2010-2011 UNAIDS UBW
Joint United Nations Programme on HIV/AIDS (UNAIDS)
Broad Activity Achievement Report
2010-2011 UNAIDS UBW
UNAIDS Secretariat
Broad Activity Achievement Report

Secretariat 2010-2011 Total Expenditure

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Broad Activity 1: Coordinated development and dissemination of harmonized policies and guidance to support scaling up broadbased HIV and HIV/TB responses towards Universal Access and MDG goals and targets that respond to evolving and diverse regional demands of the AIDS epidemic, including overall policy and coordination on HIV prevention.

Achievements

UNIVERSAL ACCESS CONSULTATIONS & INTERNATIONAL ADVISORY GROUP
The Secretariat provided financial and technical support where needed to 117 national and 7 regional Universal Access consultations (summaries at [http://aidsspace.org/group/126/](http://aidsspace.org/group/126/)), the majority of which were held between November 2010 and April 2011. Following this an expert and multistakeholder International Advisory Group (IAG) met in Johannesburg on 26-28 April 2011 and developed a Consensus Statement that helped countries and civil society groups develop momentum to position and advocate for the Political High Level Declaration in June 2011.

COMMISSION ON PREVENTION
The High Level Commission on HIV Prevention was established in July 2010, composed of political, business, civil society and philanthropic leaders. Members were tasked with building conviction among the world’s political, business and media elite that success in HIV prevention is possible. Awareness-raising activities included an extraordinary meeting on Robben Island convened by Co-chair Archbishop Desmond Tutu; a dedicated website accompanied by newspaper, television and social media efforts; and preparation for the HLM in June 2011.

INVESTMENT FRAMEWORK
UNAIDS Investment Framework is a major new instrument to support countries in their decision-making for spending on AIDS, focusing on priority areas where cost-effective impact is best achieved.

GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE
Convened by UNAIDS and PEPFAR, The Global Plan was launched at the HLM in June 2011, and developed by a group of more than 30 countries and 50 community groups, non-governmental and international organizations. In the 22 focus countries of the Global Plan, national authorities have been encouraged to establish national platforms for the implementation at a higher political level. PEPFAR announced an additional US$75 million (on top of the US$300 million it already provided) towards the goal, with major commitments also coming from foundations and the private sector. Eleven focus countries launched costed elimination plans on World AIDS Day 2011.

OTHER
The Secretariat effectively used the International AIDS Conference in Vienna to disseminate policies and guidance. Five satellite sessions convened by UNAIDS in Vienna focused on: a human rights based approach
to prevention; eMTCT; HIV prevention and health systems; HIV and young people; and combination prevention.

AIDS+MDG
UNAIDS leads and leverages the contribution of the AIDS response for larger health, development and human rights goals as the AIDS response is intertwined in each of the MDGs (AIDS+MDG Approach). For example, alongside the MDG Summit in September 2010, UNAIDS co-hosted an AIDS plus MDGs event with the Governments of China, South Africa and Nigeria. This led to a new dynamic in south-south cooperation led by China and South Africa. In June 2010, UN Member States met at a General Assembly all-day plenary to consider the Secretary-General’s 2010 progress report on the implementation of the Declaration of Commitment on HIV. More than 40 Member State representatives spoke on progress in their countries and regions and expressed their commitment to the global AIDS response and the work of UNAIDS.

The Secretariat led initiatives to take AIDS out of isolation. In particular, work was undertaken to link the HIV response with the Secretary General's Global Strategy on Women’s and Children’s Health; the Partnership for Maternal, Neonatal and Child Health; and the formation of the H4+. Issue briefs focused on priority areas, including disability, internally displaced persons, and use of TRIPS flexibilities to facilitate increased access to essential commodities.

The Secretariat ensured that HIV and the UNAIDS strategic directions were prominently featured in the agendas of the Global Fund Board, UNITAID, WFP Board, Stop TB Partnership, ANRS, PMNCH and H4+ meetings. UNAIDS supported production of the final report of the aids2031 consortium, as well as working papers produced by the nine aids2031 working groups.

Lessons learned

The Universal Access process brought country and regional information to the centre of UNAIDS decision-making and reporting.

Expenditure

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**Broad Activity 2: Advocacy and mobilization of political commitment to a targeted, comprehensive and integrated AIDS response addressing gaps in social, political, legal and structural barriers, notably at country level within the framework of UN reform.**

**Achievements**

**UNAIDS VISION AND 2011-2015 STRATEGY**

The vision of “zero new HIV infections, zero discrimination and zero AIDS-related deaths” spearheaded by UNAIDS in 2010 has led to far-reaching change - as illustrated by the success of the 2011 General Assembly High Level Meeting on AIDS reflected in a bold Political Declaration on HIV/AIDS that charts the way forward for the world to reach the Getting to Zero aspiration.

It has also become a rallying call for leaders in governments, in the private sector, amongst activists and resonated across the world on World AIDS Day 2011 from Premier Wen to President Obama or President Woldegiorgis. It has provided the platform for political debate and commitment that went much beyond UNAIDS to the UN General Assembly, the Security Council, and to the heart of national responses.

UNAIDS 2011-2015 Strategy has increasingly been adopted by a large number of countries throughout the world as their own national HIV strategy. In the Asia Pacific region, all ten Member States of ASEAN, China, India and several Pacific Island Countries have adopted “Getting to Zero” as the framework for their national strategy.

**SHARED RESPONSIBILITY AND ACCOUNTABILITY**

UNAIDS is mobilizing the support of the African Union, the African Development Bank, BRICS countries and other key partners and donors for a new AIDS agenda based on shared responsibility, redistributing governance space, and ensuring that countries own their response and are accountable to their people.

**ENGAGING “BRICS” COUNTRIES**

The Secretariat engagement contributed to many achievements, including taking a larger role in the governance and financing of the global AIDS response. In June 2011, the first meeting of BRICS health ministers in
Beijing articulated a new agenda for South-South cooperation to expedite innovation for health technologies.

- Brazilian President Luiz Inácio Lula da Silva was awarded the 2010 “UNAIDS Award for Leadership” in recognition of his contribution to social and economic development as well as the AIDS response (including building partnerships and encouraging south-south cooperation).
- In December 2011, China pledged to fill its HIV resource gap.
- In July 2011 India announced that it would reject any efforts to include “data exclusivity” clauses in bilateral trade agreements to ensure availability of generic antiretroviral drugs. It has also passed guidelines on new health insurance coverage for HIV patients.
- The Russian Federation convened a high level forum on MDG-6 in October 2011.
- There were considerable policy shifts in South Africa’s approach to the epidemic, for example in increasing public spending on AIDS by 22% in 2010 compared to 2009 and through the launch of a national HIV testing campaign in April 2010.

CONTINUED ENGAGEMENT WITH KEY GOVERNMENTAL AND INTER GOVERNMENTAL PARTNERS

- The Secretariat assisted the formulation of ESCAP Resolution 66/10 and helped shepherd it through the Commission for endorsement. Partnerships with regional parliamentary forums were strengthened.
- UNAIDS became a partner of choice for EU Delegations through the joint UNFPA/UNAIDS initiative to “better link HIV and sexual and reproductive health in Southern Africa”, as well as through its contributions to the development of EU country strategies for human rights and child rights.
- The revised Cotonou agreement governing relations between the EU and African, Caribbean and Pacific States now includes a specific section on AIDS which reflects UNAIDS strategic priorities.
- AIDS was also positioned in new EU development policies on gender, global health and the MDGs as well as in new EU policy frameworks for 2014-2020 on research and public health.
- More strategic collaboration with the USA led to joint campaigns on eMTCT and more consistency between UNAIDS, PEPFAR documents and USG statements on PUD, MSM, the investment framework and Treatment 2.0.

REGIONAL COMMITMENT

- UNAIDS’ partnership with the AU and ECA deepened, including establishing a liaison office in Addis Ababa. UNAIDS supported the “Special Meeting of Pan-African Parliament Chairs of National Parliamentary Committees of Budget, Health and Gender” to further implementation of MNCH and eMTCT.
- UNAIDS has also helped the AU revitalize AIDS Watch Africa, an AIDS related advocacy platform comprised of African Heads of State and Government, which will be a key player in delivering a continental accountability framework including for the commitments in the Political Declaration.
- EU Delegations in Southern Africa adopted prevention of sexual transmission and mother-to-child transmission as priorities for their work.
- The Community of Portuguese-Speaking Counties and UNAIDS formalized their cooperation in response to HIV with a Memorandum of Understanding in March 2010.
- UNAIDS participated significantly in the fifth Francophone conference in Casablanca in March 2010, which brought together representatives from around 50 countries.
- The ten countries of ASEAN committed to the Three Zeros in a declaration at their 19th summit in Bali in November 2011.
- UNAIDS launched the Pacific Commission Report on PNG/Samoas/Fiji, with the aim of disseminating strategic information and spurring accelerated progress
- UNAIDS advocacy contributed to a heightened profile for the HIV response on regional political agendas (e.g., ESCAP, SAARC, ASEAN, PIF).
- In November 2011, high level representatives from leading political, economic and regional institutions in Africa were hosted by the Secretariat to identify the changes that will be required to the way decisions and investments are made and to the roles played by governments, donors and civil society in the response.
- During the 2011 ICCAP in Busan, a social media campaign message on HIV stigma and discrimination reached nearly one million fans of the band JYJ who became UNAIDS Regional Goodwill Ambassadors.
- UNAIDS nearly doubled its Twitter followers.

HIGH-LEVEL EVENTS

- Resources were mobilized for the Vienna conference and the joint UNFPA/UNAIDS initiative for Southern Africa, and through a new EU budget line on AIDS for civil society organizations in Eastern Europe.
- UNAIDS led the development of a joint guidance note for UN country teams on the EU’s € 1 billion MDG Initiative, contributing to leverage resources for health MDGs in 10 countries.
- UNAIDS offices around the world developed key messages and participated in high-level commemorative events for World AIDS Day. 2010 brought a focus on Universal Access and human rights, with a special emphasis on “Light for Rights” to shine a light on the links between human rights and HIV. Under the 2011 World AIDS Day theme of ‘Getting to Zero’, UNAIDS actively contributed to reinvigorating the solidity and support for the AIDS response. In 2010, the campaign ‘Be an Activist’ was scaled up in support of UNAIDS 3 Zeros vision, including dozen of events including solidarity marches, candlelight vigils and HIV testing initiatives.

ADVOCACY AND MOBILIZATION

- More than 285 web stories were produced and published on UNAIDS website to disseminate achievements and activities of UNAIDS. In June 2011, UNAIDS launched flagship reports of “OUTLOOK 30” and “Global Report” that provided an update of the global AIDS epidemic and an review over the 30 years of AIDS and at the same time envisaged the forward-looking of the game-changing AIDS response.
respectively.

- An HIV prevention campaign with ILO, UNI Global and UPU led to the development of more than 30 different national stamps, of which 3 million were issued in 2011 alone.

### Broad Activity 3: Mobilize and leverage resources at country and regional level through evidence informed policies and practices focusing on gaps

#### Achievements

**BROADENED DONOR BASE**

- By engaging and diversifying its funding sources, UNAIDS:
  - Worked with new donors such as Israel, South Korea and Turkey, as well as negotiating with emerging economies such as Angola, Argentina, China, India, Malaysia, Mexico, Nigeria, Russia, and Singapore.
  - Developed numerous initiatives and agreements with regional development banks and major funders, including the Islamic Development Bank and African Development Bank (for eMTCT, including in Cameroon, Djibouti and Tajikistan); the Asian Development Bank (to create an HIV data bank); Inter-American Development Bank (providing financial support to regional offices); and the Ford Foundation.
  - Reinforced its participation in events such as the Life Ball, one of the biggest AIDS charity events in Europe.
  - Launched an online platform to allow private individuals to donate, which had received 3,000 visits by the end of 2011.

During the Global Fund’s Round 10, UNAIDS provided intensive support for countries that submitted proposals, with a success rate of 69%, compared with the overall proposal success rate of 41%.

Support was provided for the development of funding proposals for the Global Partnership on HIV and the Maritime Sector, focusing on reducing infection among seafarers. Facilitation and support were provided for the development and costing of National Strategic Plans.

The 2010 Global Report highlighted continuing gaps in national and regional responses. Innovative AIDS scorecards (on (1) HIV incidence (2) prevention, (3) treatment, care, and support, (4) human rights and gender equality, and (5) investment) provide a quick overview of the progress made by UN Member States in the global AIDS response.

### Expenditure

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### Broad Activity 4: Broker innovative partnerships with civil society and private sector organizations, including with people living with or affected by HIV, towards enhanced national, regional and global AIDS responses; facilitate resource mobilization for effective civil society engagement in policy, advocacy and service delivery; and, achieve greater engagement of people living with HIV and key populations at higher risk in all areas of the AIDS response

#### Achievements

**PARTNERSHIP STRATEGY**

A partnership strategy was developed for the Joint Programme, with support from an inter-departmental Working Group and based on the outcomes of multi-stakeholder consultations in Bangkok and Vienna. The new partnership directions were endorsed by the Cosponsors Coordinating Organization and finally by the Board on December 2010. The partnership strategy focuses around a new paradigm for partnerships, emphasising...
solidarity and shared responsibility. Operationalization of the strategy includes the production of separate guidance notes for specific constituencies, such as the recently released guidance document for the Joint Programme's work with civil society.

NEW GENERATION LEADERSHIP
The Secretariat led the organization of a youth summit, co-hosted by the Government of Mali. The Summit rallied more than 150 young people from over 70 countries and issued an online ‘call for action’ to mobilize young people around the world to take the lead on the AIDS response and to hold governments accountable for their commitments. In Liberia, one youth activist alone got 20,000 people to endorse the call which was transmitted to the High Level Meeting in June 2011. A month earlier, Archbishop Desmond Tutu symbolically ‘passed the baton’ to a new generation of young leaders in Robben Island, South Africa.

The Secretariat also partnered with UNFPA, ILO and a range of youth organizations around the UN General Assembly High-level meeting on Youth, to build on the commitment of the Political Declaration to support the active involvement of young people in the fight against the epidemic. Several Ministers and young people from various regions participated.

SOCIAL MEDIA
UNAIDS extensively used social media in an effort to reach the widest possible audience and in particular young people.

- In October 2011 UNAIDS launched CrowdOutAIDS.org, an online collaborative project to crowdsource its new strategy on youth and HIV – a first in the UN system.
- During the 2011 ICCAP in Busan, a social media campaign message on HIV stigma and discrimination reached nearly one million fans of the band JYJ who became UNAIDS Regional Goodwill Ambassadors. UNAIDS nearly doubled its Twitter followers.
- UNAIDS held a conference with Stellenbosch University in South Africa in May 2011 which explored how to prevent HIV with social media and mobile phones.
- Leading up to World AIDS Day 2010, UNAIDS teamed up with our partners, including MTV Staying Alive, to put HIV prevention on the global agenda. With support from the UN Department of Public Information and Cosponsors UNHCR, UNICEF, UNDP, World Bank, UNESCO and UNFPA, thousands of online conversations took place on why an HIV prevention revolution is needed. The prevention message was being discussed on Twitter and Facebook, with the hashtag #preventionrevolution trending in many cities worldwide, from Lagos and Seoul, Mumbai and Cape Town, to Buenos Aires and New York. Awareness videos created for the initiative have had more than 100,000 views on YouTube alone.

THE PRIVATE SECTOR
The sector has helped generate new financial resources for the Global Plan on eMTCT and wider outreach on issues of human rights and prevention. For example:

- Through a global Partnership with Standard Bank, thousands of people were encouraged to be tested for HIV in Nigeria, Uganda and South Africa on World AIDS Day
- Sir Richard Branson, CEO of Virgin Atlantic, tweeted “Be an Activist” on behalf of UNAIDS 2010 World AIDS Campaign, reaching millions of his “followers”. At the same time, the Secretariat teamed up with the Body Shop and world-renowned photographer Rankin to launch an international HIV solidarity campaign.
- Support was also provided to the integration of TB initiatives into the activities of a number of private companies.
- On the margin of the MDG Summit in 2010, UNAIDS participated in the UN Private Sector Forum chaired by the UN Secretary General in presence of over 150 Chief Executive Officers, 60 Heads of State and Government and Heads of UN agencies which identified concrete actions the private sector could undertake to help close MDG implementation gaps across the next five years.

RELIGIOUS LEADERS IN THE RESPONSE TO HIV
In March 2010 in the first meeting of its kind some 40 Bahá’í, Buddhist, Christian, Hindu, Jewish, Muslim, and Sikh leaders committed themselves to strengthened efforts to respond to HIV. The Secretariat also supported the convening of 400 leaders from a range of religions in India to support a robust policy dialogue on addressing stigma.

SELECTED OTHER INITIATIVES
In IAC 2010, UNAIDS signed a memorandum of understanding with the Stop TB Partnership. The agreement bound the two organizations together in a common goal: to strive towards halving the number of people living with HIV who die from TB by 2015, compared to 2004 levels. Provision of life-saving antiretroviral treatment for all TB patients living with HIV was another key objective.

At ICASA 2011, Africa's largest conference on AIDS, the Secretariat launched the 2012 round of the Red Ribbon Award, which honours ten exceptional community organizations that have demonstrated outstanding leadership in the response to AIDS.

The Secretariat and other Cosponsors partnered with civil society to support the first-ever regional consultation in Asia on HIV and sex work.

The Secretariat ensured inclusion of HIV in various sporting events, including the FIFA World Cup, Winter Olympic Games, Youth Olympic Games and Cricket World Cup. This helped to strengthen and increase commitment to the HIV response, notably among Presidents and First Ladies hosting the events.
UNAIDS entered into a Memorandum of Understanding with the Global Forum on MSM.

**Lessons learned**

It is essential to understand the expectations and objectives of each potential partner, and to maximise their leverage within the Secretariat's strategic framework, national programme priorities and available resources.

**Expenditure**

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**Broad Activity 5: The development and dissemination of international standards, normative guidance and tools for the monitoring and evaluation of national responses to HIV; the coordination and provision of capacity building for strengthening national HIV M&E systems; support for, and coordination of, an international reporting system for monitoring global progress towards universal access, and; management and dissemination of data on the global response to HIV.**

**Achievements**

**UNAIDS INVESTMENT FRAMEWORK**

UNAIDS led the development of a Strategic Investment Framework in collaboration with researchers, public health practitioners, economists and mathematical modelers. The Investment Framework advocates for a more targeted and strategic approach to investment in the AIDS response, based on country epidemiology and context, and encourages countries to implement the most effective programmes based on local context. The Framework calls for countries to allocate resources to six basic programme activities that are required to deliver substantial and sustainable progress in the HIV response.

A paper summarizing this work was published in June 2011 in the scientific journal The Lancet that triggered much interest among partners including low and middle income countries, donor countries and civil society organizations. It influenced the Political Declaration of the July 2011 High Level Meeting on HIV/AIDS, and informed several of its targets. It aims to open a political space for countries to generate a wider discussion on shared values, smart investments, sustainable financing and mutual accountability.

**STRATEGIC INFORMATION AND GLOBAL PROGRESS MONITORING**

Throughout the biennium, strategic information systems and data remained a priority area for support, and included the monitoring of global progress towards universal access. M&E and strategic information gaps were addressed in regions and countries and reporting progress against the core indicators in the 2001 Declaration of Commitment on HIV/AIDS as well as the 2006 and 2011 Political Declarations on HIV/AIDS were achieved. In October 2011, the Secretariat provided detailed Global AIDS Response Progress Reporting core indicator guidelines for national governments to monitor progress on the Political Declaration.

In 2010 more than 182 countries (95%) submitted reports to UNAIDS on these UNGASS targets (a UN record for country-level reporting). UNAIDS assisted countries to undertake universal access reviews Country-specific epidemiological fact sheets were developed and made broadly available to the public and several scientific articles on epidemiological estimates were published.

AIDSinfo was launched to provide easy access to global AIDS data, followed by an iPad application launched for the HLM meeting in June 2011 Version 3 of the Country Response Information System was evaluated as a success for country monitoring.

**Expenditure**

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Broad Activity 6: Building capacity of countries and improved related analytic tools for estimates and projections of HIV incidence and prevalence and the impact of AIDS, for resource needs estimation and for tracking of AIDS financial flows and expenditures; providing technical support for the collection, analysis and dissemination of data; improving access to information on trends of the AIDS epidemic, its impact, national responses, resource needs and spending for AIDS.

Achievements

ESTIMATES AND PROJECTIONS OF HIV
More and better quality strategic information on HIV responses was generated as a result of strengthened methodology and capacity for national estimates and projections of HIV prevalence, globally and in countries.

A new combined software tool was developed, used and appreciated by country epidemiologists. Trainings were provided to 116 countries in all regions resulting in almost all countries using the EPP curve-fitting part of Spectrum instead of the old workbook method – this contributed to improving the overall quality of the HIV estimates. The Secretariat supported countries in using the improved Spectrum model to estimate new infections, HIV prevalence, service need, and the number of children orphaned due to AIDS.

116 countries prepared draft HIV estimates at 11 regional workshops and country estimates produced for ART needs and PMTCT need, critical elements for country planning.

Methods of estimating incidence were improved with the Modes of Transmission (MoT) tool which now includes Anti-retroviral therapy. A new tool was developed to assess quality and availability of data for use in MoT. In 2010-11, 15 countries completed a MoT analysis in support of their strategic planning (or Epi Review MOT depending on the availability of data).

KEY POPULATION SIZE ESTIMATIONS
In a continued effort to improve the availability of data, especially on key populations, methods to estimate the size of key populations at higher risk were improved. Guidelines on the methods to estimate the size of key populations and on second-generation surveillance were developed and shared with countries and in 2010-11, seven countries were provided support to complete key population size estimates. Five regional workshops were held for 60 countries to develop population size estimation plans to prioritize programmes with the greatest impact in preventing new infections.

RESOURCE TRACKING AND OTHER ANALYTICAL TOOLS
HIV resources were tracked using the National AIDS Spending Assessment tools or similar methods, implementing and finalizing these exercises in 23 countries during the 2010-11 biennium. Resource tracking by UNAIDS also contributed to informing and strengthening overall resource mobilization efforts.

An epidemiological model produced by the Stop TB Partnership, WHO and UNAIDS showed that it is possible to sharply reduce AIDS deaths worldwide by preventing and treating TB. Results show that one million lives can be saved between now and the end of 2015 by preventing and treating tuberculosis among people living with HIV.

Expenditure

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Broad Activity 7: Build capacity for evidence-informed rights based programming at country level through collection, analysis, interpretation and dissemination of pertinent biomedical, social, economic, behavioural, policy and operations research findings at country, regional and global levels, and through support for scientific knowledge translation, and development of strategic research agendas to improve national responses.

Achievements

HIV AND NON-COMMUNICABLE DISEASES
The first ever UN General Assembly High-level meeting on Non-Communicable Diseases (NCDs) was held in New York in September 2011. With WHO, the Secretariat contributed to the Political Declaration on NCDs and helped raise awareness on the linkages between NCDs and HIV, and the need to integrate responses for HIV and NCDs. HIV programmes were recognized as the first large-scale chronic disease response from which lessons and models could be drawn.
A high-profile side-event was also held with participation of Executive Heads of WHO and UNAIDS, Member States and civil society, to strengthen synergies between the HIV and NCD responses.

AIDS was identified as a pathfinder for addressing the social determinants of health at the World Conference in Rio in October.

**PREVENTION TECHNOLOGIES - SCIENTIFIC DEVELOPMENTS**

UNAIDS disseminated and translated important research findings in 2010 on vaginal microbicides and pre-exposure antiretroviral prophylaxis (PrEP), with particular focus on knowledge transfer to countries. Normative guidance and country consultations focused on preparing for the future introduction of PrEP and tenofovir microbicide gels. In collaboration with WHO, the Secretariat worked on defining pathways to licensure and deliver programmes for tenofovir gels. Similarly, UNAIDS highlighted the findings of the HPTN 052 study conducted in Thailand and Africa that played a critical role in supporting the Treatment 2.0 initiative and specifically highlighting the potential of treatment as prevention.

Support was provided to the Lancet series on people who inject drugs, launched at the Vienna International AIDS Conference in July 2010. Guidance was also produced on the ethical engagement of people who inject drugs in biomedical HIV prevention trials.

Extensive work was undertaken to chart and build support for Treatment 2.0 aimed to catalyze the next phase of HIV treatment, care and support by identifying the most effective first-line regimens, generating user-friendly and affordable diagnostic tools, and increasing community mobilization to scale-up treatment and improve outcomes.

The Secretariat provided a range of support on male circumcision. For example, the UNAIDS/WHO ‘Joint Strategic Action Framework to accelerate the scale-up of voluntary medical male circumcision for HIV prevention in Eastern and Southern Africa’ was launched at the ICASA conference in December 2011. This provided guidance to scale up male circumcision in 13 countries, complementing costing studies undertaken in Tanzania and under development in Botswana. Scale-up of VMMC has been modest in most countries, with reportedly over 550,000 males circumcised for HIV prevention by the end of 2010 in the priority countries.

A glossary of HIV prevention activities and a framework to promote high-quality HIV prevention services were developed by a working group on the prevention of sexual transmission established with Co-sponsors.

The readership of HIV This Week increased 55% during the biennium from 2,832 to 4,378, contributing to enhanced knowledge transfer to partners in the field.

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**Broad Activity 8: Support capacity strengthening initiatives to enable National AIDS Authorities lead and coordinate an inclusive and nationally owned multi-sectoral AIDS response.**

**Achievements**

In addition to key on-going areas of support already highlighted, the Secretariat provided context-specific assistance to National AIDS Authorities. This included:

- The development of a resource kit for the development of Global Fund HIV proposal by WHO and the UNAIDS Secretariat, in close collaboration with UNAIDS Co-sponsors. The kit includes strategic and technical guidance, prioritized support identified, and regular collaboration calls established.
- A Global Fund investment and gap analysis report was drafted and provided a baseline on the provision of Technical Support by (1) Analysis of GF investment in SSA and priority countries (2) Documenting the gaps in priority countries. The work was shared with UCC in a communication note. UNAIDS staff participated in teams that carried out the Joint Assessment of National Plans & Strategies (JANS) review in Ghana and Moldova.
- A briefing and discussion platform to enable Implementers voices to be heard in GF processes was created. Implementers’ voice in GF strategy and reform was improved, including by preparation of position paper during implementers’ meeting. Implementers’ meeting took place twice and as preparation for GF Board meeting. Implementation support provided to a number of priority countries, including phase 2 renewals, CCM strengthening and bottleneck identification and resolving. Targeted capacity building of PR/SR undertaken (including, CCM linkages as part of CD pilot project).
- Capacity-building support in eight African countries to optimize Global Fund implementation. Information derived from this project was used to assess and realign technical assistance management.
- In 2011 UNAIDS and partners developed Community System Strengthening (CSS) guidelines to encourage CSS inclusion in national and regional proposals to the Global Fund as well as suggest ways of...
more effectively implementing this in successful proposals.

Expenditure

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Broad Activity 9: Strengthen collaboration efforts of Cosponsors and partners in National Strategic Planning processes and in developing and implementing systems to monitor quality assurance.

Achievements

HQ
A framework to improve the quality of HIV prevention services and normative guidance on combination HIV prevention were finalized in 2010, emphasizing quality assurance mechanisms to enhance the quality and impact of prevention services.

In East and Central Africa
- Collaboration with Cosponsors and partners TSFs, ASAP, RATESA, RST and HQ, provided quality assured technical support to 10 countries to develop National Strategic Plans (NSPs) for Lesotho, Angola, Zanzibar, Zambia, Namibia, South Africa, Mozambique, Zimbabwe, Seychelles, Madagascar and 2 Sub Regional strategies for IGAD and EAC.
- Technical support was provided to 9 countries to conduct NSP mid term and end reviews for Madagascar, Kenya, Uganda, Rwanda, Swaziland, Mauritius, Comoros, Seychelles and South Africa.
- In collaboration with the TSF and the World Bank/ASAP, the Secretariat coordinated capacity development on planning for countries in the region:
  - Operational planning in country training for 6 countries: Botswana, Zanzibar, South Africa, Seychelles and Zambia;
  - Regional workshop on Operational Planning for 11 countries: South Africa, Zimbabwe, Namibia, Lesotho, Swaziland, Botswana, Kenya, Uganda, Rwanda, Ethiopia and Mozambique in April 2010;
  - Regional workshop on integrating human rights and gender in NSPs for 12 countries: Kenya, Uganda, Ethiopia, South Sudan, Rwanda, Tanzania, Botswana, Lesotho, Mozambique, Zimbabwe, Seychelles and South Africa in September 2011.

In Latin America
Evidence-based and results-focused NSPs were completed in 8 countries in 2010-2011 (El Salvador, Guatemala, Nicaragua, Uruguay, Argentina Colombia, Chile and Venezuela), 14/17 countries since 2008. Countries now have a joint HIV agenda, with an endorsed roadmap and specific targets towards 2015; strategically developed NSPs to guide national responses, mobilized resources for national responses, including 6 Global Fund grants approved in 2010, particularly targeting MARPs, among which the epidemic in Latin American countries is concentrated.

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Broad Activity 10: Provision of technical assistance to countries for strengthening national HIV/AIDS monitoring and evaluation systems, which include one national M&E framework of indicators, targets and research needs; a costed M&E plan; and an evaluation, operations and other research agenda.

Achievements

GLOBAL GUIDANCE, TOOLS AND SUPPORT
Nationally-owned monitoring and evaluation systems and Strategic Information were strengthened in most countries and regions through the provision of appropriate, context-specific and timely technical support by the Secretariat Broad Activity Achievement Report [2010-2011 UNAIDS UBW]
UNAIDS Secretariat. This strengthened capacity contributed to the availability of stronger evidence as well as to the highest number of country reports on the core indicators monitoring progress in implementing the 2001 Declaration of Commitment on HIV/AIDS (182 country reports) and the 2006 Political Declaration on HIV/AIDS.

A number of capacity-strengthening events were organized globally including a seminar at the Vienna International AIDS Conference using a competency-based approach to training and capacity-building for M&E.

A strategy was implemented to build the M&E capacity on countries with a focus on HIV prevention programmes for most-at-risk populations.

Monitoring and evaluation assessments were undertaken, including four in Asia, and 12 countries participated in a joint UNAIDS/Global Fund/TSF workshop on strengthening M&E systems.

Two issues of the UNAIDS Monitoring and Evaluation newsletter were produced and widely disseminated.

**Evaluation**

In the ESA region, a total of 66 national programme managers, UNAIDS staff and civil society representatives from 10 countries trained in prevention programmes evaluations. 10 countries were supported in prevention evaluation with PMTCT programmes and male circumcision evaluations supported in 6 countries.

**Expenditure**

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**Broad Activity 11: Build institutional capacities and strengthened systems to enable civil society access and effectively utilise resources; are represented at key policy forums at national level e.g. CCMs and NACs; and support to PCB NGOs’ outreach activities through funding of the contract for the NGO Communication and Coordination Facility.**

**Achievements**

The Secretariat:

- mobilized resources through a new EU budget line on AIDS for civil society organizations in Eastern Europe.
- established a funding mechanism for civil society which is estimated to channel USD21 million to grassroots organizations in the next three years.
- provided financial and technical support where needed to 117 national and 7 regional Universal Access consultations (summaries at http://aidsspace.org/group/126/), and convened 32 government and civil society leaders to review progress. The Consensus Statement helped civil society groups develop momentum to position and advocate for the Political High Level Declaration in June 2011.
- facilitated the engagement of the African civil society, including convening 35 civil society participants from several countries, in African inter-governmental organisations (AU, SADC, ECOWAS, African Commission on Human and People's Rights and its Committee on the Rights of People Living with HIV and Key Populations).
- provided technical support to over 30 countries rolling out the PLHIV stigma index in 2010, which not only addresses stigma relating to HIV but also advocates on the key barriers and issues perpetuating stigma.
- a memorandum of understanding was signed with the African Council of AIDS Service Organizations (AfriCASO). Collaboration will include support to getting African civil society organizations better involved in the HIV response at the national level.
- supported the participation of civil society at country level in the review of the UNGASS indicator set.
- actively contributed to the development of a community systems strengthening (CSS) framework, supporting the CSS component of Global Fund grants as well as all community based activities aimed at improving health through community based action.

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Broad Activity 12: Support global and national leadership and capacity on rights-based responses and promote rights-based policies and programmes for inclusion in funding proposals, implementation in national programmes and monitoring and evaluation at country level.

Achievements

'MAKING THE LAW WORK FOR THE HIV RESPONSE’ SNAPSHOT
The Secretariat activities intensified with respect to access to justice and efforts to reduce stigma and discrimination. In partnerships with civil society organizations, UNAIDS developed and launched ‘snapshots’ of the HIV-related legal environment (protective and punitive laws) in countries and regions that either support or undermine national HIV responses. These were incorporated in country UNGASS reporting and reported by several major media outlets including The Economist (http://www.economist.com/node/16608212). The data has been widely used in UNAIDS global and regional publications and comprises a ‘baseline’ for removing punitive laws.

With support from the Ford Foundation, the Secretariat prepared to roll out a new initiative to support country-level legal reform for the elimination of HIV-related restrictions on stay and residence.

RESOLUTION ON HUMAN RIGHTS VIOLATIONS AT THE HUMAN RIGHTS COUNCIL
The UN Human Rights Council passed a historic resolution entitled Human rights, sexual orientation and gender identity on 14 June 2011. The resolution calls for four key actions, including a request to the High Commissioner for Human Rights to commission a worldwide study to document discriminatory laws, practices and acts of violence against individuals based on their sexual orientation and gender identity.

OTHER EVENTS AND BREAKTHROUGHS
Human rights and law were in the spotlight at the 5th Francophone Conference on AIDS in March 2010 which took place against a backdrop of continuing discrimination and human rights infringement of people living with HIV across the world.

In a number of countries in Asia, programmatic and policy breakthroughs occurred with respect to the needs of people who inject drugs, such as initiation of methadone treatment, needle exchange, and harm reduction task forces. High-level advocacy generated positive results with the Commission on Narcotic Drugs. UNAIDS Executive Director delivered a video message at the opening ceremony of the International Conference on Harm Reduction in Liverpool in April 2010 where he emphasized the need to decriminalize drug users as centerpiece for an effective response to HIV.

The first-ever regional consultation on HIV and sex work was convened in Asia in October 2010, attracting delegations including Ministers, health officials, police, sex workers and NGOs working on sex work from 8 countries. The sex work advisory group became functional, developing four guidance briefs in key areas.

The Joint Programme has helped to provide space for groups to engage in decision making across the world. For example, UNAIDS advocated successfully against the adoption by the Ugandan Parliament of an “Anti-Homosexuality Bill” under which anyone convicted of a homosexual act and who is HIV-positive would be subject to the death penalty. In China, UNAIDS played a key role in supporting the establishment in 2010 of the Beijing Red Ribbon Forum on Rights and AIDS, the first example of a collaboration between the Chinese Government and civil society, to address critical issues in the national response to HIV.

UNAIDS supported the establishment of Kenya HIV Equity Tribunal, the first HIV-specific tribunal in the region, which hears cases of discrimination against people living with or affected by HIV which is expected to open access to justice against stigma and discrimination. The Tribunal can make an order for the payment of damages as a result of discrimination or direct specific steps are taken to stop the discriminatory practice.

Lessons learned
UNAIDS’ new Strategy and UBRAF has presented tremendous opportunity for strengthening its work and capacity in human rights/law terms.

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Secretariat Broad Activity Achievement Report [2010-2011 UNAIDS UBW]
Broad Activity 13: Promote an enabling legal environment (law, law enforcement and access to justice) to empower and address the vulnerability of people living with HIV, women and girls and most at risk populations, to intensify prevention, reduce barriers to universal access and end punitive laws such as criminalization of transmission and status.

Achievements

The Secretariat’s Human Rights and Law team significantly advanced understanding of, and commitment to, programmes that increase access to justice and reduce stigma and discrimination in national HIV responses. Within the Secretariat, these programmes have been promoted through UNAIDS comments on draft national HIV strategies, and as critical enablers, constitute an integral part of the ‘UNAIDS Investment Framework’. In collaboration with the Global Fund and UNDP, the programmes were assessed in national AIDS responses and funding applications and promoted through guidance for GFATM funding applications.

At the 2011 High Level Meeting, for the first time ever, governments committed to national HIV and AIDS strategies promoting human rights, and acknowledged that the response has to reach men who have sex with men, people who use drugs and sex workers among other populations that are at higher risk. This was the first time these key affected populations were mentioned in a UN document of this kind.

During the biennium, including since the 2010 launch of UNAIDS call for the global freedom of movement for people living with HIV, six countries removed their restrictions during the biennium (United States of America, China, Namibia, Ukraine, Armenia, Fiji), and two others clarified that restrictions that once existed are no longer enforced (Ecuador, India).

A landmark reference report on female drug users was published and presented at the PCB.

GLOBAL COMMISSION ON HIV AND THE LAW
With the support from the UNAIDS Secretariat, UNDP launched the Global Commission on HIV and the Law in June 2010 to increase understanding of the impact of the legal environment on national HIV responses. The Commission’s aim is to increase understanding of the impact of the legal environment on national HIV responses, focusing on how laws and law enforcement can support, rather than block, effective HIV responses.

POSITIVE HEALTH, DIGNITY AND PREVENTION
A Policy Framework on Positive Health, Dignity and Prevention was developed jointly with the Global Network of People living with HIV (GNP+) and other partners. It focuses on improving and maintaining the health and well-being of people living with HIV, which, in turn, contributes to the health and well-being of partners, families and communities. In addition, reports on the PLHIV Stigma Index (a tool to build evidence and measure the level of stigma experienced by PLHIV within their communities) have been finalized in over 60 countries in collaboration with GNP+.

UNAIDS continued its work with people living with HIV to address punitive laws and policies, supporting the development of country snapshots of punitive laws. The Secretariat took part in an international conference on HIV and human rights, convened by the Office of the UN High Commissioner on Human Rights. UNAIDS entered into a Memorandum of Understanding with the Global Forum on MSM.

Support was also provided to the development of a draft law on HIV in Laos and to Cabinet approval in Fiji of a new HIV decree to secure the rights and security of people living with HIV. The Secretariat is leveraging the UN Secretary General Special Envoyos on HIV to advance its “Global Freedom of movement” campaign.

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Broad Activity 14: Provide leadership, advocacy and mobilization of political commitment to promote stronger policies and programmes that address gender issues in the context of national AIDS responses and in support of efforts towards universal access.

Achievements

The UNAIDS Agenda for Women and Girls was operationalised in 94 countries. UN Women has been successfully engaged and committed as a partner to implementing the Agenda, and in the future is expected to become a UNAIDS Cosponsor.
In an event ahead of the HLM in June 2011, the President of Rwanda, Prime Minister of Saint Maarten, Annie Lennox, and Alicia Keyes were engaged as advocates for HIV and gender equality. The event highlighted the priority actions for the AIDS response put forward by women around the world and launched a report ‘In Women’s Words: HIV priorities for positive change’. The publication summarizes the key messages and findings from a global virtual consultation which engaged with nearly 800 women from over 95 countries. The consultation was a platform to give a voice to women living with and affected by HIV to express their priorities and vision for the future of the AIDS response.

The George W. Bush Institute, the U.S. Department of State, Susan G. Komen for the Cure®, and UNAIDS announced a new women’s health initiative in September 2011. Providing a new example of integrating the AIDS response, the Pink Ribbon Red Ribbon® was launched as an innovative partnership to leverage public and private investment in global health. The partnership aims to reach women with HIV testing alongside cervical cancer and breast cancer screening.

UNAIDS intensified its partnerships with the women’s movement and networks of women living with HIV. Women’s delegates were convened by UNAIDS at the Vienna International AIDS Conference in 2010. The Global Coalition on Women and AIDS remained active, agreeing in a face-to-face meeting on funding criteria for projects and undertaking work to strengthen positive women’s networks.

In 2010, UNAIDS Executive Director participated in a plenary panel of the Global Business Coalition focusing on women and girls. During a joint meeting between the Secretariat, WHO, UNICEF and UNFPA, Agreement was reached on broad directions for the integration of HIV priorities into the Secretary General’s Global Strategy on Women’s and Children’s Health. A brief on HIV/TB co-infection issues for women was produced and made available on the website for the Global Coalition on Women and AIDS.

UNAIDS participated in the YWCA International Women’s Summit bringing together over 1,000 participants from 100 countries, to explore ways to make the world safer for women. UNAIDS reiterated that gender equality and human rights, including sexual and reproductive rights, are non-negotiable elements to ensure effective HIV and health responses.

During the June 2010 ECOSOC meeting, UNAIDS and Brazil co-hosted a Ministerial breakfast on to improve the understanding of the AIDS response’s impact on other MDGs, Ministers and Ambassadors discussed ways to address the linkages between gender equality, maternal health, sexual and reproductive rights and AIDS.

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### Broad Activity 15: Monitoring, analysis and promotion of implementation of UNAIDS policy and programmatic guidance to intensify and expand rights based, evidence informed, and efficient combination prevention programmes that respond to local epidemic and societal conditions and reduce HIV risk, vulnerability and impact.

### Achievements

UNAIDS’ Global Report and the process for collecting data has strengthened combination prevention approaches by ensuring the validity, internal consistency and comparability across countries and over time, thus building stronger national and evidence-information responses. In November 2010, the Report showed that new HIV infections fell by nearly 20% in the last 10 years, AIDS-related deaths were down by nearly 20% in the last five years, and the number of people living with HIV is stabilizing. As a result at least 56 countries have either stabilized or achieved significant declines in rates of new HIV infections.

**OPTIMIZING HIV RESPONSES: UNAIDS LEADERSHIP TRAINING**

Combination Prevention is one of the central issues covered in this training. To date around 120 UN-staff working in Africa and Middle-East have attended the training and their understanding of combination prevention has been strengthened as have their capacities to advocate for an effective AIDS response at country and regional level. Following this training Iran has developed a strategic relationship with national TV. They have also taken steps to involve non-traditional partners; more specifically a national seminar with high-level religious leaders will be held.

**HIGH-LEVEL COMMISSION ON HIV PREVENTION**

Established in 2010, the Commission was designed to influence the global climate of opinion to support an ambitious new push for HIV prevention. Backed by leading figures of HIV prevention science, the Commission has through public advocacy helped shape expectations that one can – and must – do more in HIV prevention. In their message from the meeting on Robben Island (May 2011), Commissioners called on Member States participating in the High Level Meeting on AIDS to commit to a global HIV prevention revolution, and to guide the future global HIV response with strong commitments, bold actions and ambitious targets to
ensure every effort is made to stop new HIV infections. One of the concrete actions undertaken by a Commissioner, Ms Elena Pinchuk, was to launch a social media contest through her foundation ANTIAIDS. The two winning proposals each won 10,000 USD to help them develop and implement their projects.

**COMBINATION PREVENTION AND YOUNG PEOPLE**

UNAIDS provided space to more than a hundred young people globally to participate and raise their voice in meetings and events prior to HLM (e.g., Mali Youth Summit, meeting of the HLV on HIV Prevention at Robben Island, country and regional consultations, HLV pre-meeting of youth delegates). This resulted in a Call to Action and key advocacy messages-stressing the importance of involving more young people in the AIDS response- which were presented at the General Assembly. In turn, the HLM Political Declaration in 2011 contains a global commitment to encourage and support the active involvement and leadership of young people including those living with HIV in the AIDS response at local, national and global levels.

The document ‘Securing the future today: synthesis of strategic information on HIV an young people’ by the Global IATT on HIV and Young People (2011) and the country situation assessment in Zambia have contributed to a more comprehensive dataset relevant to planning and implementation of Combination Prevention specific to young people.

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**Broad Activity 16: Support to country partners to address HIV transmission and issues of vulnerability of women in the context of national AIDS responses, with particular attention to translating policies and strategies into programmes and to developing quality national funding applications.**

**Achievements**

**ADDRESSING GENDER-BASED VIOLENCE**

Gender-based violence is widely recognized as a socio-cultural driver of the HIV epidemic, not only underlying the spread of HIV but also hindering health-seeking behaviour, in particular affecting women and girls.

Countries are encouraged to address this twin epidemic, utilizing the UNAIDS Agenda for Women and Girls to address violence as part of the HIV response. UNAIDS has supported 15 countries across five regions to implement actions to reduce gender-based violence through HIV responses, in particular highlighting the critical contribution of violence to HIV transmission as well as non-utilization of services.

- In Côte d’Ivoire, civil society groups were supported to provide care services to survivors of sexual violence including referral to HIV services. This innovative programming subsequently led to the development of a national strategy on management of gender-based violence.
- In Malawi, civil society was supported to advocate at community and political levels on the intersection of violence and HIV and the importance of integrating HIV and gender-based violence interventions, reaching a diverse range of stakeholders including parliamentarians, law enforcers, military personnel, faith leaders, educators, and health care providers.

UNAIDS has played a key role in the ‘Together for Girls’ public-private partnership which lends support to end sexual violence. The initiative conducts national surveys, uses this new data to base country-specific interventions tailored to address sexual violence, and launches public awareness campaigns to motivate changes in social norms and behaviours. Tanzania released its final report in August 2011.

**Lessons learned**

More needs to be done to reach zero tolerance for violence, as only 37 (out of 94) countries indicated to have data available on the links between gender-based violence and HIV, as reflected in the Scorecard on Gender Equality in National HIV Responses.

There is a need to expand the membership of the Global Coalition on Women and AIDS to reflect more national and regional networks of women living with HIV and women’s rights organisations.

Engaging boys and men in advancing gender equality, and engaging leaders in advancing the reproductive health and rights of women, remain urgent priorities.
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**Broad Activity 17: Strengthening the HIV/AIDS response in the context of humanitarian crises and coordinating support for prevention, treatment, care and support for populations of humanitarian concern.**

**Achievements**

**UN SECURITY COUNCIL RESOLUTION 1983**

Unanimously adopted by the UN Security Council in June 2011, the Resolution recognizes the deadly link between HIV and violence against women in conflict and post-conflict settings. It calls for increased efforts by Member States to address HIV in peacekeeping missions, while striving to end sexual violence in conflict and post-conflict settings.

It was the first Security Council Resolution linking HIV and sexual violence to national and international security and introduced by an African country. Security Council Members agreed to respect and protect human rights in conflict and postconflict and ruled that the rape of women and girls as a tactic of war will not be tolerated. UNAIDS had a central role facilitating the drafting and negotiating of the process.

The Security Council resolution is leading to strengthened cooperation with DPKO and is helping to put much of these best practices into policy guidance and operational reality. UNAIDS is working with the UN Department of Peacekeeping Operations and Member States to integrate HIV prevention and gender based violence prevention programmes in UN peacekeeping missions.

In Côte d’Ivoire, UNAIDS supported civil society groups to provide care services to survivors of sexual violence, including referral to HIV services, services that were urgently needed in view of the sexual violence resulting from the civil war. This innovative programming has subsequently led to the development of a national strategy on the management of gender-based violence.

Regional workshops and action planning were conducted for IFRC/Red Cross Societies from SADC region and Islamic Relief Worldwide staff from 9 countries in sub-Saharan Africa. Members of the 3 regional inter-agency working groups in Latin America, eastern, central and southern Africa trained and tools harmonised for regional support to country action on HIV and GBV in humanitarian settings. As a result HIV emergency preparedness and contingency plans in line with Humanitarian action and programme cycles with key tools and instruments were shared, contextualized and adopted; and joint plans with strategic partners prepared.

Technical support was provided to 12 priority countries to address HIV in emergency settings (Ethiopia, Guatemala, Haiti, Ivory Coast, Kenya, Liberia, Libya, Malawi, Mozambique, Namibia, South Sudan and Zimbabwe). Following this, national mechanisms to coordinate HIV responses in emergencies were established in Ethiopia, Kenya, Malawi, Mozambique and Zimbabwe. Disaster management policies inclusive of HIV in Kenya and Namibia were reviewed, strengthened and supported.

Capacity building of key partners and stakeholders was undertaken through training in- and contextualization at regional, national and sub-national level on the IASC Guidelines on Addressing HIV in Humanitarian Settings in: Panama / Latin America region; Liberia / West Africa Region; South Sudan; Kenya & Ethiopia / Central and East Africa Region; South Africa, Malawi and Mozambique / Southern Africa Region. This led to strengthened capacity and skills among key regional and national partners to address HIV in emergency settings. In turn, there was evidenced of more inclusive and comprehensive responses by both HIV and Humanitarian actors in multiple sectors leading to strengthened service delivery by state and non state actors. At a regional level, there was expanded and enhanced surge capacity for HIV in emergencies.

The Secretariat led joint inter-agency assessment missions to DRC, Haiti, Sudan and Zimbabwe to enhance the humanitarian HIV response and secure sustainable and predictable funding for HIV in emergencies, for example by looking at options to re-programme Global Fund grants to better include populations of humanitarian concern.
**Broad Activity 18: Provide guidance, coordinate and strengthen capacities of global, regional and national security actors for ensuring UA to prevention, treatment, care and support for all cadres of uniformed services.**

**Achievements**

SCS has been instrumental in brokering the adoption from the Security Council of a new resolution on HIV and peacekeeping, SCR 1983. The new resolution reinforces the mandate of the previous resolution 1308 and broadens its scope by introducing two important elements: the role of peacekeepers and uniformed services at large in eliminating all types of violence against women as well as the importance of addressing HIV within peacekeeping and surrounding communities not only in conflict but also post conflict transitions.

Through the platform of the Uniformed Services Task Force on HIV and uniformed services (a global coordination mechanism co-chaired by UNAIDS Secretariat and the US Department of Defence), regional partnerships have been fostered and strengthened to ensure uniformed personnel are enlisted as agents of change in making universal access to prevention, treatment, care and support a reality for their members, their families and communities they interact with. Specifically, the SADC military health services working group was supported in defining minimum standards for HIV programming in Southern Africa; LAC COPRECS (Latin America and the Caribbean Network of Uniformed Services) was supported to assure a USD 55 million grant from the Global Fund (the first global fund grant that covers uniformed personnel at a regional level); and the West and Central Africa Network for Militaries and AIDS was established, reinforcing the capacities of members in planning and functioning as a network.

UNAIDS Secretariat also helped build capacities of Cosponsors, specifically UNFPA, UNDP to address HIV and gender in demobilization, disarmament and reintegration processes in selected post conflict countries. Working together with UNODC the Secretariat has helped finalize a manual on HIV and police (practices for staff and communities with which they interact) for 12 English speaking countries which will serve as a basis for development of HIV policies for police in the near future.

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**Broad Activity 19: Support implementation of the 3 Ones and other global commitments and agreements including IHP+**

**Achievements**

**UNAIDS SUPPORT TO THREE ONES PRINCIPLES**

The new UNAIDS Strategy, Getting to Zero (2011-2015), broadens the focus of the ‘Three Ones’ to include a more comprehensive concept of country ownership and leadership. The ‘Three Ones’ principles are firmly embedded within this construct as inclusive country ownership of plans, priorities, and resources is the overarching rubric that efforts to harmonize and align must support, and under which coordination efforts must occur. In 2010, a series of global meetings on country ownership took place in Washington, DC, Geneva and Vienna. In 2011, with UNAIDS support, stakeholders in the West and Central Africa region and in 18 countries held consultations to explore the principles of country ownership and to begin to identify specific strategies to advance them in the context of national AIDS responses.

Specific focus to strengthen each of the ‘Three Ones’ principles has been an on-going effort of UNAIDS support at country level:

- **ONE NATIONAL STRATEGIC AIDS PLAN**

The recent work of the IHP+ on a Joint Assessment of National Strategies (JANS), and the Global Fund National Strategy Application (NSA) modality both re-affirm the importance of national strategic plans. Recent work coordinated by the World Bank and the Secretariat has reviewed developments, and suggested various country-driven scenarios for the third generation of National Strategic Plans for AIDS (NSP-3G). In addition, UNAIDS has produced a comprehensive guidance paper for UN Country Teams to ensure that Global Fund grant applications are aligned to national priorities in the AIDS response, that they are evidence-informed and responsive to the specific country context (‘know your epidemic’) and that they are based on a sound gap analysis and a realistic estimation of the national implementation capacity. UNAIDS supported gap analysis studies in 17 countries to provide detailed information on programmatic and financial gaps in the national AIDS response for countries in Sub-Saharan Africa in 2011.

- **ONE NATIONAL AIDS COORDINATING AUTHORITY**

The much changed landscape for AIDS financing, coupled with the emergence of significant other AIDS co-ordinating mechanisms, not to mention global initiatives, has added to the complexity of effective co-ordination and leadership on AIDS. UNAIDS continues to review and consolidate existing lessons and analysis on how NACs operate in practice, and to set out the key principles and messages that UNAIDS and
partners should advocate in response to shifting governance structures. In addition, UNAIDS provided technical support to strengthen the management and governance capacities of the Global Fund Country Coordinating Mechanisms (CCM) in 27 countries in 2010.

- **ONE MONITORING AND EVALUATION FRAMEWORK**

In support of three principles, and more specifically one M&E system, UNAIDS has completed many of its M&E related activities as a part of the decade of work in supporting countries following the declaration of Commitment made in 2001. The DoC targets, set for 2010, entailed serious investments into Monitoring and Evaluation. These included normative guidance through a Monitoring and Evaluation Reference group, which concluded its work in its final meeting in February 2011. This meeting came out with a strengthened set of indicators that will help monitoring the 2011 Political Declaration on AIDS towards 2015.

2010-11 was an important milestone in sharing AIDS data, and visualizing it effectively for action. AIDSInfo tool was launched on UNAIDS web-site, and shared also as an iPad application. This includes unique data on AIDS financing, policies and programmes, that is utilized also by partners such as WHO, UNICEF and Global Fund. AIDSInfo serves as a platform for global reporting and data sharing, bringing efficiencies across the organization.

**SUPPORT TO IHP+ COMPACT COUNTRIES**

UNAIDS signed a compact in nine out of ten countries where it has presence (Burkina Faso, Burundi, DRC, Djibouti, Ethiopia, Mali, Mozambique, Nepal and Nigeria) to support the integration of health-related aspects of HIV/AIDS strategic and action plans into national health plans. Support was provided to develop HIV national strategic plans and strengthen health systems (including capacity building and Global Fund proposals). Additionally UNAIDS participated in health sector mutual assessments using national performance assessment frameworks in, enabling operational links between the National Health Development Plan and the National AIDS Strategic Plan.

**Evaluation**

In 2011 the M&E capacity in Eastern and Southern Africa was assessed by the Secretariat, which revealed steady progress in national M&E systems during 2006-10. However, considerable variation exists between countries, and in future more focus should be put in harmonization and alignment between M&E systems for AIDS and information systems for the health sector.

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**Broad Activity 20: Provide support to effectively manage governance structures, human and financial resources, IT services and staff security for the UNAIDS Secretariat.**

**Achievements**

**GOVERNANCE**

The role of the PCB was enhanced in a variety of ways. Improved procedures included centralisation of decision-making in plenary, a culture of more transparent and inclusive discussion of key issues, and a thematic segment. Country case studies were presented and field visits for Board members were organized. A field visit to Kenya included the Chair and Vice-Chair, and was able to observe highlights of the multisectoral approach and integrated community-based HIV programmes in one of the 20+ countries, and to witness UNAIDS leading an effective Joint Team in support of the national response. Board members acknowledged that the visit provided them with an invaluable opportunity to see the human face of the issues they consider during our board meetings, to meet those whose lives are affected by the decisions made at the PCB, and to make the UBRAF come alive.

The revised 2010 Division of Labour clearly delineates the programmatic areas for which individual Cosponsor and the Secretariat will be held accountable. It details the process of strengthening and consolidating existing systems, strengthening governance entities, strengthening performance management and consolidating reporting, monitoring and evaluation which guides UNAIDS efforts to deal with variations and limitations.

**EFFICIENCY SAVINGS**

The single ERP system was rolled out to all Secretariat staff and over 100 staff were trained in the field through intensive inter-regional workshops on issues such as procurement, travel, and asset management. The ERP is now the backbone of Secretariat administration across the world, giving the organization the ability to track expenditures at country, regional and headquarters levels, and to strengthen its accountability for
UNAIDS resources. Progress in ERP was one component of implementing the single administrative system for the UNAIDS Secretariat, approved by the PCB in December 2010. Over 240 staff were transferred from UNDP to UNAIDS contracts. This means all Secretariat staff are subject to the same regulations, rules and policies reinforcing staff identity, as well as equity. Strategies such as outsourcing and automatization of tasks have reduced the Secretariat operational costs by over 3 million USD and have decreased the average costs for certain transactions by 60%. Innovative solutions to reduce publication and distribution costs (e.g. e-publications, e-distribution of publications) have also been developed.

MANAGEMENT CAPACITY
In November 2010, the UNAIDS HR Strategy was launched after an extensive consultative process. For the first time, one integrated approach was established for the management of all Secretariat human resources – international, national, professional, general staff – based on clear principles and policies, and overseen by the Human Resources Department. The strategy encompasses workforce planning, recruitment and staffing, staff administration, staff and career development, staff mobility, and performance management. The Strategy will guide the Secretariat’s work in human resources management for the next five years. As a result of recommendations for a second phase of management development.

The UNAIDS Learning Portal was launched to provide online resources allowing staff to develop their core and managerial competencies (e-learning modules). The portal is a collaboration between secretariat departments and provides access to 36 competency-based e-learning modules to staff across the globe. It also includes a new mandatory training on the Prevention of Harassment, Sexual Harassment and Abuse of Authority in the Workplace, a revised training on Security in the field and a new e-module on the UNAIDS Strategy.

The UNAIDS Learning Portal was launched to provide online resources allowing staff to develop their core and managerial competencies (e-learning modules). The portal is a collaboration between secretariat departments and provides access to 36 competency-based e-learning modules to staff across the globe. It also includes a new mandatory training on the Prevention of Harassment, Sexual Harassment and Abuse of Authority in the Workplace, a revised training on Security in the field and a new e-module on the UNAIDS Strategy.

The HR strategy is underpinned by a competency model. As part of the implementation of the competency framework launched last year, over 100 staff members were trained on competency-based interviewing. A Management Development programme reached 190 participants, and was followed by an impact evaluation and development of recommendations for a second phase of management development.

A number of policies were developed under the HR Strategy and include the Mobility Policy, the Reassignment Policy and Process and the Recruitment and Selection Policy and Procedures. The HR Strategy for the UNAIDS Secretariat was developed in consultation with staff, endorsed by senior management and launched.

Development and issuance of the policy on the recognition of same-sex domestic partnerships, where UNAIDS played a leadership role in the UN-wide HR Network. Additionally HRM UNAIDS was the lead/chair for the CEB HR Network task force on staff security.

COST SAVINGS
The Secretariat’s compliance procedures resulted in the lowest rejection rates of UNAIDS transactions among all entities supported by WHO. The Secretariat was requested by WHO Global Service Center (GSC) to share best practices so as to assist other ERP users in lowering their return rate and WHO has adopted UNAIDS’ model of the quality check/assurance for Travel Requests.

During the biennium a number of cost-saving measures were introduced, including use of video conferencing, to reduce both communication and travel costs while bringing staff and partners closer. 13.5 hours of e-learning courses were produced internally, leading to significant cost savings.

Through concerted efforts, there was a 25 percent reduction in travel, a 40 percent reduction in costs for external printing, and a 20 percent reduction in costs for shipping. Longer term agreements with service providers were consolidated or out-sourced, where cost-effective, including services related to printing, web publishing and building management.

The UNAIDS website was redesigned in addition to the E-follow up system. A new Wi-Fi connectivity service increased staff mobility and connectivity within the Secretariat HQ building.

SECURITY
During the biennium the Secretariat assisted its country and regional offices to acquire MOSS (Minimum Operating Security Standards) equipment, and ensured operations were as smooth as possible around the Haiti earthquake, the troubles in Cote d’Ivoire, the Arabic spring and the 26 August 2011 Abuja bombing.

Lessons learned
Stronger and more formal mechanisms at different levels (management and technical) need to be put in place to ensure that the programmatic and operational aspects of transformation are fully harmonized, building on lessons learned by cross-cutting and inter-departmental initiatives.

Oversight and close monitoring by senior management helped drive down costs for travel, meetings and telecommunications. While savings in travel and meeting costs were achieved, continued vigilance is needed to sustain achievements.
Ensuring staff adherence to policies and procedures is a slow process that is aided by active reinforcement.

### Expenditure

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<th>Core</th>
<th>Supplemental</th>
<th>Global/Regional Resources</th>
<th>Total</th>
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### Broad Activity 21: Provide normative guidance and monitor the development of coordinated and harmonized UN System support to AIDS responses.

### Achievements

#### UNAIDS STRATEGY AND FRAMEWORK

The PCB endorsed UNAIDS’ new vision of ‘Zero new infections. Zero discrimination. Zero AIDS-related deaths’ and mission (June 2010); adopted the UNAIDS 2011-2015 Strategy (December 2010); and approved the 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) (June 2011). These were major steps to advance global progress in AIDS response and clearly define the direction of the work of UNAIDS and the UN. The UBRAF matrix captures more strongly the Joint Programme accountability through more complete information (indicators, targets and baselines) and a more detailed breakdown of resources by organization. The UBRAF is more results and country-focused and, in responding to the SIE recommendations, allocations through the Secretariat are based on epidemic priorities, the performance of Cosponsors, and the funds that individual Cosponsors raise at global and regional levels. For the first time contributions from multi-stakeholder and internet consultations allowed all stakeholders, including a PCB Subcommittee, to provide detailed inputs, with the process being considered by some PCB members to be a model for the UN.

#### TYPOLOGY AND REVIEW

An extensive review process set the groundwork to rationalize the allocation of resources at the country level. Secretariat presence at country level was reviewed in 115 countries which provided important inputs for the functional review of the Secretariat.

#### FOLLOW-UP TO SECOND INDEPENDENT EVALUATION

With the full participation of all components of the Joint Programme, the Secretariat led efforts to implement recommendations from the Second Independent Evaluation. Secretariat engagement with Cosponsor Global Coordinators and Focal Points led to a new Division of Labour for the Joint Programme structured around the priority areas of the Outcome Framework. The new Division of Labour emphasizes political leadership and political advocacy based on strategic information; coordination, coherence, and partnerships across all priority areas; and mutual accountability across the Joint Programme.

#### OTHER

The Secretariat spearheaded development of a proposed approach for renewing the role of UNAIDS in the Resident Coordinator (RC) system. The Secretariat co-chaired the UNDG Working Group on RC System Issues, which aims to strengthen the RC system to support the delivery of UNDG strategic priorities and increase the coherence of UN system support for national responses. UNAIDS co-led an effort to review business practices and progress in four “One UN Pilot” countries, which resulted in a result-based management handbook to harmonize results and reporting. Two RST director meetings were convened, facilitating more coordinated and harmonized UN system support to AIDS responses worldwide. UNAIDS work in CEB-related bodies has helped to raise the profile of UNAIDS and to share our experience in modelling UN reform. A special section on the UN reform was launched on UNAIDS intranet to foster knowledge of the UN Common System among UNAIDS staff.

Through efforts by the Secretariat and Cosponsors, the HIV response has been integrated into key intergovernmental processes, such as the General Assembly High Level plenary meeting, ECOSOC, the MDG summit and other events. At a broader UN system level, the Secretariat has effectively raised the UNAIDS profile and to share the Joint Programme’s experience as a model for UN reform.

A specific example includes the Secretariat’s involvement in UN Systems High Level Committee on Management (HLCM). During the biennium the HLCM adopted a new security management system, agreed a set of common principles on results reporting for UN organizations, agreed on harmonization of business practices and reporting on it to member states, and agreed a system-wide workshop on improved efficiency and cost control measures.
Lessons learned

Multistakeholder consultations secured the buy-in of partners in the development of the UBRAF.

Need for enhanced culture of accountability and budget discipline in UNAIDS, in particular for the management of allocations and staff expenditures by project managers.

Evaluation

At the December 2011 PCB meeting, the Board endorsed the final report on the impact of the Second Independent Evaluation (SIE). The SIE provided UNAIDS with a mandate for change based upon a comprehensive assessment of the architecture of the AIDS response. SIE related recommendations are, and continue to be, embedded in all that we do – change is a process and implementation is ongoing.

Expenditure

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