies and individual progress reports by Cosponsors and the Secretariat.
- *Flexibility.* The 2008-2009 Unified Budget and Workplan enhances the flexibility of the Joint Programme, providing for a mid-term review of progress on performance indicators and for establishment of a contingency fund to permit a mid-term reallocation of resources to address emerging issues. Within specified limits, the Executive Director will retain discretionary authority to reallocate resources within the Joint Programme.

3. Strategic Objectives of the 2008-2009 Unified Budget and Workplan

24. The seven Principal Outcomes in the 2008-2009 Unified Budget and Workplan reflect overarching priorities in the global effort to move towards universal access to HIV prevention, treatment, care and support. The Principal Outcomes represent the Joint Programme's ultimate aspirations by December 2009 and are outlined below together with a summary of the Key Outputs. Budget allocations by Principal Outcome, Key Output and Activities are outlined in Appendix 1.

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

⁵ As of December 2006, joint UN teams had been established in 68 of 83 countries with UNAIDS offices. UN teams in 38 countries had developed joint programmes of action on AIDS.

25. UNAIDS will continue to catalyze a more robust and sustainable global response and to mobilize sufficient resources for scaling-up in countries. UNAIDS will intensify its work to improve political commitment, leadership, and the coordination and harmonization of national responses; and to increase the capacity of NGOs and people living with HIV to participate as full and equal partners in the AIDS response.

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

26. UNAIDS will support countries in development of target-driven national strategies and action plans, helping integrate the AIDS response into broader development efforts. Specific initiatives will focus on ensuring that national responses address the needs of populations at greatest risk.

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

27. UNAIDS will assist countries in building HIV information systems to enable them to “know their epidemic.” UNAIDS will improve analytic capacity at all levels and work to enhance evaluation efforts to promote greater accountability in the AIDS response.

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

28. To accelerate progress towards universal access to HIV prevention, treatment, care and support, UNAIDS will assist countries and key partners in strengthening capacity for scaling up. Focus areas for capacity building include national procurement and supply management, optimizing strategic use of global trade rules to expand access to essential commodities, and strengthening human capacity in health systems and other sectors.

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

29. Coordinated action will focus on addressing the drivers of the epidemic. UNAIDS will work to strengthen national legal frameworks, promote gender equality, and build the capacity and engagement of diverse partners in addressing the human rights and gender dimensions of the epidemic.

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

30. UNAIDS will help countries reach populations at heightened risk with essential HIV prevention, treatment, care and support services. The active involvement of most-affected populations in the development and implementation of national strategies and programmes will be promoted.

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

31. UNAIDS will promote programmatic scale-up and policy development to reduce the vulnerability of women and girls, young people, children, emergency-affected populations and uniformed personnel.

4. Financing the 2008-2009 Unified Budget and Workplan

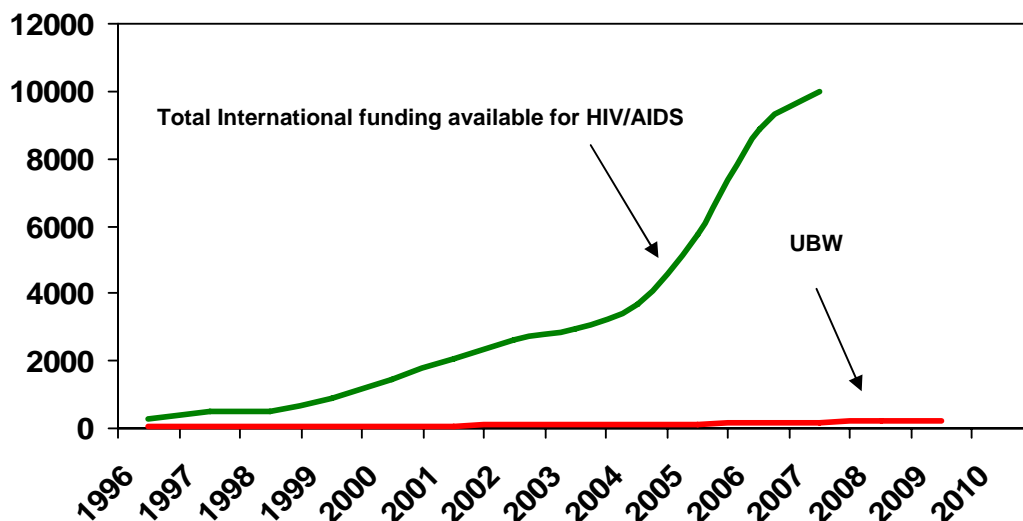
32. The Fund of UNAIDS, which is financed exclusively from voluntary funds provided by donors (including UNAIDS Cosponsor, the World Bank), provides resources for the core budget for Cosponsors, for the core and supplemental budgets for the Secretariat and interagency activities and for the Supplemental Contingency budget.

33. Cosponsors also provide funding for AIDS through their own budgetary and planning mechanisms. Depending on the operations and budgeting practices of individual Cosponsors, these include:

- Global and regional resources provided through each Cosponsor’s regular budget;
- Cosponsor “supplemental” resources, which are funded by voluntary contributions, raised by the organization and channeled through the organizations’ own budgetary mechanisms; and
- Cosponsors’ country-level resources, which are provided through a combination of regular budget and voluntary contributions, according to the nature and practice of each organization (or, in the case of the World Bank, through its lending programme).

34. Over the last decade, global expenditures for HIV programmes in low- and middle-income countries have increased more than 33-fold, in part due to sustained high-level advocacy by UNAIDS. As Figure 2 illustrates, the Unified Budget and Workplan represents only a small percentage of total global spending on HIV, projected in 2007 to reach U.S.\$ 10 billion. The UNAIDS Unified Budget and Workplan is intended to be catalytic in nature, leveraging a relatively modest investment to support the effective translation of substantially increased financing into broad-based HIV prevention, treatment, care and support efforts throughout the world.

Figure 2: A low investment- UNAIDS budget compared to international AIDS funding (in millions of US\$)



5. Budget

35. The amount to be raised by UNAIDS in the proposed 2008-2009 Unified Budget and Workplan is US\$ 469 million (Table 1).

Table 1: Allocation of 2008-2009 UBW by Principal Outcome

Principal Outcomes	Proposed Budget for 2008-2009
1. Leadership and Resource Mobilization	205,047,374 ⁶
2. Planning, financing, technical assistance and coordination	106,761,487
3. Strengthened evidence base and accountability	30,520,600
4. Human resources and systems capacities	45,615,495
5. Human rights, gender, stigma and discrimination	27,467,935
6. Most at-risk populations	16,090,000
7. Women and girls, young people, children and populations of humanitarian concern	32,317,109
Contingency	5,000,000
Total	468,820,000

36. This represents a 7 per cent increase over the 2006-2007 Unified Budget and Workplan taking into account additional amounts approved by the Programme Coordinating Board as illustrated in Tables 2 and 3.

⁶ includes a provision of US\$ 100 million from the interagency budget for the salaries of all UNAIDS Country staff together with the operational costs of over 80 UNAIDS country offices and related investment in IT field connectivity.

Table 2 : Comparison of UBW 2006-2007 and UBW 2006-2007 with PCB approved special allocations

	UBW 2006-2007 PCB approved June 2005	2006-2007 UBW with PCB approved special allocations
Cosponsors	120,670,000	120,670,000
Secretariat	140,400,000	173,400,000 ⁷
Interagency	105,600,000	145,600,000 ⁸
Total	366,670,000	439,670,000

Table 3: Comparison of 2006-2007 UBW with PCB-approved special allocations with proposed 2008-2009 UBW

	2006-2007 UBW with PCB approved special	Proposed 2008-2009 UBW	% change on 2006-2007
Cosponsors	120,670,000	134,670,000	12%
Secretariat	173,400,000	182,400,000	5%
Interagency	145,600,000	146,750,000	1%
Contingency		5,000,000	
Total	439,670,000	468,820,000	7%

37. The increase has been driven by the expanded role UNAIDS has been called upon to perform in support of global scale-up towards Universal Access and supporting countries in “making the money work” more effectively as described in the Principal Outcomes.

38. The proposed 2008-2009 Unified Budget and Workplan includes US\$ 135 million to be shared among 10 Cosponsors, US\$ 182 million for the UNAIDS Secretariat, US\$ 147 million for interagency activities and US\$ 5 million for a contingency fund.

39. It is estimated that of the proposed budget of US\$ 469 million for the Cosponsors, Secretariat, interagency and contingency⁹, 74% (US\$ 347 million), will be applied to regional and country level support and 26% (US\$ 122 million) at global level. Of the Secretariat allocation of US\$182 million, an estimated 63% (US\$ 115 million) will be applied at regional and country level and 37% (US\$67 million) at global level. Within the Secretariat allocation of US\$ 182 million, 61% (US\$ 47 million) of the staff costs of US\$ 77 million are estimated in support of regional and country level and 39% (US\$ 30 million) at

⁷ This amount includes US\$ 33 million of special allocations approved by the PCB; comprised of US\$ 21 million for priority strategic initiatives and investments and US\$ 12 million carried forward from previous biennium. The US\$ 33 million is included for better comparison.

⁸This amount includes the PCB approved new supplemental budget line in the interagency section in the amount of US\$ 40 million for the provision of technical support to countries.

⁹ Assumes the contingency will be applied in the same ratio as for the Secretariat, Cosponsors and interagency

global level. The budget for the Secretariat also includes an investment in information technology of US\$ 11 million which will underpin services at global, regional and country level. This also provides for investment and training, which UNAIDS has been obliged to undertake, due to the introduction of a new Enterprise Resource Planning system by WHO (which provides administrative and financial services for UNAIDS). Of the interagency budget of US\$ 147 million, 98% (US\$ 144 million) is applied directly to country level activities.

40. Table 4 presents an overview of the Unified Budget and Workplan funds to be raised by UNAIDS, as well as information on the allocation of these funds to Cosponsors in 2008-2009. Table 5 shows additional funds to be raised separately by the Cosponsors.

Table 4: Funds to be raised by UNAIDS

Agency	Core	Supplemental	Total
UNHCR	6,400,000		6,400,000
UNICEF	20,800,000		20,800,000
WFP	7,000,000		7,000,000
UNDP	13,760,000		13,760,000
UNFPA	18,200,000		18,200,000
UNODC	9,500,000		9,500,000
ILO	9,500,000		9,500,000
UNESCO	10,600,000		10,600,000
WHO	26,500,000		26,500,000
World Bank	12,410,000		12,410,000
Secretariat	167,400,000	15,000,000	182,400,000
Interagency	126,750,000	20,000,000	146,750,000
Contingency		5,000,000	5,000,000
Total	428,820,000	40,000,000	468,820,000

Table 5: Funds to be raised by Cosponsors

Agency	Cosponsors Supplemental	Cosponsor global/regional resources
UNHCR	1,320,000	7,845,000
UNICEF	33,408,000	38,493,000
WFP	1,600,000	14,051,000
UNDP	21,700,000	12,000,000
UNFPA	38,800,000	28,590,000
UNODC	39,600,000	13,200,000
ILO	16,000,000	4,400,000
UNESCO	12,500,000	11,500,000
WHO	71,600,000	31,200,000
World Bank	11,135,000	23,457,000
Total	247,663,000	184,736,000

6. Ensuring the continuing relevance of the Unified Budget and Workplan

41. In response to the PCB decision 9.10 of June 2005 to increase the flexibility of the Unified Budget and Workplan, the 2008-2009 Unified Budget and Workplan contains three additional features specifically designed to ensure the continuing relevance of the Unified Budget and Workplan:

1. The Executive Director may increase or decrease resources between Principal Outcomes, subject to the following conditions:
 - a. Transfers are allowed up to a maximum of 10 per cent of the amount budgeted for the Principal Outcome;
 - b. Transfers exceeding 10 per cent should only occur following consultation with the Committee of Cosponsoring Organizations, and the Chair and Vice-Chair of the Programme Coordinating Board;
 - c. Transfers may occur as part of a mid-term review exercise or as otherwise deemed necessary by the Executive Director.
2. A mid term review of the Unified Budget and Workplan will be carried out following the first year of operation of the biennium. The review will be coordinated by the Secretariat and will take into account developments since the Unified Budget and Workplan was approved by the Programme Coordination Board including emerging priority issues and actual and anticipated fundraising and implementation.
3. A contingency fund of US\$ 5,000,000 has been provided for under the Supplemental budget

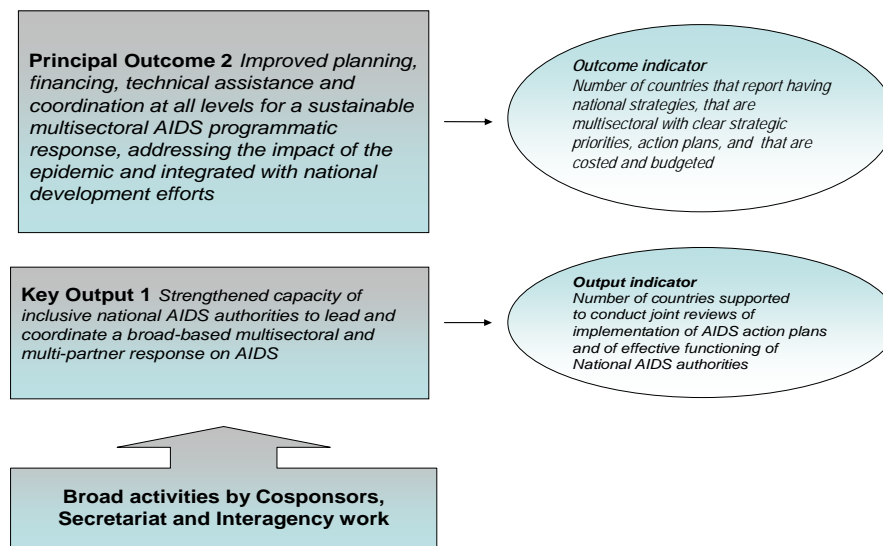
7. Accountability

42. The 2008-2009 Unified Budget and Workplan has a substantially enhanced results-based structure, providing an improved platform for performance monitoring, accountability and transparency across the Joint Programme. At the same time the Joint Programme confronts important challenges with respect to performance monitoring and evaluation. The Joint Programme's monitoring and evaluation efforts must collect and evaluate data on activities at multiple levels (country, regional and global), in multiple countries, and from multiple sources in order to capture and assess the many ways in which the Joint Programme contributes to the AIDS response.

43. The Performance Monitoring Framework of the 2008-2009 Unified Budget and Workplan builds on the improvements in the UBW structure, takes into account the 2006-2007 UBW performance monitoring experience, and aims to address the many challenges to performance monitoring efforts. The 2008-2009 Performance Monitoring Framework will have a number of improvements:

- Under the 2008-2009 Unified Budget and Workplan, the number of outcome and output indicators has been reduced – from 35 achievement indicators for the Principal Results in 2006-2007 to 14 outcome indicators for the Principal Outcomes in 2008-2009. One to two output indicators will be developed for each of the 33 Key Outputs – again, a considerable reduction from the 126 achievement indicators for the 49 Key Results in 2006-2007.

Figure 1. Illustration of the UBW performance monitoring structure



- To improve the quality and scope of performance monitoring information, both quantitative and qualitative indicators will be used in the 2008-2009 Performance Monitoring Framework.
- Focus on measuring country-level impact is reinforced with the majority of the indicators based on country interventions and measured at country level.

- Data sources for indicators are defined, with baselines established to permit tracking of progress.
- The link between financial tracking and the monitoring of achievements in implementing planned activities will be further strengthened.
- The monitoring data against indicators will be supplemented by periodically conducted impact evaluations in selected areas.
- The performance database will allow to tailor reports for various audiences and constituencies.

44. There is a strong link between the UBW and its performance monitoring at the level of Principal Outcomes with the monitoring of progress towards the UNGASS targets, the Millennium Development Declaration Goal 6 to combat AIDS, malaria and other diseases, the progress towards the Universal Access to HIV prevention programmes, treatment, care and support, the implementation of the Global Task Team on Improving AIDS Coordination recommendations and other commitments. Reporting on the indicators for the Principal Outcomes will rely on standard data sources, including UNGASS reports from countries, the National Composite Policy Index reports, Country Harmonization and Alignment Assessment Tool, the UNAIDS country reports, as well as Cosponsor specific reports, for example, UNHCR data on emergency situations or WHO data related to AIDS treatment. These cross-linkages to major global commitments will enable a consolidated approach to data collection, will further reduce the reporting burden and associated transaction costs and will ensure consistent global reporting on the response to AIDS.

45. The indicators for 33 Key Outputs were developed by focusing on specific activities of Cosponsors and the Secretariat that contribute and are linked to each Key Output. Primary data sources for reporting on Key Outputs will be UNAIDS country reports, as well as information supplied by the Cosponsor and the Secretariat.

46. The Performance Monitoring Framework also draws upon monitoring (both financial and substantive) and evaluation that individual Cosponsors and the Secretariat undertake for their specific broad activities. This will contribute to increased accountability by each Cosponsor and the Secretariat and improved coherence and harmonization in the monitoring, evaluation, and reporting of the ten Cosponsors and the Secretariat.

47. In implementing the Performance Monitoring Framework for 2008-2009, UNAIDS will draw on a wide range of resources, including the UNAIDS Cosponsor Evaluation Working Group; monitoring and evaluation offices and departments of UNAIDS Cosponsors and the Secretariat; the UNAIDS Monitoring and Evaluation Reference Group; the Global HIV/AIDS Monitoring and Evaluation Support Team; and UNAIDS monitoring and evaluation experts in more than 40 countries. The Framework also recognizes joint UN country teams as a central element in the monitoring of UNAIDS actions at country level. The annual UNAIDS country reports prepared and reviewed by joint UN country teams on AIDS are one of the main sources of monitoring data.

48. The UNAIDS Cosponsor Evaluation Working Group (CEWG) is a key instrument in the development and implementation of the UBW Performance Monitoring Framework. The CEWG is composed of programme professionals and monitoring and evaluation experts from the ten Cosponsors and the Secretariat. The group is involved in the collection, analysis and reporting of UNAIDS performance data. It facilitates harmonization of performance monitoring and reporting within the Joint Programme and supports the exchange of monitoring and evaluation experiences. The CEWG was established and operates under the auspices of the UNAIDS Monitoring and Evaluation Reference Group,

which is composed of a wide range of partners – governments, academic and research institutions, non-governmental organizations, funds, donors. This provides an entry point for all UNAIDS governance constituents to be involved in the development and implementation of the UBW performance monitoring and evaluation system.

49. The agenda of the meetings of the Global Coordinators on AIDS and the UNAIDS Secretariat includes regular reviews of UNAIDS performance, both from individual agencies and collective. The formal UBW performance reports will be prepared annually. After the review and endorsement by the Global Coordinators on AIDS and the Committee of Cosponsoring Organizations (CCO), the UBW performance reports for the 2008-2009 UBW implementation will be submitted to the UNAIDS Programme Coordinating Board at its June 2009 and 2010 meetings.

50. In addition to the annual reports, a mid-term review will be linked to an assessment of emerging needs and new priorities, and will also take into account preliminary information on the UNAIDS performance during the first year of the biennium.

51. Detailed information on monitoring and reporting responsibilities, outcome and output indicators, identified data sources and established baselines will be outlined in a separate document – the Unified Budget and Workplan Performance Monitoring Framework.

52. The UBW web-based database will support improved storage of the performance monitoring information, provide easy access to data and facilitate generation of tailored reports on specific themes for specific audiences. The database will contain “hyperlinks” to the monitoring and evaluation sites of all the ten Cosponsors and the Secretariat.

II. Unified Budget by Principal Outcome

53. UNAIDS has identified a set of seven (7) Principal Outcomes that reflect the anticipated **collective impact of the Joint Programme** on the AIDS response in the 2008-2009 biennium.

54. The investment required is US\$ 469 million to be raised by UNAIDS. Funds raised by Cosponsors under the Cosponsors’ Supplemental budget, US \$247 million, are made available as they are raised and with Cosponsors global and regional resources, US\$ 185 million, are dedicated to work carried out by the Cosponsors on AIDS .

55. Cosponsors also raise an estimated US\$ 1,950 million which are implemented by them at country level.

56. The principal outcomes represent the Joint Programme’s contribution to meeting the goals articulated in the *Declaration of Commitment on HIV/AIDS* and reaffirmed in the *Political Declaration on HIV/AIDS* adopted at the 2006 High-Level Meeting on AIDS.

57. This section summarizes planned activities under each Principal Outcome. Summarized activity descriptions appear under specific Key Outputs. A list appears in parentheses with each Key Output identifying members of the Joint Programme that have planned activities for the output. Principal Outcomes, Key Outputs and Activities are outlined with their budget allocations in Appendix 1.

Table 3: Distribution by Principal Outcome

Principal Outcomes	Funds to be raised by UNAIDS	Cosponsor Supplemental	Cosponsor global and regional resources
1. Leadership and Resource Mobilization	205,047,374 ¹⁰	10,910,352	10,499,342
2. Planning, financing, technical assistance and coordination	106,761,487	35,658,696	33,577,216
3. Strengthened evidence base and accountability	30,520,600	25,304,976	22,183,096
4. Human resources and systems capacities	45,615,495	108,056,656	66,684,001
5. Human rights, gender, stigma and discrimination	27,467,935	19,307,000	10,954,000
6. Most at-risk populations	16,090,000	23,800,000	11,730,000
7. Women and girls, young people, children and populations of humanitarian concern	32,317,109	24,625,320	29,108,345
Contingency	5,000,000		
Total	468,820,000	247,663,000	184,736,000

1. Leadership and resource mobilization

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

58. UNAIDS seeks to build in 2008-2009 on the growing momentum for a strong AIDS response, accelerating progress towards achievement of the targets in the Declaration of Commitment on HIV/AIDS and building momentum towards universal access to HIV prevention, treatment, care and support. This Principal Outcome recognizes the important link between leadership on AIDS and mobilization of resources to address the epidemic. To finance a comprehensive response to the epidemic, UNAIDS estimates that US\$20 billion to US\$23 billion will be needed in 2010 – more than double the US\$10 billion projected to be spent on HIV-related activities in low- and middle-income programmes in 2007.

59. The budget for Principal Outcome 1 of US\$ 205 million reflects the commitment by the Joint Programme to deliver at country level. It includes a provision of US\$ 100 million from the interagency budget for the salaries of all UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers, Monitoring and Evaluation Advisers and their support staff together with the operational costs of over 80 UNAIDS country offices and related investment in IT field connectivity.

¹⁰ Includes a provision of US\$ 100 million from the interagency budget for the salaries of all UNAIDS Country staff together with the operational costs of over 80 UNAIDS country offices and related investment in IT field connectivity.

60. To address these challenges and ensure achievement of Principal Outcome 1, UNAIDS in 2008-2009 will collectively generate five Key Outputs:

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

61. UNAIDS will coordinate development of policies and guidance to respond to an ever-changing epidemic, provide leadership in the implementation of a long-term response to AIDS, and maximize the impact of key events, including the International AIDS Conference, the launching of the *Global Report on AIDS*, and the comprehensive review by the United Nations General Assembly in 2008 of realization of the Declaration of Commitment on HIV/AIDS. (*WHO, Interagency, other Cosponsors and the Secretariat contributing to achievement of this Key Output.*)

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

62. UNAIDS will work to integrate efforts to strengthen the AIDS response into the broader UN reform agenda, making effective use of the Special AIDS Envoys of the Secretary-General and promoting an environment that enables a strong AIDS response. Targeted efforts will focus on increasing the engagement of the world of work in the AIDS response, and improving and expanding collaboration among national and international partners for accelerated scale-up of national programmes on children and AIDS. (*Interagency, UNICEF, ILO, UNESCO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.*)

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

63. UNAIDS will intensify efforts to mobilize resources across all sectors for a scaled-up response to meet projected needs, including programmes addressing the needs of AIDS-affected children and for food and nutrition services. Strengthened efforts will focus on mainstreaming populations of humanitarian concern into national AIDS policies, strategic plans, and donor proposals. (*UNHCR, UNICEF, WFP, other Cosponsors and the Secretariat contributing to achievement of this Key Output.*)

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

64. UNAIDS will help build the capacity of civil society by convening innovative partnerships, promoting multisectoral AIDS responses, and assisting organizations in mobilizing resources. Leadership programmes will specifically focus on the need to build additional capacity among networks of people living with HIV and other civil society groups. (*UNDP, other Cosponsors and the Secretariat contributing to achievement of this Key Output.*)

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

65. Joint interagency action will strengthen and monitor the coordination and effectiveness of the UN system at country level, through the efforts of UN Theme Groups on HIV/AIDS and joint UN teams and programmes, and by working with the UN Resident Coordinator System. UNAIDS will intensify its technical support for scale-up, making optimal use of channels such as Programme Acceleration Funds and adhering to the UNAIDS Technical Support Division of Labour to strengthen technical assistance in specific areas. Targeted efforts will enhance coordination of education stakeholders and of entities and organizations working to address HIV among populations of humanitarian concern. *(Interagency, UNHCR, UNDP, UNESCO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

2. Planning, financing, technical assistance and coordination

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

66. An evidence-informed multisectoral AIDS strategy represents the cornerstone for an effective national response. As of January 2007, 73 countries had developed national AIDS frameworks through inclusive, multi-partner processes. Yet countries confront major obstacles to implementation of these frameworks. Of the 73 countries with national AIDS frameworks, only 51 encompass the contributions of all partners, while only 35 have monitoring and evaluation mechanisms to collect and report the activities of all stakeholders. Only 40 national AIDS frameworks have been translated into costed operational plans.

67. A key thrust of the 2008-2009 Unified Budget and Workplan is to enhance the quality of national strategic frameworks. National strategies and action plans should be prioritized, evidence-driven (to permit the tailoring of efforts to local patterns and trends), costed, and accountable, with streamlined monitoring and evaluation plans. High-quality strategic planning will help ensure the sustainability of the AIDS response, ensure that funds are used most strategically, and improve the impact of interventions. To help countries scale up towards universal access, UNAIDS established the AIDS Strategy and Action Plan (ASAP) services, hosted by the World Bank, to respond to country requests for technical support.

68. To address these challenges and ensure achievement of Principal Outcome 2, UNAIDS in 2008-2009 will collectively generate five Key Outputs:

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

69. Advocacy, policy support and advice by UNAIDS will strengthen the capacity of national institutions and civil society to implement and oversee coordinated AIDS responses. Technical support and policy advice will enhance implementation capacity at country level. Countries will be supported in the development of strong and comprehensive monitoring and evaluation systems and in the development of prioritized, costed and evidence-based national AIDS strategies and action plans. Key sectors, such as the world of work, will be assisted to play their proper role in a multisectoral AIDS response. *(Interagency, UNDP, ILO, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

70. UNAIDS will provide technical support to countries in mainstreaming the AIDS response in national development instruments. Support to health sectors will promote sustainable financing, while targeted advocacy and technical assistance will facilitate integration of food and nutrition programmes and population dynamics in national AIDS strategies and action plans and other development instruments. Linkages between HIV and sexual and reproductive health will be promoted. Sector-specific assistance will also be provided to the world of work, including an outreach strategy for the informal economy. *(WFP, UNDP, UNFPA, ILO, WHO, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

71. UNAIDS will provide guidance and support to countries to scale up towards universal access, including targeted assistance to overcome obstacles to scaling up. Technical assistance and managerial support will promote the success of programmes financed through the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other global funding initiatives. Advocacy, technical support and policy advice will improve donor coordination and harmonization. *(Interagency, UNDP, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

72. UNAIDS will strengthen the institutional capacity of partners serving key vulnerable populations (including women living with HIV; sex workers; injecting drug users; prisoners; and people vulnerable to trafficking) to implement, monitor and evaluate HIV programmes and services. UNAIDS will support the development of evidence-based comprehensive national plans that include a mix of interventions focusing on HIV prevention among adolescents, with prioritized attention to especially vulnerable and most-at-risk adolescents. *(UNICEF, UNFPA, UNODC, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

Key Output 5: Strengthened capacity of country partners to assess and develop programmes to mitigate the socio-economic impact of AIDS

73. UNAIDS will support and facilitate research to assess and mitigate the epidemic's socio-economic impact. UNAIDS will promote the development of coping strategies for HIV-affected workers and the integration of education and related sectors in national AIDS responses. *(UNDP, ILO, UNESCO, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

3. Strengthened evidence base and accountability

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

74. Strategic information provides countries with up-to-date data needed to inform national decision-making. To develop sound and sustainable national AIDS efforts, countries must "know their epidemic," which requires the existence of reliable mechanisms to collect and analyze relevant HIV-related information. Systems to evaluate the impact of programmatic initiatives and to assess national progress enhance the accountability of the AIDS response and permit national partners to adapt national strategies and action plans to improve their effectiveness. As efforts intensify to close the looming gap in HIV-related financing, monitoring the magnitude and nature of resource flows will remain critical.

75. To address these challenges and ensure achievement of Principal Outcome 3, UNAIDS in 2008-2009 will collectively generate three Key Outputs:

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

76. UNAIDS will support countries and regions in the development of strong and harmonized information systems that monitor progress and evaluate the impact of national AIDS efforts. Assistance will be provided to facilitate improved disaggregation of data by age, sex and other characteristics, with priority attention to disaggregated data on children as part of national, regional and global monitoring and evaluation systems. Targeted efforts will focus on the development of monitoring and evaluation systems for the food and nutrition components of HIV care, treatment and support programmes, with an eye towards identification of optimally cost-effective approaches. *(UNICEF, WFP, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

77. UNAIDS will support global surveillance of HIV, related risk behaviours, sexually transmitted infections, and HIV drug resistance and toxicity. Targeted efforts will enhance information on resource flows, national responses (including progress towards universal access), expenditures on children and AIDS, the epidemic's impact in the world of work, and programmes for populations of humanitarian concern. *(UNHCR, UNICEF, ILO, UNESCO, WHO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

78. The Joint Programme will stimulate, facilitate and coordinate a wide range of research on the health sector's response to AIDS, reporting findings and providing guidance on new research findings. *(WHO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

4. Human resources and systems capacities

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

79. Capacity limitations hinder efforts to scale up towards universal access to HIV prevention, treatment, care and support. Sub-Saharan Africa, home to nearly two out of three people living with HIV, has only 3 per cent of the world's health care workers. Especially in heavily affected countries, the epidemic is undermining education systems, the health sector, civil services, and business, underscoring the urgent need to prevent new infections in key sectors, enhance access to services to prevent mother-to-child transmission, mitigate the epidemic's impact, and build essential human resources. The drive to increase access to critical HIV commodities must confront both the limitations of national procurement and supply management systems and the unaffordability of second-line antiretrovirals and other commodities.

80. To address these challenges and ensure achievement of Principal Outcome 4, UNAIDS in 2008-2009 will collectively generate nine Key Outputs:

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

81. Technical guidance, analytical work and review of public expenditures will support national efforts to bring critical prevention services to scale, including new prevention approaches such as male circumcision. Linkages between HIV and sexual and reproductive health will be strengthened. *(UNFPA, WHO, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

82. In accordance with the UNAIDS Technical Support Division of Labour, UNICEF and WHO have combined their activities with respect to the prevention of mother-to-child transmission. Advocacy, normative guidance and technical assistance by the Joint Programme will accelerate implementation of costed, evidence-informed national programmes for comprehensive prevention of mother-to-child transmission, paediatric care and treatment scale-up, which have integrated food and nutrition services. Financial and material support will be provided to accelerate implementation of programmes to prevent mother-to-child transmission, including development of supportive policies and capacity enhancement. UNAIDS will also support national efforts by synthesizing evidence, identifying research priorities, and disseminating global delivery statistics. *(UNICEF, WFP, UNFPA, WHO, Interagency, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

Key Output 3: Enhanced capacities at country level to scale up provision of AIDS treatment and care services, including antiretroviral therapy, prevention and

management of opportunistic infections and other HIV-related conditions, prevention for HIV-positive people, nutrition and palliative and end-of-life care and related education services.

83. UNAIDS will promote and facilitate adoption of policies that promote pediatric HIV care and treatment. UNAIDS will also support efforts to strengthen health care capacity for appropriate and integrated approaches to care and treatment for pregnant women, HIV-infected women, and HIV-exposed and infected children. Additional efforts will focus on improving the quality of care for adults and children, increasing laboratory capacity, and implementing effective monitoring and evaluation mechanisms to assess progress in scaling up. Targeted assistance will help countries overcome obstacles to treatment scale-up and ensure integration of food and nutrition services in AIDS treatment and care programmes. *(UNICEF, WFP, WHO, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

84. UNAIDS will synthesize evidence and provide technical guidance and support to develop and implement an integrated range of HIV counseling and testing approaches, including client- and provider-initiated testing and counseling for adults, children and families, as well as development of high-quality HIV diagnostics. *(WHO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

85. UNAIDS will undertake a range of activities – including technical guidance and support – to build the capacity of countries to bring harmonized HIV/TB services to scale. Targeted efforts will ensure that food and nutrition are included in comprehensive HIV/TB services and on the delivery of harmonized services in prison, drug dependence treatment centres, and immigration detention settings. *(WFP, UNODC, WHO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

86. UNAIDS will work in partnership with the Procurement and Supply Management working group, which includes four UNAIDS Cosponsors and the Global Fund, to provide normative guidance, prequalification of HIV medicines and other quality standards, capacity building, strategic information and technical support to strengthen national procurement and supply management systems. In addition to HIV medicines, efforts to build procurement and supply management capacity will focus on drugs for treatment of sexually transmitted infections, and diagnostic test kits. A multi-dimensional Global Condom Initiative – including capacity building, mass media, advocacy, coordination and monitoring and evaluation – will be implemented, focusing on both male and female condoms. *(UNICEF, UNFPA, WHO, World Bank, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

87. Policy guidance, normative guidance and technical support will help enable countries to make optimal use of the flexibilities of the Trade-Related Aspects of Intellectual Property (TRIPS) agreement and otherwise pursue policies and approaches that ensure sustainable access to AIDS medicines. *(UNDP, WHO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

88. Capacity-building measures will promote implementation and assessment of rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support. A targeted, multi-faceted initiative will support scale-up towards universal access by strengthening human resources for health, including efforts to ensure access by health care workers to HIV prevention, treatment and care. *(ILO, WHO, UNESCO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

89. Policy guidance and technical support will be provided to employers, workers and ministries of labour, with the aim of accelerating implementation of comprehensive, gender-aware and sustainable workplace programmes. Assistance will be provided to UNAIDS partners to implement and/or expand HIV workplace programmes. *(UNHCR, ILO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

5. Human rights, gender, stigma and discrimination

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

90. Reports by civil society groups in 30 countries in 2006 indicate that stigma and discrimination remain critical barriers to an inclusive and effective AIDS response. Although 61 per cent of countries surveyed by UNAIDS in 2005 report having laws protecting people with HIV from discrimination, such laws have often not been fully implemented or rigorously enforced. Similarly, while 82 per cent of countries have laws in place to ensure equal access of women and men to HIV prevention and care, concerns remain regarding effective implementation and enforcement of such measures.

91. To address these challenges and ensure achievement of Principal Outcome 5, UNAIDS in 2008-2009 will collectively generate five Key Outputs:

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

92. UNAIDS will strengthen the coherence and coordination of UN action on human rights and gender equality in 2008-2009. Specific support will be provided for rights-based and gender-responsive approaches in the world of work, in conflict and other humanitarian settings, and with respect to prisoners, injecting drug users, and people vulnerable to human trafficking. *(UNHCR, UNDP, UNODC, ILO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

93. With the aim of addressing stigma and discrimination, UNAIDS will work to strengthen partnerships with people living with HIV, community organizations, media, women's groups, the private sector, and religious leaders. Education and health services for most-at-risk populations will be promoted, and special efforts will seek to alleviate the stigma associated with injecting drug use and people vulnerable to human trafficking. *(UNDP, UNESCO, UNODC, Interagency, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

94. Support will be provided for legal reform and for improved enforcement of existing laws on human rights and women's equality. UNAIDS will promote equitable access for most-at-risk populations for HIV-related services and commodities and will help build the capacity of organizations serving vulnerable populations. *(Interagency, UNDP, UNODC, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

95. Advocacy and technical advice and support will promote the development and implementation of strategies to address the gender dimensions of AIDS, including efforts to reduce the vulnerability of women and girls and to strengthen networks of men and boys addressing the epidemic's gender dimensions. UNAIDS will also facilitate the integration of gender dimensions into HIV-related food and nutrition support programmes and intensify advocacy through the Global Coalition on Women and AIDS to reduce women's vulnerability. Advocacy and capacity building will aim to mainstream gender equality in sexual and reproductive health programming. *(WFP, UNDP, UNFPA, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

96. Advocacy and technical guidance and support will aim to build human rights and gender competencies for labour judges and magistrates and for law enforcement and judicial personnel who come into contact with injecting drug users, people living in prison, and those who are vulnerable to human trafficking. *(UNODC, ILO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

6. Most at-risk populations

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

97. Almost half (45 per cent) of countries that reported data to UNAIDS in 2005 said laws were in place that might hinder the access of most-at-risk groups to HIV prevention and treatment services. In 2005, HIV prevention services reached only 8 per cent of injecting drug users in low- and middle-income countries, 9 per cent of men who have sex with men, and less than 30 per cent of sex workers. Analysis of National AIDS Accounts indicates that even countries with concentrated epidemics often fail to allocate meaningful resources to programmes that specifically address the needs of the populations at highest risk of HIV infection.

98. To address these challenges and ensure achievement of Principal Outcome 6, UNAIDS in 2008-2009 will collectively generate two Key Outputs:

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

99. Advocacy and technical assistance will promote equitable service delivery to key at-risk populations, including networks of sex workers, prison settings and health care settings. UNAIDS will work to accelerate policy and programme implementation for vulnerable populations and to enhance the involvement of such groups in the AIDS response. *(UNFPA, UNODC, WHO, other Cosponsors and the Secretariat collectively contributing to achievement of this Key Output.)*

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

100. Support will be provided for the development, adaptation and implementation of evidence-informed approaches for HIV and sex work, injecting drug users, men who have sex with men, people vulnerable to human trafficking, people living in prison settings, and other most-at-risk populations. *(UNFPA, UNODC, UNESCO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

7. Women and girls, young people, children and populations of humanitarian concern

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

101. Women represent 48 per cent of people living with HIV, and young people accounted for 40 per cent of all new infections in people over 15 in 2006. More than 500,000 children under 15 are estimated to have become infected with HIV in 2006, with the vast majority of these infections occurring during gestation or delivery or as a result of breastfeeding. Conflict, natural disasters and related population displacement can significantly increase the vulnerability of affected individuals.

102. To address these challenges and ensure achievement of Principal Outcome 7, UNAIDS in 2008-2009 will collectively generate four Key Outputs:

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

103. UNAIDS will raise awareness of the continuing feminization of the epidemic and its roots in gender inequality. UNAIDS will promote implementation of policies and programmes that address women's vulnerability, promote gender equality, facilitate the involvement of men and boys, mitigate the epidemic's impact, and ensure equitable access to essential HIV services, including sexual and reproductive health. Targeted initiatives will promote gender-responsive programming for people in conflict, post-conflict and displacement settings; mobile and migrant populations; female injecting drug users; and women and girls living in prison settings. Technical support will build the capacity of governments and civil society to implement gender-responsive policies and programmes, and advocacy and other activities by the Global Coalition on Women and AIDS will help build national commitment to address the epidemic's impact on women and girls. *(UNHCR, UNFPA, UNODC, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

104. With the full participation of young people, UNAIDS will support implementation of comprehensive HIV education programmes for young people (both in and out of school), scaling up of HIV prevention and awareness in food and nutrition support programmes for young people in hard-to-reach locations, and increased access to sexual and reproductive health information and services. *(UNHCR, WFP, UNFPA, UNESCO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

105. Advocacy, development of tools, and technical assistance will support the development and monitoring of national policies, as well as implementation of costed, evidence-informed, scaled-up measures to address the needs of children affected by AIDS. Targeted initiatives will support food and nutrition support for orphans and children made vulnerable by the epidemic and build rights awareness and life skills of young people and children, including separate and unaccompanied children and orphans. *(UNHCR, UNICEF, WFP, other Cosponsors and the Secretariat contributing to achievement of this Key Output.)*

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

106. UNAIDS will support and coordinate a comprehensive HIV/AIDS response for emergency-affected populations, providing technical support to build the capacity of implementing partners. Efforts will promote the integration of food assistance and nutrition interventions into sexual and reproductive health services (including prevention of sexual

violence) and TB services in emergency responses. In collaboration with relevant agencies, UNAIDS will support sound internal and cross-border policies and comprehensive prevention, treatment and care programmes for migrants and mobile populations. Advocacy, policy guidance, technical support, and monitoring and evaluation assistance will promote policies and programmes that address the HIV-related needs of uniformed services and armed personnel. (*Interagency, UNHCR, WFP, UNFPA, UNODC, ILO, other Cosponsors and the Secretariat contributing to achievement of this Key Output.*)

III. Workplans by Cosponsors, Secretariat, and Interagency

107. This section describes the contributions of each Cosponsor and the Secretariat to the **collective workplan of the Joint Programme for 2008-2009**. Interagency activities involve joint efforts by more than one component of UNAIDS towards achievement of the 2008-2009 Principal Outcomes.

1. Office of the United Nations High Commissioner for Refugees (UNHCR)

108. UNHCR is mandated to lead and coordinate international action to protect refugees and to resolve refugee problems worldwide. Over more than five decades, UNHCR has helped an estimate 50 million people restart their lives. A staff of nearly 7,000 people in 116 countries currently assists almost 21 million people. UNHCR strives to ensure that refugees live in dignity, free from discrimination, regardless of their HIV status, and to provide core HIV/AIDS interventions during emergencies. Under the UNAIDS Technical Support Division of Labour, UNHCR has lead responsibility for addressing HIV among displaced populations.

109. UNHCR's planned activities for 2008-2009 will support the achievement of five Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

110. UNHCR will advocate for increased resources and for the mainstreaming of conflict-affected and displaced populations into national HIV-related policies, plans and programmes. UNHCR will also coordinate with UNAIDS Cosponsors and other partners and stakeholders to effectively address HIV/AIDS among people of concern to UNHCR.

Principal Outcome 3: Strengthened evidence base and accountability

111. UNHCR will implement comprehensive HIV information, monitoring and evaluation systems in conflict-affected and displacement settings, as well as sponsor programmatic research in such settings. Based on enhanced information systems, UNHCR will identify and disseminate best practices and lessons learned from the field.

Principal Outcome 4: Human resource and systems capacity

112. Through advocacy and the provision of technical assistance, UNHCR will work to build the capacity of partners to implement or expand HIV workplace programmes.

Principal Outcome 5: Human rights, gender, stigma and discrimination

113. UNHCR will advocate for the HIV-related rights of people of concern to UNHCR and will support the inclusion of protection and a rights-based approach in HIV policies and programmes. In particular, UNHCR will emphasize non-discriminatory access to comprehensive HIV/AIDS services.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

114. UNHCR will promote, support and coordinate an effective response to sexual and gender violence in conflict, post-conflict and displacement settings, including programmes to reduce the vulnerability of women, girls and boys. UNHCR will disseminate culturally and linguistically appropriate HIV information, education and communication materials for people of concern to UNHCR and will also focus particular attention towards assisting youth and children affected by conflict and other emergencies. UNHCR will support and coordinate implementation of comprehensive HIV/AIDS programmes for emergency-affected populations and will assist implementing partners to build their capacities to design and implement HIV-related programmes in conflict, post-conflict and displacement settings.

Table 5: UNHCR Summary of 2008-2009 Budget by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	130,000	75,000	295,000	500,000
3. Strengthened evidence base and accountability	500,000	150,000	210,000	860,000
4. Human resources and systems capacities	50,000	20,000	40,000	110,000
5. Human rights, gender, stigma and discrimination	50,000	50,000	100,000	200,000
7. Women and girls, young people, children and populations of humanitarian concern	5,670,000	1,025,000	7,200,000	13,895,000
Total	6,400,000	1,320,000	7,845,000	15,565,000

2. United Nations Children’s Fund (UNICEF)

115. HIV is one of UNICEF’s core priorities, as provided in the Medium-Term Strategic Plan 2006-2009. In accordance with this plan, as well as the UNICEF-led global campaign, *Unite for Children, Unite Against AIDS*, UNICEF focuses its support to countries on (1) preventing mother-to-child HIV transmission and paediatric treatment, (2) provision of paediatric treatment, (3) protection, care and support for children affected by HIV, and (4) prevention among adolescents. Under the UNAIDS Technical Support Division of Labour, UNICEF has lead responsibility with respect to procurement and supply management, prevention of mother-to-child transmission (together with WHO), and care and support for people living with HIV, orphans and vulnerable children, and affected households.¹¹

¹¹ To ensure proper coordination, UNICEF initiated discussion with its partners – WHO, WFP and ILO – reaching agreement on leadership in respective issue areas. It was agreed at the February 2007 budget planning peer review meeting involving the Cosponsors and the Secretariat that:

1. WHO will remain lead agency for prophylaxis, clinical care and treatment for people living with HIV, including opportunistic infections (including TB); antiretroviral therapy for children, adolescents and adults; management of co-morbidities; and palliative care;

116. UNICEF's planned activities for 2008-2009 will support the achievement of five Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

117. In collaboration with partners, UNICEF will convene the Inter-Agency Task Teams and global and regional partners forums on children and AIDS, with the goals of tracking implementation progress and making recommendations for accelerated scale-up for children and AIDS. UNICEF will develop a resource mobilization/leveraging strategy to support scale-up of national programmes for children affected by the epidemic.

Principal Outcome 2: Planning, financing, technical assistance and coordination

118. UNICEF will support partners in advocacy for, promotion, and provision of technical assistance through harmonized interagency approaches with government and other partners to ensure that comprehensive national plans support a mix of evidence-based interventions to prevent HIV for adolescents (up to 18). Priority attention will be given to especially vulnerable and most-at-risk adolescents.

Principal Outcome 3: Strengthened evidence base and accountability

119. For the purpose of assessing progress in addressing the needs of children, UNICEF will support the collection, analysis and dissemination of disaggregated HIV-related data on age, sex and other demographic variables as part of national, regional and global monitoring and evaluation systems. Data collection on HIV risk behaviours and vulnerabilities of adolescents will be prioritized. Efforts will also focus on improving the tracking of expenditures on children and AIDS.

Principal Outcome 4: Human resource and systems capacity

120. In partnership with WHO, UNICEF will undertake advocacy, normative guidance, technical assistance and provision of financial and material support to accelerate scale-up of programmes to prevent mother-to-child transmission. UNICEF will also support partners to strengthen capacity for appropriate and integrated approaches to care and treatment for pregnant women, HIV-infected women, and HIV-exposed and affected children. Support will also focus on capacity and policy development to promote paediatric HIV care and treatment. Advocacy and technical support will help strengthen and sustain procurement and supply management systems that are responsive to the needs of HIV-infected pregnant women and their children, assisting with national plan development, building national capacity, and advocating for appropriate formulations for prevention of mother-to-child transmission and paediatric care.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

121. In collaboration with partners, UNICEF will advocate and provide tools and technical assistance to support the development and monitoring of costed, evidence-informed and scaled-up plans for children affected by AIDS.

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2. WFP will remain lead agency for nutritional and dietary support for individuals, households and communities affected by the epidemic;
 3. UNICEF will be lead agency for care and support for orphans and vulnerable children and for households affected by the epidemic; and
 4. ILO will be lead agency for care and support in the world of work.

These changes will be formally reflected in the UNAIDS Technical Support Division of Labour.

Table 6: UNICEF Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	1,955,200	3,140,352	3,618,342	8,713,894
2. Planning, financing, technical assistance and coordination	2,329,600	3,741,696	4,311,216	10,382,512
3. Strengthened evidence base and accountability	5,657,600	9,086,976	10,470,096	25,214,672
4. Human resources and systems capacities	7,425,600	11,926,656	13,742,001	33,094,257
7. Women and girls, young people, children and populations of humanitarian concern	3,432,000	5,512,320 -	6,351,345	9,783,345
Total	20,800,000	33,408,000	38,493,000	92,701,000

3. World Food Programme (WFP)

122. WFP has been supplying urgently needed food aid to the world's hungry since 1962. In 2005, food aid provided by WFP reached 96.7 million people in 82 countries. Through advocacy, programming, technical assistance, and policy development, WFP ensures that a comprehensive global response to HIV includes food and assistance and nutrition services. Under the UNAIDS Technical Support Division of Labour, WFP has lead responsibility with respect to scale-up of dietary and nutrition support.

123. WFP's planned activities for 2008-2009 will support the achievement of six Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

124. Through advocacy and technical assistance, working with civil society and other national partners, WFP will mobilize resources for food and nutrition as an essential element of a sound AIDS response.

Principal Outcome 2: Planning, financing, technical assistance and coordination

125. WFP will work to ensure the inclusion of costed, evidence-based food and nutrition programmes in national AIDS strategies, action plans and poverty reduction plans.

Principal Outcome 3: Strengthened evidence base and accountability

126. Working with stakeholders, WFP will coordinate the development of systems to monitor and evaluate the food and nutrition components of HIV care, treatment and support programmes, with the aim to identify cost-effective best practices.

Principal Outcome 4: Human resource and systems capacities

127. Through technical assistance and programmatic initiatives, WFP will support the integration of food and nutrition in care and treatment programmes for HIV-affected children, people living with HIV, and their families. WFP will also ensure the inclusion of food and nutrition services in HIV/TB programmes.

Principal Outcome 5: Human rights, gender, stigma and discrimination

128. WFP will incorporate gender dimensions of HIV into food and nutrition support programmes for HIV prevention, treatment, care and support.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

129. WFP will expand HIV awareness and prevention efforts in food and nutrition programmes for young people and will also support integration of food and nutrition support in programmes for orphans and children made vulnerable by HIV/AIDS. WFP will use a special vulnerability assessment tool to integrate HIV concerns into all WFP emergency responses and to guide the targeting and programming of food assistance to affected children, people on antiretroviral therapy, people living with HIV, and their families.

Table 7: WFP Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	485,000	95,000	1,016,000	1,596,000
2. Planning, financing, technical assistance and coordination	571,000	182,000	755,000	1,508,000
3. Strengthened evidence base and accountability	718,000	218,000	1,067,000	2,003,000
4. Human resources and systems capacities	2,346,000	510,000	6,302,000	9,158,000
5. Human rights, gender, stigma and discrimination	560,000	7,000	1,004,000	1,571,000
7. Women and girls, young people, children and populations of humanitarian concern	2,320,000	588,000	3,907,000	6,815,000
Total	7,000,000	1,600,000	14,051,000	22,651,000

4. United Nations Development Programme (UNDP)

130. UNDP works on the ground in 166 countries, assisting national stakeholders in responding to global and national development challenges. UNDP helps countries build and share solutions on democratic governance, poverty reduction, crisis prevention and recovery, energy and the environment, and HIV/AIDS. Protection of human rights and the empowerment of women are cross-cutting priorities in all of UNDP's work. In addition, UNDP is responsible for managing the UN Resident Coordinator System, which brings together different UN agencies to improve the efficiency and effectiveness of operational activities at country level. Under the UNAIDS Technical Support Division of Labour, UNDP has lead responsibility with respect to HIV/AIDS, development, governance and mainstreaming, including instruments such as Poverty Reduction Strategy Papers, and enabling legislation, human rights and gender.

131. UNDP's planned activities for 2008-2009 will support the achievement of four Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

132. Through the Resident Coordinator system, UNDP will support the establishment and strengthening of Joint UN Teams on AIDS and joint programmes of support. UNDP will work to build the capacity of groups and networks of people living with HIV and other community organizations to engage effectively in the AIDS response.

Principal Outcome 2: Planning, financing, technical assistance and coordination

133. UNDP will provide policy support and advice to national institutions and civil society to strengthen the coordination and governance of the AIDS response. UNDP will also, through technical guidance and support, promote the integration of AIDS into broader development efforts and national plans to achieve the Millennium Development Goals. Technical assistance and managerial support by UNDP will improve the implementation, coordination and monitoring of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other funding sources. UNDP will provide technical advice and support for efforts to assess and mitigate the epidemic's socioeconomic impact.

Principal Outcome 4: Human resource and systems capacities

134. UNDP will provide policy guidance and technical support to strengthen national capacity to implement trade and health policies and programmes that promote sustainable access to affordable AIDS medicines.

Principal Outcome 5: Human rights, gender, stigma and discrimination

135. Through advocacy, policy support and development of normative and strategic guidance, UNDP will promote the coherence and coordination of UN action on human rights and gender programming. UNDP will also strengthen partnerships and increase the capacity of key civil society stakeholders to address HIV-related stigma and discrimination. Technical advice will facilitate legislative reviews and law reform initiatives to protect the HIV-related rights and equality of women, while UNDP assistance will promote implementation of strategies to address the gender dimensions of AIDS.

Table 8: UNDP Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	1,750,000	2,100,000	1,500,000	5,350,000
2. Planning, financing, technical assistance and coordination	5,050,000	12,400,000	5,050,000	22,500,000
4. Human resources and systems capacities	950,000	650,000	600,000	2,200,000
5. Human rights, gender, stigma and discrimination	6,010,000	6,550,000	4,850,000	17,410,000
Total	13,760,000	21,700,000	12,000,000	47,460,000

5. United Nations Population Fund (UNFPA)

136. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. Focusing on the targets of universal access to both HIV prevention and reproductive health, and in line with the emphasis on women and young people in the Programme of Action of the International Conference on Population and Development, UNFPA actively promotes linkages between HIV and reproductive health, supports women and youth-friendly policies and programmes to prevent HIV and other sexually transmitted infections; helps ensure that the reproductive health needs of those living with HIV are met; and provides assistance on comprehensive condom programming for both male and female condoms. Under the UNAIDS Technical Support Division of Labour, UNFPA has lead responsibility with respect to the provision of information and education, condom programming, prevention for young people outside schools, and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations).

137. UNFPA's planned activities for 2008-2009 will support the achievement of five Principal Outcomes:

Principal Outcome 2: Planning, financing, technical assistance and coordination

138. UNFPA will advocate and provide technical assistance for incorporating inter-linked aspects of population dynamics and gender equality, sexual and reproductive health, young peoples needs and HIV/AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks. UNFPA will help build the institutional and technical capacity of key actors to facilitate policy development, dialogue and the design, implementation, monitoring and evaluation of relevant HIV programmes and services. Entities to benefit from UNFPA's capacity-building assistance include UN country teams, regional and national youth-serving organizations, sex worker networks and organizations, and women living with HIV.

Principal Outcome 4: Human resources and systems capacity

139. UNFPA will strengthen linkages between sexual and reproductive health and HIV/AIDS, disseminating guidance tools and promising practices and promoting a rights-based approach to sexual and reproductive health for people living with HIV. Special emphasis will focus on scaling up programmes to prevent mother-to-child HIV transmission and on the procurement of key commodities, such as male and female condoms, drugs to treat sexually transmitted infections, and diagnostic test kits. In the 2008-2009 biennium, UNFPA will implement a Global Condom Initiative to promote and intensify comprehensive condom programming for HIV prevention.

Principal Outcome 5: Human rights, gender, stigma and discrimination

140. UNFPA will strengthen advocacy and provide capacity building on mainstreaming gender equality into sexual and reproductive health programmes in order to address vulnerability of, and impact on, women and girls.

Principal Outcome 6: Most at-risk populations

141. Through advocacy, technical support and the meaningful involvement and participation of sex workers and community organizations working in partnership with sex workers, UNFPA will promote the implementation of sound policies and programmes addressing HIV and sex work. UNFPA will document best practices on HIV/AIDS and sex work and promote the scaling up of promising programmatic models.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

142. Advocacy by UNFPA will raise awareness of the continuing feminization of the epidemic, and UNFPA will catalyze policy action, provide technical support, and disseminate guidance and best practices to empower and reduce the vulnerability of women and girls and to mitigate the epidemic's impact. UNFPA will also work to increase young people's access to information, education, skills and services regarding HIV and sexual and reproductive health, and will aim to expand the capacity, coordination and evidence base for such programmes. Integration of HIV and sexual and reproductive health will be promoted.

Table 9: UNFPA Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
2. Planning, financing, technical assistance and coordination	2,500,000	500,000	3,640,000	6,640,000
4. Human resources and systems capacities	7,000,000	22,600,000	11,400,000	41,000,000
5. Human rights, gender, stigma and discrimination	500,000	-	1,000,000	1,500,000
6. Most at-risk populations	2,000,000	2,400,000	3,950,000	8,350,000
7. Women and girls, young people, children and populations of humanitarian concern	6,200,000	13,300,000	8,600,000	28,100,000
Total	18,200,000	38,800,000	28,590,000	85,590,000

6. United Nations Office on Drugs and Crime (UNODC)

143. Established in 1997, UNODC assists Member States in their efforts against illicit drugs, crime and terrorism. UNODC's HIV-related work focuses primarily on the role of drug use in the epidemic's spread and impact. In addition to headquarters in Vienna, UNODC has 21 field offices and liaison offices in New York. Under the UNAIDS Technical Support Division of Labour, UNODC has lead responsibility with respect to scale-up of prevention of HIV transmission among injecting drug users and in prisons.

144. UNODC's planned activities for 2008-2009 will support the achievement of five Principal Outcomes:

Principal Outcome 2: Planning, financing, technical assistance and coordination

145. UNODC will provide technical support to government agencies and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking and prisoners in the development and implementation of AIDS policy and programmes.

Principal Outcome 4: Human resources and systems capacity

146. Collaborating with key partners, UNODC will provide technical guidance and support to build national capacity to scale up harmonized HIV/TB services, including the provision of integrated prevention, care and support services in prisons, drug dependence treatment centres, and immigration detention settings.

Principal Outcome 5: Human rights, gender, stigma and discrimination

147. UNODC will assist countries in develop human rights-based, gender-responsive and equitable AIDS policies and programmes for prison settings, injecting drug users, and people vulnerable to human trafficking. UNODC will help build civil society capacity to

reduce stigma and discrimination and improve service access for injecting drug users, prison populations, and people vulnerable to human trafficking. With respect to the same target populations, legal and policy reviews and technical support will assist governments and civil societies in developing strategies to ensure equitable access to HIV prevention, treatment, care and support services and commodities.

Principal Outcome 6: Most at-risk populations

148. UNODC will deploy a range of means to assist countries in developing, implementing and monitoring effective prevention, treatment and care services for injecting drug users, prison populations, and people vulnerable to human trafficking. Evidence-based guidelines and best practices will be developed for HIV prevention and care for these target populations. Technical assistance to government agencies and civil society organizations will promote the participation of these target populations in the development and implementation of AIDS policies and programmes.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

149. UNODC will develop and disseminate a Safe Mobility Toolkit for mobile and migrant populations, as well as gender-responsive operational tools and guidelines to address the needs of female injecting drug users and women and girls living in prison settings. In collaboration with partners, UNODC will promote the implementation of policies and programmes on HIV/AIDS and the workplace for uniformed groups, including law enforcement, prison personnel, border guards, and immigration detention centre staff.

Table 10: UNODC Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
2. Planning, financing, technical assistance and coordination	1,000,000	3,750,000	1,250,000	6,000,000
4. Human resources and systems capacities	1,000,000	3,750,000	1,250,000	6,000,000
5. Human rights, gender, stigma and discrimination	1,900,000	10,500,000	3,500,000	15,900,000
6. Most at-risk populations	5,200,000	19,200,000	6,400,000	30,800,000
7. Women and girls, young people, children and populations of humanitarian concern	400,000	2,400,000	800,000	3,600,000
Total	9,500,000	39,600,000	13,200,000	62,300,000

7. International Labour Organization (ILO)

177. The ILO promotes social justice and internationally recognized human and labour rights. ILO formulates labour standards, provides extensive technical assistance to stakeholders in the world of work, and promotes the development of independent employers' and workers' organizations. In the global AIDS response, the ILO has focused

substantial effort on implementation of the *ILO Code of Practice on HIV/AIDS and the world of work*, promoting the development of legal-policy frameworks to address HIV-related employment discrimination and promoting workplace programmes that contribute towards universal access. Under the UNAIDS Technical Support Division of Labour, ILO has lead responsibility for HIV/AIDS workplace policy and programmes and private sector mobilization.

178. The ILO's planned activities for 2008-2009 will support the achievement of six Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

179. The ILO will assist ministries of labour, employers and workers to play an active role in national AIDS planning and programme implementation, with particular attention to the full involvement of people living with HIV.

Principal Outcome 2: Planning, financing, technical assistance and coordination

180. Assistance will be provided to national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes. The ILO will systematically ensure that its mechanism for coordinating country-level activities (i.e., Decent Work Country Programmes) integrates HIV/AIDS, providing for HIV-related work to become a core responsibility of ILO field offices. ILO will support the development of coping strategies for workers affected by HIV and their families.

Principal Outcome 3: Strengthened evidence base and accountability

181. The ILO will collect and analyze labour and employment data to clarify the impact of AIDS on the world of work and on the national economy.

Principal Outcome 4: Human resources and systems capacity

182. The ILO will provide policy guidance and technical support planning and implementation of comprehensive, gender-aware and sustainable workplace programmes for HIV prevention, care, treatment and support.

Principal Outcome 5: Human rights, gender, stigma and discrimination

183. Through policy and technical guidance to ministries of labour and other relevant authorities, the ILO will help ensure a legal and policy environment conducive to an effective AIDS response. The ILO will also increase the capacity of labour judges and magistrates to deal more effectively and equitably with cases related to HIV/AIDS, and of labour inspectors to monitor implementation of laws and policies.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

184. The ILO will collaborate with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers. ILO efforts will aim to ensure that such policies protect the rights of these workers, recognize gender differences, and promote access to prevention and treatment services.

Table 11: ILO Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	1,000,000	500,000	200,000	1,700,000
2. Planning, financing, technical assistance and coordination	3,500,000	4,500,000	1,700,000	9,700,000
3. Strengthened evidence base and accountability	200,000	500,000	300,000	1,000,000
4. Human resources and systems capacities	2,800,000	8,500,000	1,200,000	12,500,000
5. Human rights, gender, stigma and discrimination	1,500,000	1,000,000	500,000	3,000,000
7. Women and girls, young people, children and populations of humanitarian concern	500,000	1,000,000	500,000	2,000,000
Total	9,500,000	16,000,000	4,400,000	29,900,000

8. United Nations Educational, Scientific and Cultural Organization (UNESCO)

168. UNESCO promotes international cooperation among its 192 Member States and six Associate Members in the fields of education, science, culture and communication. An original UNAIDS Cosponsor, UNESCO spearheads the UNAIDS Global Initiative on Education and HIV/AIDS (EDUCAIDS). Under the UNAIDS Technical Support Division of Labour, UNESCO has lead responsibility with respect to prevention for young people in education institutions.

169. UNESCO's planned activities for 2008-2009 will support the achievement of seven Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

170. UNESCO will advocate for comprehensive education responses to HIV/AIDS and their integration into national action plans. UNESCO will work to strengthen coordinated education action on the epidemic, making use of key initiatives, such as EDUCAIDS and the UNAIDS Inter-Agency Task Team on Education.

Principal Outcome 2: Planning, financing, technical assistance and coordination

171. UNESCO will promote implementation of broad multisectoral AIDS responses that include sufficient resources and attention to the role of education.

Principal Outcome 3: Strengthened evidence base and accountability

172. UNESCO will strengthen broadly inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders (most notably, people living with HIV), with the aim of developing evidence-informed policies and practices on education and HIV/AIDS.

Principal Outcome 4: Human resources and systems capacity

173. Efforts by UNESCO in 2008-2009 will focus on building capacity for the design, implementation and assessment of HIV-related education, communication and information strategies.

Principal Outcome 5: Human rights, gender, stigma and discrimination

174. To reduce stigma and discrimination, UNESCO will strengthen rights-based, gender-responsive and culturally appropriate health and information services, particularly for populations most at risk.

Principal Outcome 6: Most at-risk populations

175. UNESCO will work to expand access to quality HIV-related learning opportunities for all, with particular attention to marginalized and excluded populations and to programmes that address key vulnerabilities.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

176. Within the framework of moving towards universal access, support will be provided for implementation of comprehensive national programmes on education and HIV/AIDS. Particular attention will focus on the gender-specific needs of young people.

Table 12: UNESCO Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	2,180,000	2,500,000	2,370,000	7,050,000
2. Planning, financing, technical assistance and coordination	700,000	850,000	750,000	2,300,000
3. Strengthened evidence base and accountability	2,100,000	2,350,000	2,250,000	6,700,000
4. Human resources and systems capacities	3,650,000	4,400,000	4,000,000	12,050,000
5. Human rights, gender, stigma and discrimination	950,000	1,200,000	1,000,000	3,150,000
6. Most at-risk populations	350,000	400,000	380,000	1,130,000
7. Women and girls, young people, children and populations of humanitarian concern	670,000	800,000	750,000	2,220,000
Total	10,600,000	12,500,000	11,500,000	34,600,000

9. World Health Organization (WHO)

177. As the United Nations specialized agency on health, WHO seeks to support the attainment by all people of the highest possible level of health. An original UNAIDS Cosponsor, WHO is governed by 193 Member States through the World Health Assembly. Under the UNAIDS Technical Support Division of Labour, WHO has lead responsibility with respect to:

- Prevention of HIV transmission in health care settings, blood safety, counseling and testing, diagnosis and treatment of sexually transmitted infections, and linkage of HIV prevention with AIDS treatment services;
- Prevention of mother-to-child transmission (with UNICEF);
- Scale-up of antiretroviral treatment and of programmes to monitor, prevent and treat opportunistic infections (adults and children); and
- Establishment and implementation of HIV surveillance through sentinel/population-based surveys.

178. WHO's planned activities for 2008-2009 will support the achievement of five Principal Outcomes:

Principal Outcome 1: Leadership and resource mobilization

179. Through advocacy and the provision of normative guidance, strategic information and technical support, WHO aims to strengthen the health sector's contribution to scaling up towards universal access.

Principal Outcome 2: Planning, financing, technical assistance and coordination

180. With the goal of ensuring sustainable financing for HIV-related services in the health sector, WHO will develop technical guidance and costing tools and provide technical support to countries and other stakeholders.

Principal Outcome 3: Strengthened evidence base and accountability

181. WHO will conduct and facilitate surveillance of HIV, related risk behaviours, sexually transmitted infections, and HIV drug resistance and toxicity, making findings readily accessible to all stakeholders and working to build national capacity on monitoring and evaluation. WHO will estimate the health sector's resource needs and will monitor the health sector's contributions to scaling up towards universal access. In addition, WHO will stimulate, facilitate and coordinate a broad range of HIV-related research pertaining to the health sector, disseminating findings and developing policy guidance based on research results.

Principal Outcome 4: Human resources and systems capacity

182. WHO will provide advocacy, evidence-based normative guidance, and technical support to strengthen the capacity of health systems to respond to HIV/AIDS. Particular attention will focus on developing human resources, strengthening laboratory capacity, improving procurement and supply management systems, prequalification of HIV medicines and diagnostics, and supporting countries to make full use of flexibilities in international trade agreements. Support will be provided for health sector interventions to prevent transmission of HIV, including prevention of mother to child transmission, prevention of sexual transmission, prevention for people living with HIV/AIDS, safe blood supplies, and implementation of new HIV prevention technologies, including male circumcision. Special efforts will also be made to support scaling up access to antiretroviral therapy and HIV/AIDS care, pediatric HIV treatment, testing and counseling, development of quality HIV diagnostics, management of opportunistic infections, and integration of HIV/AIDS and tuberculosis services.

Principal Outcome 6: Most at-risk populations

183. WHO will support the strengthening of health services to deliver HIV prevention, treatment and care (including services for sexually transmitted infections) to injecting drug users (including harm reduction services); sex workers; men who have sex with men; prisoners; and populations of humanitarian concern.

Table 13: WHO Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
1. Leadership and Resource Mobilization	600,000	2,500,000	1,500,000	4,600,000
2.Planning, financing, technical assistance and coordination	600,000	2,200,000	1,200,000	4,000,000
3. Strengthened evidence base and accountability	7,200,000	11,500,000	5,800,000	24,500,000
4. Human resources and systems capacities	17,100,000	53,600,000	21,700,000	92,400,000
6. Most at-risk populations	1,000,000	1,800,000	1,000,000	3,800,000
Total	26,500,000	71,600,000	31,200,000	129,300,000

10. The World Bank

184. The World Bank, an original UNAIDS Cosponsor, seeks to fight poverty and improve living standards in developing countries. Working through five closely associated institutions that are owned by member countries, the World Bank advances its mission by providing grants, credits, loans, policy advice, technical assistance, and knowledge-sharing services to low- and middle-income countries. In the last five years, (FY2002-2006), the World Bank committed approximately US\$1.7 billion through grants, loans and credits to national and regional AIDS programmes. The Bank's Global HIV/AIDS Programme of Action provides for support for improving national AIDS strategies and plans, continued and sustained funding for national and regional AIDS programmes, accelerating programme implementation, strengthening monitoring and evaluation efforts, and knowledge generation and evaluation. Under the UNAIDS Technical Support Division of Labour, the World Bank has lead responsibility for support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation; and sectoral work.

185. The World Bank's planned activities for 2008-2009 will support the achievement of three Principal Outcomes:

Principal Outcome 2: Planning, financing, technical assistance and coordination

186. Through policy advice and technical and financial support, the World Bank will enhance national capacity to develop prioritized, costed and evidence-informed national strategies and to implement and manage an effective AIDS response, including mainstreaming in key sectors. The World Bank will work with countries to improve monitoring and evaluation systems and to mainstream AIDS in broader planning and budgetary processes. In collaboration with the Global Fund to Fight AIDS, Tuberculosis

and Malaria, the U.S. Government's PEPFAR initiative and other stakeholders, the World Bank will improve donor coordination and harmonization. Programme and policy research and epidemiological synthesis by the World Bank will promote improved knowledge on HIV/AIDS.

Principal Outcome 3: Strengthened evidence base and accountability

187. To advance full implementation of the Three Ones, the World Bank will support partner coordination and accountability, including maintenance of a fully functional monitoring and evaluation system.

Principal Outcome 4: Human resources and systems capacity

188. With the aim of supporting scale-up of HIV prevention programmes for vulnerable populations and AIDS treatment and care services, the World Bank will undertake analytical work, review of public expenditures, and assistance to countries in addressing obstacles to programme implementation and expansion in national development agendas and World Bank lending programmes. In partnership with key stakeholders, the World Bank will improve procurement and supply chain management of AIDS medicines and diagnostics.

Table 14: World Bank Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Global and regional resources	Total
2. Planning, financing, technical assistance and coordination	8,820,000	7,535,000	15,921,000	32,276,000
3. Strengthened evidence base and accountability	875,000	1,500,000	2,086,000	4,461,000
4. Human resources and systems capacities	2,715,000	2,100,000	5,450,000	10,265,000
Total	12,410,000	11,135,000	23,457,000	47,002,000

11. UNAIDS Secretariat

189. The UNAIDS Secretariat coordinates the work of the Joint Programme, including efforts of individual Cosponsors and inter-agency activities. Based in Geneva, the Secretariat employs field staff in more than 75 countries and also maintains liaison offices in Brussels, New York and Washington. Under the UNAIDS Technical Support Division of Labour, the Secretariat has lead responsibility for:

- Advocacy;
- Coordination of UN system efforts on AIDS;
- Overall policy, monitoring and coordination on HIV prevention;
- Strategic information, knowledge sharing and accountability;
- Support for coordination of national efforts;
- Partnership building;
- Monitoring and evaluation, including estimation of national prevalence and projection of demographic impact.;

- Strengthening the AIDS response in the context of security, uniformed services and humanitarian crises.

190. The UNAIDS Secretariat's planned activities for 2008-2009 will support the achievement of seven Principle Outcomes:

Principal Outcome 1: Leadership and resource mobilization

191. The Secretariat will coordinate development of policies and guidance required to address an ever-evolving epidemic, including development of scenarios and options for a long-term response to AIDS. Political commitment will be mobilized for a targeted, comprehensive AIDS response. The Secretariat will increase the effectiveness of joint UN action at global, regional and country levels and will also work to build the capacity of non-state actors to respond effectively to the epidemic.

Principal Outcome 2: Planning, financing, technical assistance and coordination

192. The Secretariat will support and strengthen the capacity of national AIDS response to scale up towards universal access, promoting the harmonization and alignment of donor funding to national priorities and implementation of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors.

Principal Outcome 3: Strengthened evidence base and accountability

193. Countries will receive technical and capacity building support from the UNAIDS Secretariat in data collection, analysis and dissemination systems. These systems will, among other things, monitor national progress on AIDS, evaluate the impact of national programmes, track financial flows, and estimate future resource needs.

Principal Outcome 5: Human rights, gender, stigma and discrimination

194. The Secretariat will continue to provide policy leadership on human rights and provide technical support to countries in revising and implementing laws and policies to promote and protect human rights and to alleviate HIV-related stigma.

Principal Outcome 6: Most at-risk populations

195. The Secretariat will promote, monitor and analyze policies, partnerships and best practices with respect to efforts to address the needs of populations at greatest risk.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

196. The Secretariat will promote, monitor and analyze policies and programmatic actions to address the vulnerability of women, gender-based violence, gender inequality, involvement of men and boys, and other issues relating to the feminization of the epidemic. Through coordination, policy guidance, technical assistance and monitoring and evaluation, the Secretariat will support efforts to address HIV among uniformed services and armed personnel.

Table 15: Secretariat Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Total
1. Leadership and Resource Mobilization	111,065,000	9,955,000	121,020,000
2. Planning, financing, technical assistance and coordination	24,560,000	2,200,000	26,760,000
3. Strengthened evidence base and accountability	12,180,000	1,090,000	13,270,000
5. Human rights, gender, stigma and discrimination	2,093,000	187,000	2,280,000
6. Most at-risk populations	6,920,000	620,000	7,540,000
7. Women and girls, young people, children and populations of humanitarian concern	10,582,000	948,000	11,530,000
Total	167,400,000	15,000,000	182,400,000

12. Interagency activities

197. Interagency activities involve joint initiatives by more than one member of the UNAIDS family. Such activities typically focus on cross-cutting activities that help strengthen the multisectoral AIDS response.

198. Planned interagency activities for 2008-2009 will support the achievement of four Principle Outcomes:

Principal Outcome 1: Leadership and resource mobilization

199. Collective action by the Joint Programme will support the work of Special AIDS Envoys of the Secretary-General and make optimal use of the International AIDS Conference and the 2008 UN General Assembly comprehensive review of progress towards implementation of the Declaration of Commitment on HIV/AIDS. UNAIDS will assist regional inter-governmental and multi-partner entities to mainstream AIDS. Joint action will ensure coordinated and effective action by UNAIDS and the broader UN system, including at country level, making optimal use of UN Theme Groups on HIV/AIDS and joint UN teams and programmes. Support will be provided to UN staff living with HIV infection.

Principal Outcome 2: Planning, financing, technical assistance and coordination

200. Inter-agency action will work to build the capacity of national AIDS authorities to mount a strong AIDS response, including enhancing harmonization, alignment and effectiveness of external financing. Technical support will be provided to national partners to overcome critical obstacles to scaling up and to mobilizing sufficient financial resources.

Principal Outcome 4: Human resources and systems capacity

201. UNAIDS will strengthen coordinated advocacy, forge partnerships and mobilize technical support for scaling up programmatic actions on mother-to-child transmission of HIV.

Principal Outcome 5: Human rights, gender, stigma and discrimination

202. UNAIDS will support policy development and programmatic action on human rights and gender equality, working to build capacity on these issues across sectors. Collective action by the Joint Programme will build the capacity of populations most at risk to participate in a strong AIDS response.

Principal Outcome 7: Women and girls, young people, children and populations of humanitarian concern

203. UNAIDS will establish and maintain global and regional advocacy networks and coordination structures to address the HIV needs of uniformed services and armed personnel.

Table 16: Interagency Summary of 2008-2009 Unified Budget and Workplan by Principal Outcome

Principal Outcomes	Core	Supplemental	Total
1. Leadership and Resource Mobilization	65,579,348	10,347,826	75,927,174
2. Planning, financing, technical assistance and coordination	47,444,565	7,486,322	55,930,887
4. Human resources and systems capacities	500,000	78,895	578,895
5. Human rights, gender, stigma and discrimination	11,848,370	1,869,565	13,717,935
7. Women and girls, young people, children and populations of humanitarian concern	1,377,717	217,392	1,595,109
Total	126,750,000	20,000,000	146,750,000

IV. Technical notes

204. **Cosponsoring organizations:** Funds, Programmes or Specialized Agencies of the United Nations (including also the World Bank) which, together with the UNAIDS Secretariat, constitute the Joint United Nations Programme on HIV/AIDS (UNAIDS).

205. **Cosponsors' global and regional resources:** resources allocated for HIV and AIDS by the Cosponsoring Organization concerned using its own resources. These resources are often provided through the regular budget of the organization, and may be funded through assessed contributions. Some Cosponsors use the term "regular resources" to describe these funds.

206. **Core budget:** the minimum level of funding which UNAIDS identifies as being required to fund the most essential activities contained in the Unified Workplan.

207. **Fund of UNAIDS:** the *Fund of UNAIDS*, which is managed by the UNAIDS Executive Director, provides resources for the *core budget* for Cosponsors, the Secretariat, and interagency activities as well as the supplemental budgets of the Secretariat and interagency activities. Resources for the Fund come entirely from voluntary contributions, mainly from Member States of the United Nations. Donations to the Fund are first used to finance the *core budget*. Should funding become available during the biennium in excess of *core budget* requirements, surplus funds will be applied by the Executive Director to the *supplemental budget* for the actions identified in the *Unified Workplan*.

208. **Indicator:** quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor.

209. **Key Output:** Output to be achieved by the respective Cosponsoring Organization, or the Secretariat with resources from the Unified Unified Budget and Workplan. The Unified Workplan contains a total of 33 *key outputs*, three to six for each Cosponsor and the Secretariat. Each *key output* contributes to achievement of one *principal outcome*.

210. **Principal Outcome:** Outcome to be achieved through the contributions of various Cosponsoring Organizations and the Secretariat. The *Unified Workplan* contains 7 *principal outcomes*. The *principal outcomes* contribute to the achievement of the goals identified in the *Declaration of Commitment* of the UN General Special Session on HIV/AIDS.

211. **Results-based management:** a management strategy focusing on performance and achievement of outputs, outcomes and impacts.

212. **Supplemental Budget:** resources for Cosponsoring Organizations, the Secretariat or interagency activities, specified in the *Unified Workplan*, which are sought by the respective organization to expand on activities funded from the core budget. The Secretariat is responsible to raise the supplemental resources requested for itself and for interagency activities through voluntary contributions. Cosponsors' supplemental resources are funded by voluntary contributions, raised by the organization concerned and channeled through the organizations' own budgetary and financial mechanisms.

213. **Unified Budget:** the complete set of budgets which are, or may become available to implement the *Unified Workplan*. The *Unified Budget* includes the *core budget*, *supplemental budget* and *Cosponsors' global and regional resources*. The *Unified Budget* is biennial, covering a period of two calendar years;

214. **Unified Workplan:** the entire range of activities on HIV and AIDS undertaken at global and regional levels implemented by the ten UNAIDS Cosponsoring Organizations, the UNAIDS Secretariat and interagency activities. The *Unified Workplan* also includes country level action by the UNAIDS Secretariat and interagency activities.

Appendix 1: Budget allocation by Principal Outcome, Key Output and Activity

Principal Outcome 1: Strengthened leadership and resource mobilization for a broad-based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Key Output 1: Global agenda for an effective, comprehensive AIDS response clearly defined and supported by global policies, standards and guidelines.			
WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen the health sector's contribution to scaling up HIV/AIDS prevention, treatment and care towards universal access.	600,000	2,500,000	1,500,000
Secretariat: Coordinated development of policies and guidance responding to the evolving demands of the AIDS epidemic, development of scenarios of and options for a long-term response to AIDS, including specific responsibility for overall policy and coordination on prevention.	28,410,500	2,546,500	-
Interagency¹²: Interagency action on key strategic issues, the International AIDS Conference (including the Global Report on AIDS), and the 2008 UN General Assembly comprehensive review of the realization of the Declaration of Commitment on AIDS.	1,888,685	298,017	-
Total Key Output PO1/KO1	30,899,185	5,344,517	1,500,000
Key Output 2: Political commitment and leadership among government, civil society, non-state partners, private sector, labour and other stakeholders at all levels galvanized to ensure inclusive, multisectoral and sustainable AIDS responses.			
UNICEF: Convene the IATT and Global and regional Partners Forums on children and AIDS to track implementation progress and define recommendations for accelerated scale up around children and AIDS.	748,800	1,202,688	1,385,748
ILO: Advisory services, policy guidance and technical support for ILO constituents (ministries of labour, employers and workers) to enable them to play an active role in national AIDS planning and programme implementation, ensuring full involvement of people living with HIV.	1,000,000	500,000	200,000
UNESCO: Building political commitment and advocating for comprehensive education responses to HIV and AIDS that are fully integrated into national action plans.	810,000	900,000	870,000

¹² The provision of US\$ 100 million from the interagency budget for the salaries of all UNAIDS Country staff, operational costs of over 80 UNAIDS country offices and related investment in IT field connectivity has been apportioned pro-rata to the interagency activities.

Appendix 1: Budget allocation by Principal Outcome, Key Output and Activity

Principal Outcome 1: Strengthened leadership and resource mobilization for a broad-based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Secretariat: Advocacy and mobilization of political commitment for a targeted, comprehensive AIDS response integrated with other relevant programmes within the framework of UN reform and effectively utilizing the work of the Special Envoys of the Secretary General on AIDS.	29,554,400	2,649,000	-
Interagency: Collective UN action in the framework of UN reform, to provide enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.	570,540	90,026	-
Total Key Output PO1/KO2	32,683,740	5,341,714	2,455,748
Key Output 3: Financial resources mobilized in a more timely and effective manner to match projected resource needs for a scaled up response.			
UNHCR: Advocacy for increased resources and mainstreaming conflict affected and displaced populations into national HIV and AIDS policies, strategic plans and programmes and donor proposals.	50,000	50,000	70,000
UNICEF: Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.	1,206,400	1,937,664	2,232,594
WFP: Advocacy and technical assistance to mobilize resources for food and nutrition security as an essential element of the AIDS response by working with key civil society and national partners at all levels.	485,000	95,000	1,016,000
Total Key Output PO1/KO3	1,741,400	2,082,664	3,318,594
Key Output 4: Strengthened leadership and capacity of people living with HIV and groups of people living with HIV, civil society and community-based organizations to meaningfully engage in AIDS responses at all levels.			
UNDP: Implementation of leadership programmes and capacity building for groups and networks of people living with HIV, civil society and community-based organizations to strengthen partnerships, organizational capacity, and engagement in AIDS response.	1,350,000	1,750,000	1,250,000
Secretariat: Convening of innovative partnerships, promotion of multisectoral approaches to AIDS and support for mobilizing resources and the building of sustainable management, advocacy and service delivery capacity for, and with, non-state actors.	34,696,600	3,110,000	
Total Key Output PO1/KO4	36,046,600	4,860,000	1,250,000
Key Output 5: Coordinated and harmonized leadership by the UN system on AIDS, with strengthened capacity and AIDS competence at global, regional and country levels.			

Appendix 1: Budget allocation by Principal Outcome, Key Output and Activity

Principal Outcome 1: Strengthened leadership and resource mobilization for a broad-based AIDS response at all levels, including governments, civil society, including people living with HIV, and other non-state partners.			
Agency / Activity	Core	Supple- mental	Global and regional resources
UNHCR: Coordination and collaboration with UNAIDS cosponsors, other UN-agencies, governments, humanitarian organisations, the civil society, sub-regional / regional initiatives, other relevant coordination and planning systems, and the beneficiaries to effectively address HIV and AIDS among people of concern to UNHCR.	80,000	25,000	225,000
UNDP: Advocacy and support through Resident Coordinator System for establishment and strengthened functioning of Joint UN Teams on AIDS at country level and joint programmes of support	400,000	350,000	250,000
UNESCO: Strengthening coordinated action among education stakeholders at all levels through key inter-agency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.	1,370,000	1,600,000	1,500,000
Secretariat: Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.	18,403,500	1,649,500	-
Interagency : Effective and coordinated action by UNAIDS and broader UN system, including through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.	51,951,959	8,197,548	-
Interagency: Support and facilitation of a joint response to AIDS at country level- especially through the UN Theme Groups on HIV/AIDS, Joint UN Teams on AIDS and UN Joint Programmes of Support on AIDS- and strengthening the links among stakeholders, including through implementation of the country support funding, using the comparative advantages of Programme Acceleration Funds (PAF), and Programme Support Funds (PSF).	10,302,515	1,625,643	-
Interagency: Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.	865,649	136,592	-
Total Key Output PO1/KO5	83,373,623	13,584,283	1,975,000
Total Principal Outcome 1	184,744,548	1,213,1788	10,499,342

Principal Outcome No. 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Key Output 1: Strengthened capacity of inclusive national AIDS authorities to lead and coordinate a broad based multisectoral and multipartner response on AIDS, to convene participatory processes to develop National AIDS Strategies and Annual Action Plans that are costed, inclusive, sustainable, credible, and informed by scientific evidence and social and epidemiological data; and to oversee the development and implementation of one agreed national monitoring and evaluation framework for AIDS.			
UNDP: Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.	1,350,000	1,600,000	1,050,000
ILO: Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.	1,000,000	500,000	200,000
World Bank: Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including in mainstreaming AIDS in key sectors (ii) improving financial management and disbursement, (iii) providing policy advice, technical and financial support at all levels including the public and private sector and in civil society.	1,420,000	2,600,000	3,196,000
World Bank: Advocacy, technical support, policy advice and capacity building to countries for the development of prioritized, costed and evidence-based national AIDS strategies and action plans.	2,000,000	2,485,000	4,804,000
World Bank: Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programs.	2,050,000	500,000	2,444,000
Interagency : Support to joint review processes and efforts to improve institutional design and functions of the national AIDS authorities for improved management, coordination, planning, alignment, scaling up, monitoring and evaluation of national AIDS responses, including through the use of improved tools for data management (Country Response Information System).	15,155,276	2,391,365	-
Total Key Output PO2/KO1	22,975,276	10,076,365	11,694,000
Key Output 2: National AIDS Strategies, Annual Action Plans and priorities integrated into broader planning and budgetary processes, such as Poverty Reduction Strategy Papers (PRSPs), national development plans, national budgets, Medium-Term Expenditure Frameworks, and sectoral plans.			
WFP: Advocacy and technical assistance to include costed, evidence-based HIV food and nutrition programmes in National AIDS Strategies, Action Plans and Poverty Reduction Plans by working with governments and key	571,000	182,000	755,000

Principal Outcome No. 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.			
Agency / Activity	Core	Supple- mental	Global and regional resources
stakeholders.			
UNDP: Development of technical guidance and tools and provision of technical support for integrating AIDS priorities into national development and MDG plans, poverty reduction strategies and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes (including through joint PRSP mainstreaming programme with World Bank and UNAIDS Secretariat.)	2,500,000	2,300,000	2,400,000
UNFPA: Advocacy and technical assistance for the incorporation of inter-linkages of population dynamics and gender equality, sexual and reproductive health, young people's needs and HIV/AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.	-	500,000	1,000,000
ILO: Integration of HIV in Decent Work Country Programmes, including the development and implementation of sector-specific policies and programmes, as appropriate, and an outreach strategy for the informal economy.	1,500,000	3,000,000	1,000,000
WHO: Development of technical guidance and costing tools and provision of technical support for sustainable financing of HIV/AIDS services in the health sector.	600,000	2,200,000	1,200,000
World Bank: Development of tools and guidelines, and training to integrate AIDS into broader planning and budgetary processes including costing manual for PRSPs, guidelines for integrating HIV in MTEFs.(Includes the joint initiative on integrating AIDS in PRSPs in partnership with UNDP and the UNAIDS Secretariat.)	750,000	500,000	1,050,000
Total Key Output PO2/KO2	5,921,000	8,682,000	7,405,000
Key Output 3: Increased, harmonized and aligned technical and financial support to scale-up funding and implementation of national AIDS programmes.			
UNDP: Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.	300,000	7,000,000	650,000
World Bank: Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with GFATM, PEPFAR and others.	450,000	100,000	700,000

Principal Outcome No. 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Secretariat: Guidance and support to strengthen capacity of national AIDS responses to scale up towards universal access targets; harmonization and alignment of donor funding to national priorities and implementation of other GTT recommendations at country level.	24,560,000	2,200,000	-
Interagency : Technical support to national partners, through joint UN team on AIDS, Technical Support Facilities and the Global Implementation Support Team and the Technical Assistance Funds, to overcome critical obstacles in scaling up comprehensive AIDS programmes and in securing funding, including through the Global Fund, World Bank, and other funding mechanisms.	32,289,289	5,094,957	-
Total Key Output PO2/KO3	57,599,289	14,394,957	1,350,000
Key Output 4: Inclusion of the needs of the most-at-risk, affected and vulnerable groups in National AIDS Strategies and Action Plans with appropriate resources allocated.			
UNICEF: Contribute to advocacy, promotion and technical assistance through harmonized interagency approaches with Government and partners to ensure that comprehensive national plans support a mix of evidence-based interventions to prevent HIV among adolescent up to the age of 18, including prioritized attention to especially vulnerable and most at risk adolescents	2,329,600	3,741,696	4,311,216
UNFPA: Support for institutional strengthening and technical capacity building of UNFPA COs, UNCTs, regional and national key population organizations (e.g., youth serving and youth led; sex work networks; women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate relevant HIV programmes and services.	2,500,000	-	2,640,000
UNODC: Provision of technical assistance to relevant government agencies, including, health, law enforcement, judiciary and social services, and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking (PVHT) and prisoners in the development and implementation of HIV/AIDS policies and programmes.	1,000,000	3,750,000	1,250,000
Total Key Output PO2/KO4	5,829,600	7,491,696	8,201,216
Key Output 5: Strengthened capacity of country partners to assess and develop programmes to mitigate the socio-economic impact of AIDS.			
UNDP: Advisory services and provision of technical support to develop methodologies conduct studies and implement strategies to assess and mitigate socio-economic impacts of AIDS.	900,000	1,500,000	950,000

Principal Outcome No. 2: Improved planning, financing, technical assistance and coordination at all levels for a sustainable multisectoral AIDS programmatic response, addressing the impact of the epidemic and integrated with national development efforts.			
Agency / Activity	Core	Supple- mental	Global and regional resources
ILO: Policies, mechanisms and technical support to develop coping strategies for workers affected by HIV and their families, including income-generation, (re)training, the extension of micro-finance and health insurance, and protection against child labour.	1,000,000	1,000,000	500,000
UNESCO: Promotion and support for implementation of broad multisectoral approaches to national HIV and AIDS programming that assure sufficient resources and attention to education and related sectors within overall development efforts.	700,000	850,000	750,000
World Bank: Contributing to improved knowledge in HIV/AIDS prevention, care and treatment through program and policy research and epidemiological synthesis.	2,150,000	1,350,000	3,727,000
Total Key Output PO2/KO5	4,750,000	4,700,000	5,927,000
Total Principal Outcome 2	97,075,165	45,345,018	34,577,216

Principal Outcome No. 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance, and resource tracking.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Key Output 1: Improved coordination and harmonization of AIDS monitoring and evaluation approaches and systems.			
UNICEF: Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.	3,286,400	5,278,464	6,081,894
UNICEF: Contribute to advocacy and technical assistance to generate data on age, sex and other specific background characteristics on HIV risk behaviour and vulnerabilities among adolescents up to the age of 18, as part of national, regional and global monitoring and evaluation systems.	1,456,000	2,338,560	2,694,510
WFP: Coordination with stakeholders to develop and integrate monitoring systems into food and nutrition components of care, treatment and support programmes in order to identify cost-effective best practice.	718,000	218,000	1,067,000
World Bank: Development of harmonized capacity building approaches to support partner coordination and accountability (11 components of a fully functional HIV M&E system and results scorecard).	875,000	1,500,000	2,086,000
Secretariat: Harmonization of global and country indicators, guidelines and tools and support to countries and regions for the development of data collection, analysis, and dissemination systems that include both monitoring of progress and evaluation of impact.	7,122,900	637,400	
Total Key Output PO3/KO1	13,458,300	9,972,424	11,929,404
Key Output 2: Reliable data, information and analyses made available on global, regional and national trends of the AIDS epidemic, its impact, and national responses, as well as improved estimation of global and country AIDS resource needs and tracking of financial flows.			
UNHCR: Implementation of HIV information system and conducting standardized assessments, biological and behavioural surveillance, monitoring and evaluations, and programmatic research in conflict affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.	500,000	150,000	210,000
UNICEF: Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditure on children and AIDS.	915,200	1,469,952	1,693,692
ILO: Gathering and analysis of labour and employment data to clarify the impact of AIDS on the world of work and the national economy, in collaboration with UNAIDS.	200,000	500,000	300,000

Principal Outcome No. 3: Strengthened evidence base and accountability of the AIDS response through greater availability and use of strategic information, including monitoring and evaluation, surveillance, and resource tracking.			
Agency / Activity	Core	Supple- mental	Global and regional resources
UNESCO: Development and dissemination of evidence-based policies and practices in education on HIV prevention, care, support and treatment by strengthened and broadly-inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV.	2,100,000	2,350,000	2,250,000
WHO: Conduct and report on global surveillance of HIV, related risk behaviors, STIs, and HIV drug resistance and toxicity; estimate the resource needs of the health sector's response; monitor and report on progress on the health sector's contribution to scaling up towards universal access; and assist countries to strengthen capacity for operational research, surveillance of HIV, and monitoring and evaluation of the health sector's response to the epidemic.	4,800,000	6,500,000	3,700,000
Secretariat: Building capacity of countries for estimates and projections of HIV and AIDS, for resource needs estimation and for tracking of AIDS financial flows; improvement of related analytic tools; technical support for the collection, analysis and dissemination of data; improved access to information on trends of the AIDS epidemic, its impact, national responses, on resource needs and national, regional and global spending for AIDS.	5,057,100	452,600	
Total Key Output PO3/KO2	13,572,300	11,422,552	8,153,692
Key Output 3: Biomedical, socio-behavioral and operational research agendas developed and promoted to foster scaling up of the response through improved programmes, practices and policies in prevention, treatment and care and support.			
WHO: Stimulate, facilitate and coordinate biomedical, socio-behavioural and operational HIV/AIDS research relevant to the health sector response; monitor, analyze and report on major new research directions and findings; and provide advice on policy and programmatic implications of such research, including research on new prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis.	2,400,000	5,000,000	2,100,000
Total Key Output PO3/KO3	2,400,000	5,000,000	2,100,000
Total Principal Outcome 3	29,430,600	26,394,976	22,183,096

Principal Outcome No. 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Key Output 1 : Strengthened capacities at country level for the provision of essential HIV prevention services, including prevention of sexual transmission and development of new HIV prevention technologies.			
UNFPA: Strengthening linkages between sexual and reproductive health and HIV/AIDS by promoting linkages using evidence base, providing technical support to countries, and disseminating guidance tools and promising practices to identify and implement key policy and programme actions, particularly focusing on rights-based sexual and reproductive health of people living with HIV, prevention of mother to child transmission, STI management, and integrating family planning and HIV.	2,500,000	600,000	4,000,000
WHO: Development of technical guidance and tools and provision of technical support for health sector interventions to prevent transmission of HIV, including prevention of sexual transmission and condom standards and quality assurance, treatment and control of sexually transmitted infections, prevention for people living with HIV/AIDS, safe blood supplies, prevention of transmission in health care settings, and implementation of new HIV prevention technologies, including male circumcision.	2,800,000	12,000,000	3,600,000
World Bank: Support efforts to scale-up access to essential HIV prevention services including for vulnerable and marginalized populations through analytical work, review of public expenditures and ensuring that obstacles to prevention services are addressed in national development agendas and Bank lending programs.	1,000,000	1,300,000	2,300,000
Total Key Output PO4/KO1	6,300,000	13,900,000	9,900,000
Key Output 2: Enhanced capacities at country level to scale up comprehensive programmes for the prevention of mother-to-child transmission.			
UNICEF and WHO: Provision of financial and materiel support, as well as technical assistance for acceleration of PMTCT implementation at national level including the development of supportive policies and costed, evidence-informed scale up plans, capacity development in the form of training of health care workers and direct support for management capacity at country level.	3,494,400	5,612,544	6,466,824

Principal Outcome No. 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.			
Agency / Activity	Core	Supple- mental	Global and regional resources
UNICEF and WHO: Advocacy and development of technical guidance and tools for the prevention of mother to child transmission (PMTCT) - through synthesizing evidence, identifying research priorities and collating global level service delivery statistics - and support for countries' efforts to foster national level coordination and planning, provision of training materials for national level capacity building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate PMTCT interventions.	2,600,000	5,800,000	2,400,000
WFP: Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefiting patients and their families.	460,000	50,000	760,000
UNFPA: Provision of technical support, dissemination of existing and development, as required, of new guidance, and support for capacity building to implement the Global Strategy for Accelerating PMTCT scale up, particularly focusing on a basic package of HIV/AIDS services in maternal health care settings, sexual and reproductive health for women living with HIV, and linking maternal health services with other sexual and reproductive health services.	1,000,000	2,000,000	1,400,000
Interagency: Effective and coordinated action by UNAIDS and broader UN system to advocate, to forge partnerships and to mobilize resources and technical support for scaling-up programmatic actions on prevention of mother-to-child transmission of HIV.	500,000	78,895	-
Total Key Output PO4/KO2	8,054,400	13,541,439	11,026,824
Key Output 3: Enhanced capacities at country level to scale up provision of AIDS treatment and care services, including antiretroviral therapy, prevention and management of opportunistic infections and other HIV-related conditions, prevention for HIV positive people, nutrition, and palliative and end-of-life care and related education services.			
UNICEF: In collaboration with relevant partners, contribute to financial support and technical assistance for strengthened capacity to ensure appropriate and integrated approaches to care and treatment for pregnant women, HIV infected women, and HIV-exposed and infected children, as well as support for capacity development and adoption of policies promoting paediatric HIV care and treatment.	1,310,400	2,104,704	2,425,059
WFP: Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.	1,563,000	255,000	5,038,000

Principal Outcome No. 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.			
Agency / Activity	Core	Supple- mental	Global and regional resources
WHO: Synthesis of evidence, development of technical guidance and tools, and provision of technical support for scaling up antiretroviral therapy, improving HIV/AIDS care, and managing opportunistic infections for children and adults living with HIV/AIDS, strengthening laboratory capacity for monitoring treatment, and monitoring, evaluating and reporting on progress in the scale up of treatment and care.	4,800,000	14,000,000	6,200,000
World Bank: Support efforts to scale-up access for AIDS treatment and care services including development of innovative strategies through analytical work, review of public expenditures and ensuring that obstacles to treatment and care services are addressed in national development agendas and Bank lending programs.	1,150,000	500,000	2,140,000
Total Key Output PO4/KO3	8,823,400	16,859,704	15,803,059
Key Output 4 Strengthened capacity of countries to ensure equitable access to HIV testing and counselling that ensures confidentiality, informed consent and counselling.			
WHO: Synthesis of evidence, technical guidance and provision of technical support for the development and implementation of integrated policies and tools on HIV counseling and testing, including client -and -provider initiated testing and counseling for adults, children and families, and development of quality HIV diagnostics.	3,800,000	9,500,000	4,200,000
Total Key Output PO4/KO4	3,800,000	9,500,000	4,200,000
Key Output 5: Improved capacity of countries to scale up joint HIV/TB planning, training, procurement and delivery of harmonized HIV/TB services, including provision of a package of prevention, care and support for HIV-related tuberculosis.			
WFP: Technical assistance and programmes for nutrition and food support in HIV/TB programmes.	323,000	205,000	504,000
UNODC: In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools, and provision of technical support in strengthening the capacity of countries to scale up joint HIV/TB planning, training, and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV-related tuberculosis in prison, drug dependence treatment and immigration detention settings.	1,000,000	3,750,000	1,250,000
WHO: Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV/AIDS and tuberculosis services.	1,000,000	3,600,000	1,300,000
Total Key Output PO4/KO5	2,323,000	7,555,000	3,054,000

Principal Outcome No. 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Key Output 6 Strengthened national systems for procurement and supply management for high quality HIV medicines, diagnostics, condoms, and other essential HIV commodities.			
UNICEF: Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of HIV pregnant women and their children. This includes supporting the development of procurement and supply management plans and capacity building as well as advocating for more appropriate formulations for PMTCT and paediatric HIV and adaptation of tools and instruments to assist in strengthening PSM.	2,620,800	4,209,408	4,850,118
UNFPA: Implementation of the Global Condom Initiative to intensify comprehensive condom programming(CCP) for HIV prevention and dual protection with emphasis on: (a) scaling-up female condom programming; (b) strengthening male condom programming; (c) increasing access and use of male and female condoms by women, young people, sex workers and populations in humanitarian settings; (d) building national capacity including through workshops, training of programme managers and service providers, condom branding, mass media campaigns, advocacy, and support for national coordination; (e) support for country level procurement of male and female condoms (MCs and FCs), STI drugs and diagnostics test kits including through training and support for the implementation of a low cost computer augmented LMIS system and (f) development of monitoring and evaluation (M&E) tools to assess progress and evaluate impact.	3,500,000	20,000,000	6,000,000
WHO: Provision of normative guidelines, quality standards including prequalification of HIV medicines and diagnostics, strategic information and technical support to strengthen national procurement and supply management systems.	800,000	2,500,000	1,200,000
World Bank: Provision of workshops, knowledge generation and dissemination to improve procurement and supply chain management of AIDS medicines and diagnostics in partnership with UNICEF and the Global Fund/PEPFAR/WB procurement working group.	565,000	300,000	1,010,000
Total Key Output PO4/KO6	7,485,800	27,009,408	13,060,118
Key Output 7 Strengthened capacity of national and regional authorities in developing countries to utilize the flexibilities in the global trade rules in promoting wider access to affordable HIV-related pharmaceuticals and prevention commodities.			
UNDP: Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines.	950,000	650,000	600,000

Principal Outcome No. 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.			
Agency / Activity	Core	Supple- mental	Global and regional resources
WHO: Provision of normative guidance and technical support to enable countries to make full use of the flexibilities in the TRIPS agreement, and to promote wider access to affordable HIV commodities, including HIV medicines and diagnostics.	500,000	1,000,000	800,000
Total Key Output PO4/KO7	1,450,000	1,650,000	1,400,000
Key Output 8: Improved capacities at country level for human resource planning, training, compensation, and retention measures in all sectors relevant to the response to HIV/AIDS.			
ILO (joint activity with WHO): Policy guidance and technical support to strengthen human resources for health, including health workers access to prevention, care and treatment, with a particular focus on workplace policies, occupational health services, training and retention issues (in particular, occupational safety and health, working conditions, compensation).	500,000	500,000	200,000
UNESCO: Capacity development in designing, implementing and assessing efficient and rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support.	3,650,000	4,400,000	4,000,000
WHO: Advocacy and provision of normative guidance, strategic information and technical support to strengthen human resources for health for the scaling up of HIV/AIDS prevention, treatment and care towards universal access, including a focus on HIV prevention, treatment and care for health workers, health workforce planning, certification and training of health workers, retention of health workers and expanding the health workforce through task-shifting.	800,000	5,200,000	2,000,000
Total Key Output PO4/KO8	4,950,000	10,100,000	6,200,000
Key Output 9: Enhanced capacities at country level to provide equitable access, through the workplace, to comprehensive HIV prevention, treatment and care services.			
UNHCR: Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and / or implement and expand HIV workplace programmes.	50,000	20,000	40,000
ILO: Policy guidance, tools and technical support to employers, workers and ministries of labour for the planning and implementation of comprehensive, gender-aware and sustainable workplace programmes, building on existing structures such as occupational safety and health committees and including VCCT, PMCT and TB treatments as appropriate.	2,300,000	8,000,000	1,000,000
Total Key Output PO4/KO9	2,350,000	8,020,000	1,040,000

Principal Outcome No. 4: Enhanced human resource and systems capacities at all levels of government, civil society and other non-state partners to implement comprehensive HIV/AIDS responses, including improved availability and access to affordable HIV commodities.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Total Principal Outcome 4	45,536,600	108,135,551	65,684,001

Principal Outcome No. 5 Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.			
Agency / Activity	Core	Supple- mental	Global and regional resources
Key Output 1: Coordinated promotion of human rights-based, gender-responsive and equitable AIDS policies and programmes, and improved government adherence to human rights treaties and other related international obligations.			
UNHCR: Advocacy for HIV related protection and rights based approach for people of concern to UNHCR to be included in HIV policy, proposals and programmes at all levels and to have a non-discriminatory access to comprehensive HIV and AIDS response packages.	50,000	50,000	100,000
UNDP: Advocacy, policy support and development of normative and strategic guidance, to strengthen coherent and coordinated UN action in the area of HIV-related human rights and gender programming	500,000	700,000	400,000
UNODC: Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT) in line with human rights treaties and other related international standards.	400,000	2,400,000	800,000
ILO: Policy and technical support to ministries of labour and their authorities – in collaboration with employers and workers – to ensure that labour laws and policies include HIV, protect rights, combat discrimination and violence, and promote workplace programmes.	1,000,000	500,000	300,000
Secretariat: Support leadership and advocacy on human rights and gender equality in the global AIDS response, and development of human rights-based and gender-responsive policies and programmes, including the costing of necessary programmatic actions, mobilization of required resources, and increased capacity to track progress.	2,093,000	187,000	-
Total Key Output PO5 / /KO1	4,043,000	3,837,000	1,600,000
Key Output 2: Strengthened capacity of government and civil society to address AIDS-related stigma and discrimination and other human rights issues especially in relation to most-at-risk populations.			
UNDP: Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, CSOs, media, women's groups, the private sector and religious leaders to address HIV-related stigma and discrimination.	1,960,000	2,600,000	1,750,000
UNESCO: Strengthen rights-based, gender-responsive and culturally appropriate educational, health and information services, particularly for most-at-risk populations, with a particular aim of reducing stigma and discrimination	950,000	1,200,000	1,000,000

Principal Outcome No. 5 Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.			
Agency / Activity	Core	Supple- mental	Global and regional resources
UNODC: Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking (PVHT).	200,000	1,200,000	400,000
Interagency : Support joint UN work to stimulate and support programmatic action on human rights and gender equality, especially in relation to most-at-risk populations, identify and build leadership capacity and forge partnerships on human rights and gender across sectors.	6,888,642	1,086,965	-
Total Key Output PO5/KO2	9,998,642	6,086,965	3,150,000
Key Output 3: Strengthened capacity of government and civil society to overcome legal and policy barriers impeding equitable access to HIV prevention, treatment, care and support services and commodities, including those designed specifically for vulnerable and most-at-risk populations.			
UNDP: Advisory services and support for undertaking legislative reviews and reform, promoting enforcement of laws that protect HIV-related rights and equality of women, and strengthening links between parliamentary, judicial and law enforcement structures.	1,400,000	1,150,000	1,100,000
UNODC: Legal and policy reviews as they relate to prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT), and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities.	800,000	4,500,000	1,500,000
Interagency : Collective UN action to support populations most-at-risk to HIV infection, including provision of technical support towards identified needs of capacity building, e.g. on resource mobilization, management and advocacy, to enable full engagement of these populations in AIDS responses.	4,959,728	782,600	-
Total Key Output PO5/KO3	7,159,728	6,432,600	2,600,000
Key Output 4: Strengthened capacity of government and civil society to address gender inequality, gender-based violence, and discrimination against women and girls in responding to AIDS and to engage men and boys in this response.			
WFP: Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support.	560,000	7,000	1,004,000
UNDP : Advocacy, advisory services and technical support for planning and implementation of strategies to address gender dimensions of AIDS, reduce vulnerability of women and girls, mitigate impact, and strengthen networks of men and boys working to address gender and AIDS.	2,150,000	2,100,000	1,600,000

Principal Outcome No. 5 Strengthened human rights-based and gender-responsive policies and approaches to reduce stigma and discrimination.			
Agency / Activity	Core	Supple- mental	Global and regional resources
UNFPA: Advocacy and capacity building to mainstream gender equality into sexual and reproductive health programmes to address women's and girls' vulnerabilities, mitigate the impact of HIV, including gender-based violence, and involve men and boys in HIV prevention programmes.	500,000	-	1,000,000
Total PO5/ KO4	3,210,000	2,107,000	3,604,000
Key Output 5: Strengthened human rights and gender competencies among parliamentarians, judges, law enforcement officials, community and traditional leaders and other relevant actors.			
UNODC: Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drugs users, or living in prisons, or vulnerable to human trafficking (PVHT).	500,000	2,400,000	800,000
ILO: Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.	500,000	500,000	200,000
Total Key Output PO5/KO5	1,000,000	2,900,000	1,000,000
Total Principal Outcome 5	25,411,370	21,363,565	11,954,000

Principal Outcome 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.			
Agency / Activity	Core	Supplemental	Global and regional resources
Key Output 1: Accelerated support to governments and civil society to scale up effective HIV prevention, treatment, care and support services for those engaging in injecting drug use, sex between men, sex work, including in prison settings.			
UNFPA: Advocacy and provision of technical support for implementation of policies and programmes addressing HIV and sex work, including through the greater and meaningful involvement and participation of sex workers as individuals and through their organizations and networks- at national, sub-regional and regional and global levels.	1,500,000	1,400,000	2,350,000
UNODC: Provision of support and technical assistance to countries for resource mobilisation, establishment of multi-sector working groups, assessment of programmatic needs and capacity building towards the development, implementation and monitoring of effective HIV/AIDS prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking (PVHT).	5,000,000	18,000,000	6,000,000
WHO: Synthesis of evidence, provision of policy guidance, development of normative tools and guidelines and provision of technical support for strengthening of health services to deliver effective HIV prevention, treatment and care and STI services for injecting drug users, (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.	1,000,000	1,800,000	1,000,000
Total Key Output PO6/KO1	7,500,000	21,200,000	9,350,000
Key Output 2: Expanded dissemination and support for the use of evidence-informed policies and practices as well as improved coordination and harmonization of approaches among all partners to address the vulnerabilities and needs of most-at-risk populations.			
UNFPA: Development, documentation and upscaling of models to strengthen the evidence base to support programming in the context of HIV and sex work.	500,000	1,000,000	1,600,000
UNODC: In collaboration with relevant national and international partners, including civil society organizations, develop, adapt, and disseminate evidence-based guidelines and best practices related to HIV/AIDS prevention and care for injecting drug users, people vulnerable to human trafficking (PVHT) and in prison settings.	200,000	1,200,000	400,000
UNESCO: Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalised and excluded populations, and to programmes that address specific vulnerabilities.	350,000	400,000	380,000

Principal Outcome 6: Increased coverage and sustainability of programmes for those engaging in injecting drug use, sex between men and sex work.			
Agency / Activity	Core	Supplemental	Global and regional resources
Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to scale up HIV prevention, treatment, care and support for men who have sex with men; and effective policies, partnerships and best practices in addressing the vulnerability of most at risk populations.	6,920,000	620,000	-
Total Key Output PO6/KO2	7,970,000	3,220,000	2,380,000
Total Principal Outcome 6	15,470,000	24,420,000	11,730,000

Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.			
Agency / Activity	Core	Supplemental	Global and regional resources
Key Output 1: Strengthened capacities at country level to prevent HIV among women and girls, reduce vulnerability of women and girls and reduce the impact of AIDS on women and girls, including reducing and eliminating gender-based violence and trafficking.			
UNHCR: Promotion, support and coordination of sexual and gender violence response activities within HIV and AIDS programmes in conflict, post-conflict and displacement settings and support programmes for women, girls and boys to reduce their vulnerabilities and risk behaviours to HIV.	500,000	125,000	1,200,000
UNFPA: Conduct advocacy to raise awareness of 'feminisation' of the epidemic, support policy dialogue to catalyse action, provide technical support, and disseminate/develop guidance and good practices to reduce vulnerability of women and girls, mitigate impact, and empower women and girls, including reducing barriers to utilisation of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas	1,000,000	6,000,000	2,600,000
UNODC: Development and dissemination of a Safe Mobility Toolkit for mobile and migrant populations, especially people vulnerable to human trafficking (PVHT); gender-responsive operational tools and guidelines which address the needs of female injecting drug users, and women and young girls living in prison settings; and the provision of technical assistance to government and civil societies for their implementation.	300,000	1,200,000	400,000
Secretariat: Promotion, monitoring and analysis of implementation of policy and programmatic actions to address vulnerability of women, gender inequality, involvement of men and boys, and other issues related to the feminization of the AIDS epidemic.	5,167,200	462,900	-
Total Key Output PO7/KO1	6,967,200	7,787,900	4,200,000
Key Output 2: Enhanced capacities at country level to implement effective policies and programs to prevent infections among young people, including young people most at risk of HIV in line with treatment, care and support.			
UNHCR: Development and dissemination of culturally/linguistically appropriate HIV and AIDS information-education-communication materials, with particular focus on HIV, and sexual and reproductive health for people of concern to UNHCR.	150,000	50,000	300,000
WFP: Scaling-up of HIV awareness and prevention in food and nutrition support programmes among young people.	624,000	130,000	1,041,000

Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.			
Agency / Activity	Core	Supplemental	Global and regional resources
UNFPA: Increased access to comprehensive SRH/HIV information and education, skills and services for young people in and out of school, especially the vulnerable and most-at-risk through: effective coordination mechanisms at global, regional and country levels; mapping, data collection and use for the design, implementation, monitoring and evaluation of programmes; capacity building, development of policy and programme guidance tools; and support and advocacy for youth involvement and participation.	4,500,000	6,300,000	4,500,000
UNESCO: Implementation support for comprehensive national HIV and AIDS education programmes tailored to the gender-specific needs of groups of young people within the framework of universal access.	670,000	800,000	750,000
Total Key Output PO7/KO2	5,944,000	7,280,000	6,591,000
Key Output 3: Strengthened capacities at country level to provide protection, care and support for children affected by HIV/AIDS.			
UNHCR: Provision of technical support to youth and children, including separated and unaccompanied children and orphans, on basic rights awareness and life skills training to reduce their vulnerabilities to HIV and identify displaced children made vulnerable by HIV and AIDS to provide necessary support and work towards a durable solution.	200,000	150,000	100,000
UNICEF: Advocacy and provision of tools and technical assistance to develop and monitor policies, the implementation of costed, evidence-informed scale up plans for children affected by AIDS.	3,432,000	5,512,320	6,351,345
WFP: Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV and AIDS.	451,000	250,000	784,000
Total Key Output PO7/KO3	4,083,000	5,912,320	7,235,345
Key Output 4: Strengthened capacities and coordinated approaches of government and humanitarian actors to implement internationally accepted policies and standards, and effective and sustainable multisectoral HIV and AIDS programmes for populations of humanitarian concern, including for food insecure households, migrants and mobile populations, and uniformed groups.			

Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.			
Agency / Activity	Core	Supplemental	Global and regional resources
UNHCR: Support and coordination of integrated and comprehensive HIV and AIDS response programmes for emergency affected populations (refugees, internally displaced persons and other people of concern) and the surrounding communities according to the phase of the emergency and the type of the HIV epidemic guided by the IASC Guidelines on HIV Interventions in Emergencies.	2,320,000	500,000	5,000,000
UNHCR: Provision of technical assistance to implementing partners and build their capacities to design and implement HIV and AIDS programmes in conflict, post-conflict and displacement settings, and ensure availability of sufficiently trained personnel to coordinate and monitor HIV technical support.	2,500,000	200,000	600,000
WFP: Integration of HIV nutrition into all WFP emergency responses through the use of specialized vulnerability assessment tools to guide the targeting and programming of food and nutrition support for affected children, people on ART, people living with HIV and their families.	1,245,000	208,000	2,082,000
UNFPA: Integration of comprehensive sexual and reproductive health and HIV services, including prevention and response to gender based violence into emergency preparedness, humanitarian response, transition and recovery with emphasis on prevention of HIV and sexual violence among high risk groups affected by continuing crisis such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations.	700,000	1,000,000	1,500,000
UNODC: In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV/AIDS and the workplace, for uniformed groups, including law enforcement, prisons, border guards and immigration detention centre staff.	100,000	1,200,000	400,000
ILO: Collaboration with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers which protect their rights, recognize gender differences, and ensure their access to prevention and treatment services.	500,000	1,000,000	500,000
Secretariat: Establish and maintain policy guidance, technical assistance mechanisms and M&E systems to effectively address HIV among uniformed services and armed personnel, and other issues related to AIDS and security.	5,414,800	485,100	-

Principal Outcome 7: Increased coverage and sustainability of programmes addressing the vulnerability of and impact on women and girls, young people, children, emergency-affected populations and uniformed personnel.			
Agency / Activity	Core	Supplemental	Global and regional resources
Interagency: Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.	1,377,717	217,392	-
Total Key Output PO7/KO4	14,157,517	4,810,492	10,082,000
Total Principal Outcome 7	31,151,717	25,790,712	29,108,345

Appendix 2: Budget allocation by Cosponsor, Secretariat and interagency

UNHCR: Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Advocacy for increased resources and mainstreaming conflict affected and displaced populations into national HIV and AIDS policies, strategic plans and programmes and donor proposals.	50,000	50,000	70,000	170,000
2.Coordination and collaboration with UNAIDS cosponsors, other UN-agencies, governments, humanitarian organisations, the civil society, sub-regional / regional initiatives, other relevant coordination and planning systems, and the beneficiaries to effectively address HIV and AIDS among people of concern to UNHCR.	80,000	25,000	225,000	330,000
3.Implementation of HIV information system and conducting standardized assessments, biological and behavioural surveillance, monitoring and evaluations, and programmatic research in conflict affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.	500,000	150,000	210,000	860,000
4.Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and / or implement and expand HIV workplace programmes.	50,000	20,000	40,000	110,000
5.Advocacy for HIV related protection and rights based approach for people of concern to UNHCR to be included in HIV policy, proposals and programmes at all levels and to have a non-discriminatory access to comprehensive HIV and AIDS response packages.	50,000	50,000	100,000	200,000
6.Promotion, support and coordination of sexual and gender violence response activities within HIV and AIDS programmes in conflict, post-conflict and displacement settings and support programmes for women, girls and boys to reduce their vulnerabilities and risk behaviours to HIV.	500,000	125,000	1,200,000	1,825,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
7. Development and dissemination of culturally/linguistically appropriate HIV and AIDS information-education-communication materials, with particular focus on HIV, and sexual and reproductive health for people of concern to UNHCR.	150,000	50,000	300,000	500,000
8. Provision of technical support to youth and children, including separated and unaccompanied children and orphans, on basic rights awareness and life skills training to reduce their vulnerabilities to HIV and identify displaced children made vulnerable by HIV and AIDS to provide necessary support and work towards a durable solution.	200,000	150,000	100,000	450,000
9. Support and coordination of integrated and comprehensive HIV and AIDS response programmes for emergency affected populations (refugees, internally displaced persons and other people of concern) and the surrounding communities according to the phase of the emergency and the type of the HIV epidemic guided by the IASC Guidelines on HIV Interventions in Emergencies.	2,320,000	500,000	5,000,000	7,820,000
10. Provision of technical assistance to implementing partners and build their capacities to design and implement HIV and AIDS programmes in conflict, post-conflict and displacement settings, and ensure availability of sufficiently trained personnel to coordinate and monitor HIV technical support.	2,500,000	200,000	600,000	3,300,000
Total	6,400,000	1,320,000	7,845,000	15,565,000

UNICEF Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Convene the IATT and Global and regional Partners Forums on children and AIDS to track implementation progress and define recommendations for accelerated scale up around children and AIDS.	748,800	1,202,688	1,385,748	3,337,236
2. Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.	1,206,400	1,937,664	2,232,594	5,376,658
3. Contribute to advocacy, promotion and technical assistance through harmonized interagency approaches with Government and partners to ensure that comprehensive national plans support a mix of evidence-based interventions to prevent HIV among adolescent up to the age of 18, including prioritized attention to especially vulnerable and most at risk adolescents	2,329,600	3,741,696	4,311,216	10,382,512
4. Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.	3,286,400	5,278,464	6,081,894	14,646,758
5. Contribute to advocacy and technical assistance to generate data on age, sex and other specific background characteristics on HIV risk behaviours and vulnerabilities among adolescents up to the age of 18, as part of national, regional and global monitoring and evaluation systems.	1,456,000	2,338,560	2,694,510	6,489,070
6. Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditure on children and AIDS.	915,200	1,469,952	1,693,692	4,078,844
7. Provision of financial and materiel support, as well as technical assistance for acceleration of PMTCT implementation at national level including the development of supportive policies and costed, evidence-informed scale up plans, capacity development in the form of	3,494,400	5,612,544	6,466,824	15,573,768

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
training of health care workers and direct support for management capacity at country level. (Joint activity with WHO)				
9. In collaboration with relevant partners, contribute to financial support and technical assistance for strengthened capacity to ensure appropriate and integrated approaches to care and treatment for pregnant women, HIV infected women, and HIV-exposed and infected children, as well as support for capacity development and adoption of policies promoting paediatric HIV care and treatment.	1,310,400	2,104,704	2,425,059	5,840,163
10. Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of HIV pregnant women and their children. This includes supporting the development of procurement and supply management plans and capacity building as well as advocating for more appropriate formulations for PMTCT and paediatric HIV and adaptation of tools and instruments to assist in strengthening PSM.	2,620,800	4,209,408	4,850,118	11,680,326
11. Advocacy and provision of tools and technical assistance to develop and monitor policies, the implementation of costed, evidence-informed scale up plans for children affected by AIDS.	3,432,000	5,512,320	6,351,345	15,295,665
Total	20,800,000	33,408,000	38,493,000	92,701,000

WFP Summary of 2008-2009 Broad Activities and Budget

Activity	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Advocacy and technical assistance to mobilize resources for food and nutrition security as an essential element of the AIDS response by working with key civil society and national partners at all levels.	485,000	95,000	1,016,000	1,596,000
2. Advocacy and technical assistance to include costed, evidence-based HIV food and nutrition programmes in National AIDS Strategies, Action Plans and Poverty Reduction Plans by working with governments and key stakeholders.	571,000	182,000	755,000	1,508,000
3. Coordination with stakeholders to develop and integrate monitoring systems into food and nutrition components of care, treatment and support programmes in order to identify cost-effective best practice.	718,000	218,000	1,067,000	2,003,000
4. Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefitting patients and their families.	460,000	50,000	760,000	1,270,000
5. Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.	1,563,000	255,000	5,038,000	6,856,000
6. Technical assistance and programmes for nutrition and food support in HIV/TB programmes.	323,000	205,000	504,000	1,032,000
7. Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support.	560,000	7,000	1,004,000	1,571,000
8. Scaling-up of HIV awareness and prevention in food and nutrition support programmes among young people.	624,000	130,000	1,041,000	1,795,000
9. Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV and AIDS.	451,000	250,000	784,000	1,485,000

Activity	Core	Supple- mental	Cosponsor global and regional resources	Total
10. Integration of HIV nutrition into all WFP emergency responses through the use of specialized vulnerability assessment tools to guide the targeting and programming of food and nutrition support for affected children, people on ART, people living with HIV and their families.	1,245,000	208,000	2,082,000	3,535,000
Total	7,000,000	1,600,000	14,051,000	22,651,000

UNDP Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Implementation of leadership programmes and capacity building for groups and networks of people living with HIV, civil society and community-based organizations to strengthen partnerships, organizational capacity, and engagement in AIDS response.	1,350,000	1,750,000	1,250,000	4,350,000
2. Advocacy and support through Resident Coordinator System for establishment and strengthened functioning of Joint UN Teams on AIDS at country level and joint programmes of support	400,000	350,000	250,000	1,000,000
3. Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.	1,350,000	1,600,000	1,050,000	4,000,000
4. Development of technical guidance and tools and provision of technical support for integrating AIDS priorities into national development and MDG plans, poverty reduction strategies and sector plans, and for incorporating HIV budgeting and financing into macroeconomic policy processes (including through joint PRSP mainstreaming programme with World Bank and UNAIDS Secretariat.)	2,500,000	2,300,000	2,400,000	7,200,000
5. Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.	300,000	7,000,000	650,000	7,950,000
6. Advisory services and provision of technical support to develop methodologies conduct studies and implement strategies to assess and mitigate socio-economic impacts of AIDS.	900,000	1,500,000	950,000	3,350,000
7. Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promote sustainable access to AIDS medicines.	950,000	650,000	600,000	2,200,000
8. Advocacy, policy support and development of normative and strategic guidance, to strengthen coherent and coordinated UN action in the area of HIV-related human rights and gender	500,000	700,000	400,000	1,600,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
programming				
9. Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, CSOs, media, women's groups, the private sector and religious leaders to address HIV-related stigma and discrimination.	1,960,000	2,600,000	1,750,000	6,310,000
10. Advisory services and support for undertaking legislative reviews and reform, promoting enforcement of laws that protect HIV-related rights and equality of women, and strengthening links between parliamentary, judicial and law enforcement structures.	1,400,000	1,150,000	1,100,000	3,650,000
11. Advocacy, advisory services and technical support for planning and implementation of strategies to address gender dimensions of AIDS, reduce vulnerability of women and girls, mitigate impact, and strengthen networks of men and boys working to address gender and AIDS.	2,150,000	2,100,000	1,600,000	5,850,000
Total	13,760,000	21,700,000	12,000,000	47,460,000

UNFPA Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Advocacy and technical assistance for the incorporation of inter-linkages of population dynamics and gender equality, sexual and reproductive health, young people's needs and HIV/AIDS in national and sectoral development plans, poverty reduction strategies and expenditure frameworks.	0	500,000	1,000,000	1,500,000
2. Support for institutional strengthening and technical capacity building of UNFPA COs, UNCTs, regional and national key population organizations (e.g., youth serving and youth led; sex work networks; women living with HIV) to facilitate policy development and dialogue and to design, implement, monitor and evaluate relevant HIV programmes and services.	2,500,000	-	2,640,000	5,140,000
3. Strengthening linkages between sexual and reproductive health and HIV/AIDS by promoting linkages using evidence base, providing technical support to countries, and disseminating guidance tools and promising practices to identify and implement key policy and programme actions, particularly focusing on rights-based sexual and reproductive health of people living with HIV, prevention of mother to child transmission, STI management, and integrating family planning and HIV.	2,500,000	600,000	4,000,000	7,100,000
4. Provision of technical support, dissemination of existing and development, as required, of new guidance, and support for capacity building to implement the Global Strategy for Accelerating PMTCT scale up, particularly focusing on a basic package of HIV/AIDS services in maternal health care settings, sexual and reproductive health for women living with HIV, and linking maternal health services with other sexual and reproductive health services.	1,000,000	2,000,000	1,400,000	4,400,000

Activities	Core	Supplemental	Cosponsor global and regional resources	Total
<p>5. Implementation of the Global Condom Initiative to intensify comprehensive condom programming(CCP) for HIV prevention and dual protection with emphasis on: (a) scaling-up female condom programming; (b) strengthening male condom programming; (c) increasing access and use of male and female condoms by women, young people, sex workers and populations in humanitarian settings; (d) building national capacity including through workshops, training of programme managers and service providers, condom branding, mass media campaigns, advocacy, and support for national coordination; (e) support for country level procurement of male and female condoms (MCs and FCs), STI drugs and diagnostics test kits including through training and support for the implementation of a low cost computer augmented LMIS system and (f) development of monitoring and evaluation (M&E) tools to assess progress and evaluate impact.</p>	3,500,000	20,000,000	6,000,000	29,500,000
<p>6. Advocacy and capacity building to mainstream gender equality into sexual and reproductive health programmes to address women's and girls' vulnerabilities, mitigate the impact of HIV, including gender-based violence, and involve men and boys in HIV prevention programmes.</p>	500,000	0	1,000,000	1,500,000
<p>7. Advocacy and provision of technical support for implementation of policies and programmes addressing HIV and sex work, including through the greater and meaningful involvement and participation of sex workers as individuals and through their organizations and networks at national, sub-regional and regional and global levels.</p>	1,500,000	1,400,000	2,350,000	5,250,000
<p>8. Development, documentation and upscaling of models to strengthen the evidence base to support programming in the context of HIV and sex work.</p>	500,000	1,000,000	1,600,000	3,100,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
9. Conduct advocacy to raise awareness of 'feminisation' of the epidemic, support policy dialogue to catalyse action, provide technical support, and disseminate/develop guidance and good practices to reduce vulnerability of women and girls, mitigate impact, and empower women and girls, including reducing barriers to utilisation of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas	1,000,000	6,000,000	2,600,000	9,600,000
10. Increased access to comprehensive SRH/HIV information and education, skills and services for young people in and out of school, especially the vulnerable and most-at-risk through: effective coordination mechanisms at global, regional and country levels; mapping, data collection and use for the design, implementation, monitoring and evaluation of programmes; capacity building, development of policy and programme guidance tools; and support and advocacy for youth involvement and participation.	4,500,000	6,300,000	4,500,000	15,300,000
11. Integration of comprehensive sexual and reproductive health and HIV services, including prevention and response to gender based violence into emergency preparedness, humanitarian response, transition and recovery with emphasis on prevention of HIV and sexual violence among high risk groups affected by continuing crisis such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations.	700,000	1,000,000	1,500,000	3,200,000
Total	18,200,000	38,800,000	28,590,000	85,590,000

UNODC Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Provision of technical assistance to relevant government agencies, including, health, law enforcement, judiciary and social services, and civil society organizations to facilitate the participation of injecting drug users, people vulnerable to human trafficking (PVHT) and prisoners in the development and implementation of HIV/AIDS policies and programmes.	1,000,000	3,750,000	1,250,000	6,000,000
2. In collaboration with relevant partners, development, adaptation, dissemination and delivery of technical guidelines, tools, and provision of technical support in strengthening the capacity of countries to scale up joint HIV/TB planning, training, and delivery of harmonized HIV/TB services, including the provision of a package of prevention, care and support for HIV-related tuberculosis in prison, drug dependence treatment and immigration detention settings.	1,000,000	3,750,000	1,250,000	6,000,000
3. Advocacy, promotion and technical support to countries to develop human rights-based, gender-responsive and equitable AIDS policies and programmes, for prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT) in line with human rights treaties and other related international standards.	400,000	2,400,000	800,000	3,600,000
4. Building capacity of civil societies to reduce stigma and discrimination in improving access to HIV prevention and care services for injecting drug users, in prison settings and for people vulnerable to human trafficking (PVHT).	200,000	1,200,000	400,000	1,800,000
5. Legal and policy reviews as they relate to prison settings, injecting drug users, and people vulnerable to human trafficking (PVHT), and advocacy, promotion and technical support to governments and civil societies to develop or adapt legislation, policies and strategies for equitable access to HIV prevention, treatment, care and support services and commodities.	800,000	4,500,000	1,500,000	6,800,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
6. Development of technical guidance and tools, provision of training and technical support for and advocacy with parliamentarians, judges and law enforcement officials on the human rights of women and men who are drugs users, or living in prisons, or vulnerable to human trafficking (PVHT).	500,000	2,400,000	800,000	3,700,000
7. Provision of support and technical assistance to countries for resource mobilisation, establishment of multi-sector working groups, assessment of programmatic needs and capacity building towards the development, implementation and monitoring of effective HIV/AIDS prevention, treatment and care services in prison settings, for injecting drug users, and for people vulnerable to human trafficking (PVHT).	5,000,000	18,000,000	6,000,000	29,000,000
8. In collaboration with relevant national and international partners, including civil society organizations, develop, adapt, and disseminate evidence-based guidelines and best practices related to HIV/AIDS prevention and care for injecting drug users, people vulnerable to human trafficking (PVHT) and in prison settings.	200,000	1,200,000	400,000	1,800,000
9. Development and dissemination of a Safe Mobility Toolkit for mobile and migrant populations, especially people vulnerable to human trafficking (PVHT); gender-responsive operational tools and guidelines which address the needs of female injecting drug users, and women and young girls living in prison settings; and the provision of technical assistance to government and civil societies for their implementation.	300,000	1,200,000	400,000	1,900,000
11. In collaboration with partners including civil societies, provision of advocacy, promotion and technical support for implementation of policies and programmes on HIV/AIDS and the workplace, for uniformed groups, including law enforcement, prisons, border guards and immigration detention centre staff.	100,000	1,200,000	400,000	1,700,000
Total	9,500,000	39,600,000	13,200,000	62,300,000

ILO Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Advisory services, policy guidance and technical support for ILO constituents (ministries of labour, employers and workers) to enable them to play an active role in national AIDS planning and programme implementation, ensuring full involvement of people living with HIV.	1,000,000	500,000	200,000	1,700,000
2. Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.	1,000,000	500,000	200,000	1,700,000
3. Integration of HIV in Decent Work Country Programmes, including the development and implementation of sector-specific policies and programmes, as appropriate, and an outreach strategy for the informal economy.	1,500,000	3,000,000	1,000,000	5,500,000
4. Policies, mechanisms and technical support to develop coping strategies for workers affected by HIV and their families, including income-generation, (re)training, the extension of micro-finance and health insurance, and protection against child labour.	1,000,000	1,000,000	500,000	2,500,000
5. Gathering and analysis of labour and employment data to clarify the impact of AIDS on the world of work and the national economy, in collaboration with UNAIDS.	200,000	500,000	300,000	1,000,000
6. Policy guidance and technical support to strengthen human resources for health, including health workers access to prevention, care and treatment, with a particular focus on workplace policies, occupational health services, training and retention issues (in particular, occupational safety and health, working conditions, compensation).	500,000	500,000	200,000	1,200,000
7. Policy guidance, tools and technical support to employers, workers and ministries of labour for the planning and implementation of comprehensive, gender-aware and sustainable workplace programmes, building on existing structures such as occupational safety and health committees and including	2,300,000	8,000,000	1,000,000	11,300,000

Activities	Core	Supplemental	Cosponsor global and regional resources	Total
VCCT, PMCT and TB treatments as appropriate.				
8. Policy and technical support to ministries of labour and their authorities – in collaboration with employers and workers – to ensure that labour laws and policies include HIV, protect rights, combat discrimination and violence, and promote workplace programmes.	1,000,000	500,000	300,000	1,800,000
9. Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.	500,000	500,000	200,000	1,200,000
10. Collaboration with relevant authorities and agencies to develop internal and cross-border policies for migrant and mobile workers which protect their rights, recognize gender differences, and ensure their access to prevention and treatment services.	500,000	1,000,000	500,000	2,000,000
Total	9,500,000	16,000,000	4,400,000	29,900,000

UNESCO Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Building political commitment and advocating for comprehensive education responses to HIV and AIDS that are fully integrated into national action plans.	810,000	900,000	870,000	2,580,000
2. Strengthening coordinated action among education stakeholders at all levels through key inter-agency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.	1,370,000	1,600,000	1,500,000	4,470,000
3. Promotion and support for implementation of broad multisectoral approaches to national HIV and AIDS programming that assure sufficient resources and attention to education and related sectors within overall development efforts.	700,000	850,000	750,000	2,300,000
4. Development and dissemination of evidence-based policies and practices in education on HIV prevention, care, support and treatment by strengthened and broadly-inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV.	2,100,000	2,350,000	2,250,000	6,700,000
5. Capacity development in designing, implementing and assessing efficient and rights-based education, communication and information strategies and programmes for HIV prevention, treatment, care and support.	3,650,000	4,400,000	4,000,000	12,050,000
6. Strengthen rights-based, gender-responsive and culturally appropriate educational, health and information services, particularly for most-at-risk populations, with a particular aim of reducing stigma and discrimination	950,000	1,200,000	1,000,000	3,150,000
7. Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalised and excluded populations, and to programmes that address specific vulnerabilities.	350,000	400,000	380,000	1,130,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
8. Implementation support for comprehensive national HIV and AIDS education programmes tailored to the gender-specific needs of groups of young people within the framework of universal access.	670,000	800,000	750,000	2,220,000
Total	10,600,000	12,500,000	11,500,000	34,600,000

WHO Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Advocacy and provision of normative guidance, strategic information and technical support to strengthen the health sector's contribution to scaling up HIV/AIDS prevention, treatment and care towards universal access.	600,000	2,500,000	1,500,000	4,600,000
2. Development of technical guidance and costing tools and provision of technical support for sustainable financing of HIV/AIDS services in the health sector.	600,000	2,200,000	1,200,000	4,000,000
3. Conduct and report on global surveillance of HIV, related risk behaviors, STIs, and HIV drug resistance and toxicity; estimate the resource needs of the health sector's response; monitor and report on progress on the health sector's contribution to scaling up towards universal access; and assist countries to strengthen capacity for operational research, surveillance of HIV, and monitoring and evaluation of the health sector's response to the epidemic.	4,800,000	6,500,000	3,700,000	15,000,000
4. Stimulate, facilitate and coordinate biomedical, socio-behavioural and operational HIV/AIDS research relevant to the health sector response; monitor, analyze and report on major new research directions and findings; and provide advice on policy and programmatic implications of such research, including research on new prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis.	2,400,000	5,000,000	2,100,000	9,500,000
5. Development of technical guidance and tools and provision of technical support for health sector interventions to prevent transmission of HIV, including prevention of sexual transmission and condom standards and quality assurance, treatment and control of sexually transmitted infections, prevention for people living with HIV/AIDS, safe blood supplies, prevention of transmission in health care settings, and implementation of new HIV	2,800,000	12,000,000	3,600,000	18,400,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
prevention technologies, including male circumcision.				
6. Advocacy and development of technical guidance and tools for the prevention of mother to child transmission (PMTCT) - through synthesizing evidence, identifying research priorities and collating global level service delivery statistics - and support for countries' efforts to foster national level coordination and planning, provision of training materials for national level capacity building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate PMTCT interventions. (Joint activity with UNICEF).	2,600,000	5,800,000	2,400,000	10,800,000
7. Synthesis of evidence, development of technical guidance and tools, and provision of technical support for scaling up antiretroviral therapy, improving HIV/AIDS care, and managing opportunistic infections for children and adults living with HIV/AIDS, strengthening laboratory capacity for monitoring treatment, and monitoring, evaluating and reporting on progress in the scale up of treatment and care.	4,800,000	14,000,000	6,200,000	25,000,000
8. Synthesis of evidence, technical guidance and provision of technical support for the development and implementation of integrated policies and tools on HIV counseling and testing, including client -and -provider initiated testing and counseling for adults, children and families, and development of quality HIV diagnostics.	3,800,000	9,500,000	4,200,000	17,500,000
9. Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV/AIDS and tuberculosis services.	1,000,000	3,600,000	1,300,000	5,900,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
10. Provision of normative guidelines, quality standards including prequalification of HIV medicines and diagnostics, strategic information and technical support to strengthen national procurement and supply management systems.	800,000	2,500,000	1,200,000	4,500,000
11. Provision of normative guidance and technical support to enable countries to make full use of the flexibilities in the TRIPS agreement, and to promote wider access to affordable HIV commodities, including HIV medicines and diagnostics.	500,000	1,000,000	800,000	2,300,000
12. Advocacy and provision of normative guidance, strategic information and technical support to strengthen human resources for health for the scaling up of HIV/AIDS prevention, treatment and care towards universal access, including a focus on HIV prevention, treatment and care for health workers, health workforce planning, certification and training of health workers, retention of health workers and expanding the health workforce through task-shifting.	800,000	5,200,000	2,000,000	8,000,000
13. Synthesis of evidence, provision of policy guidance, development of normative tools and guidelines and provision of technical support for strengthening of health services to deliver effective HIV prevention, treatment and care and STI services for injecting drug users, (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.	1,000,000	1,800,000	1,000,000	3,800,000
Total	26,500,000	71,600,000	31,200,000	129,300,000

World Bank Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including in mainstreaming AIDS in key sectors, (ii) improving financial management and disbursement, (iii) providing policy advice, technical and financial support at all levels including the public and private sector and in civil society.	1,420,000	2,600,000	3,196,000	7,216,000
2. Advocacy, technical support, policy advice and capacity building to countries for the development of prioritized, costed and evidence-based national AIDS strategies and action plans.	2,000,000	2,485,000	4,804,000	9,289,000
3. Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programs.	2,050,000	500,000	2,444,000	4,994,000
4. Development of tools and guidelines, and training to integrate AIDS into broader planning and budgetary processes including costing manual for PRSPs, guidelines for integrating HIV in MTEFs.(Includes the joint initiative on integrating AIDS in PRSPs in partnership with UNDP and the UNAIDS Secretariat.)	750,000	500,000	1,050,000	2,300,000
5. Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with GFATM, PEPFAR and others.	450,000	100,000	700,000	1,250,000
6. Contributing to improved knowledge in HIV/AIDS prevention, care and treatment through program and policy research and epidemiological synthesis.	2,150,000	1,350,000	3,727,000	7,227,000
7. Development of harmonized capacity building approaches to support partner coordination and accountability (11 components of a fully functional HIV M&E system and results scorecard).	875,000	1,500,000	2,086,000	4,461,000

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
8. Support efforts to scale-up access to essential HIV prevention services including for vulnerable and marginalized populations through analytical work, review of public expenditures and ensuring that obstacles to prevention services are addressed in national development agendas and Bank lending programs.	1,000,000	1,300,000	2,300,000	4,600,000
9. Support efforts to scale-up access for AIDS treatment and care services including development of innovative strategies through analytical work, review of public expenditures and ensuring that obstacles to treatment and care services are addressed in national development agendas and Bank lending programs.	1,150,000	500,000	2,140,000	3,790,000
10. Provision of workshops, knowledge generation and dissemination to improve procurement and supply chain management of AIDS medicines and diagnostics in partnership with UNICEF and the Global Fund/PEPFAR/WB procurement working group.	565,000	300,000	1,010,000	1,875,000
Total	12,410,000	11,135,000	23,457,000	47,002,000

Secretariat Summary of 2008-2009 Broad Activities and Budget

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Coordinated development of policies and guidance responding to the evolving demands of the AIDS epidemic, development of scenarios of, and options for, a long-term response to AIDS, including specific responsibility for overall policy and coordination on prevention.	28,410,500	2,546,500		30,957,000
2. Advocacy and mobilization of political commitment for a targeted, comprehensive AIDS response integrated with other relevant programmes within the framework of UN reform and effectively utilizing the work of the Special Envoys of the Secretary General on AIDS.	29,554,400	2,649,000		32,203,400
3. Convening of innovative partnerships, promotion of multisectoral approaches to AIDS and support for mobilizing resources and the building of sustainable management, advocacy and service delivery capacity for, and with, non-state actors.	34,696,600	3,110,000		37,806,600
4. Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.	18,403,500	1,649,500		20,053,000
5. Guidance and support to strengthen capacity of national AIDS responses to scale up towards universal access targets; harmonization and alignment of donor funding to national priorities and implementation of other GTT recommendations at country level.	24,560,000	2,200,000	-	26,760,000
6. Harmonization of global and country indicators, guidelines and tools and support to countries and regions for the development of data collection, analysis, and dissemination systems that include both monitoring of progress and evaluation of impact.	7,122,900	637,400		7,760,300

Activities	Core	Supplemental	Cosponsor global and regional resources	Total
7. Building capacity of countries for estimates and projections of HIV and AIDS, for resource needs estimation and for tracking of AIDS financial flows; improvement of related analytic tools; technical support for the collection, analysis and dissemination of data; improved access to information on trends of the AIDS epidemic, its impact, national responses, on resource needs and national, regional and global spending for AIDS.	5,057,100	452,600		5,509,700
8. Support leadership and advocacy on human rights and gender equality in the global AIDS response, and development of human rights-based and gender-responsive policies and programmes, including the costing of necessary programmatic actions, mobilization of required resources, and increased capacity to track progress.	2,093,000	187,000	-	2,280,000
9. Promotion, monitoring and analysis of implementation of policy and programmatic actions to scale up HIV prevention, treatment, care and support for men who have sex with men; and effective policies, partnerships and best practices in addressing the vulnerability of most at risk populations.	6,920,000	620,000	-	7,540,000
10. Promotion, monitoring and analysis of implementation of policy and programmatic actions to address vulnerability of women, gender inequality, involvement of men and boys, and other issues related to the feminization of the AIDS epidemic.	5,167,200	462,900	-	5,630,100
11. Establish and maintain policy guidance, technical assistance mechanisms and M&E systems to effectively address HIV among uniformed services and armed personnel, and other issues related to AIDS and security.	5,414,800	485,100	-	5,899,900
Total	167,400,000	15,000,000	-	182,400,000

Interagency Summary of 2008-2009 Broad Activities and Budget¹³

Activities	Core	Supple- mental	Cosponsor global and regional resources	Total
1. Interagency action on key strategic issues, the International AIDS Conference (including the Global Report on AIDS), and the 2008 UN General Assembly comprehensive review of the realization of the Declaration of Commitment on AIDS.	1,888,685	298,017	-	2,186,702
2. Collective UN action in the framework of UN reform, to provide enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.	570,540	90,026	-	660,566
3. Effective and coordinated action by UNAIDS and broader UN system, including through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.	51,951,959	8,197,548	-	60,149,507
4. Support and facilitation of a joint response to AIDS at country level- especially through the UN Theme Groups on HIV/AIDS, Joint UN Teams on AIDS and UN Joint Programmes of Support on AIDS- and strengthening the links among stakeholders, including through implementation of the country support funding, using the comparative advantages of Programme Acceleration Funds (PAF), and Programme Support Funds (PSF).	10,302,515	1,625,643	-	11,928,158
5. Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.	865,649	136,592	-	1,002,241
6. Support to joint review processes and efforts to improve institutional design and functions of the national AIDS authorities for improved management, coordination, planning, alignment, scaling up, monitoring and evaluation of national	15,155,276	2,391,365	-	17,546,641

¹³ The provision of US\$ 100 million from the interagency budget for the salaries of all UNAIDS Country staff, operational costs of over 80 UNAIDS country offices and related investment in IT field connectivity has been apportioned pro-rata to the interagency activities.

Activities	Core	Supplemental	Cosponsor global and regional resources	Total
AIDS responses, including through the use of improved tools for data management (Country Response Information System).				
7. Technical support to national partners, through joint UN teams on AIDS, Technical Support Facilities and the Global Implementation Support Team and the Technical Assistance Funds, to overcome critical obstacles in scaling up comprehensive AIDS programmes and in securing funding, including through the Global Fund, World Bank, and other funding mechanisms.	32,289,289	5,094,957	-	37,384,246
8. Effective and coordinated action by UNAIDS and broader UN system to advocate, to forge partnerships and to mobilize resources and technical support for scaling-up programmatic actions on prevention of mother-to-child transmission of HIV.	500,000	78,895	-	578,895
9. Support joint UN work to stimulate and support programmatic action on human rights and gender equality, especially in relation to most-at-risk populations, identify and build leadership capacity and forge partnerships on human rights and gender across sectors.	6,888,642	1,086,965	-	7,975,607
10. Collective UN action to support populations most-at-risk to HIV infection, including provision of technical support towards identified needs of capacity building, e.g. on resource mobilization, management and advocacy, to enable full engagement of these populations in AIDS responses.	4,959,728	782,600	-	5,742,328
11. Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.	1,377,717	217,392	-	1,595,109
Total	126,750,000	20,000,000		146,750,000

Appendix 3: Budget allocation by global and regional level

Budget Allocation by Global and Regional Level¹⁴ (US\$)

Agency	Sub-Saharan Africa	Middle East and N. Africa	Asia and Pacific	Europe and Central Asia	Americas	Global
UNHCR	2,830,000	1,356,042	1,650,833	766,458	353,750	8,607,917
UNICEF	18,999,576	3,194,984	13,637,783	5,061,392	5,611,611	46,195,654
WFP	3,679,250	1,132,330	3,113,634	566,714	566,714	13,592,358
UNDP	12,000,000	5,460,000	8,500,000	6,000,000	5,000,000	10,500,000
UNFPA	35,817,440	2,463,800	20,981,440	4,714,910	4,947,210	16,665,200
UNODC	3,533,433	3,533,433	15,435,522	14,877,612	3,533,433	21,386,567
ILO	8,000,000	2,250,000	4,800,000	3,400,000	3,400,000	8,050,000
UNESCO	9,056,579	1,541,273	3,800,175	1,024,020	2,709,751	16,468,202
WHO	50,703,984	3,413,895	18,012,118	7,108,035	10,802,175	39,259,793
World Bank	9,360,000	1,086,000	5,496,000	1,550,000	1,850,000	27,660,000
Secretariat	49,284,239	14,495,364	36,238,411	24,158,940	21,743,047	36,480,000
Interagency	62,187,328	10,280,563	29,430,632	20,258,757	17,839,801	6,752,919
Total	265,451,829	50,207,684	161,096,548	89,486,838	78,357,492	251,618,610

¹⁴ Geographic allocations of Cosponsors, Secretariat and Interagency budgets are estimated and may be subject to change during implementation.