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2010-2011 Unified Budget and Workplan and 2008-2009 Reports

**2008 Performance Monitoring Report
Achievements of UNAIDS Cosponsors and Secretariat**

Introduction

1. Under the 2008-2009 Unified Budget and Workplan (UBW), each Cosponsor and the Secretariat is assigned responsibilities tied to the achievement of specific Key Outputs. In addition, the 2008-2009 UBW allocates resources for a number of inter-agency activities. For each member of the Joint Programme, specified actions under the 2008-2009 UBW are clustered under a limited number of broad activities.
2. This document outlines achievements in 2008 by each Cosponsor and the Secretariat under each broad activity funded by the 2008-2009 UBW. A table showing expenditures in 2008 by Cosponsor, Secretariat and Interagency according to UBW budget categories is included at the end of the document.

Office of the United Nations High Commissioner for Refugees

3. The Office of the United Nations High Commissioner for Refugees (UNHCR) has undertaken 10 broad activities under the 2008-2009 UBW.

Broad Activity 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.

4. UNHCR mobilized funds from numerous donors for HIV-related programming, including the UK and USA governments, the Great Lakes Initiative on AIDS (GLIA), and the OPEC Fund for International Development. UNHCR partnered in regional initiatives, GLIA and Intergovernmental Authority on Development (IGAD), to ensure that displaced populations in Central Africa, and in the East and Horn of Africa, respectively, have access to comprehensive HIV programmes and services. About 50 per cent of updated National Strategic Plans reviewed by UNHCR have included refugees and/or IDPs (Internally Displaced Populations). To support resource mobilization and inclusion of conflict-affected and displaced populations in national and donor policies and plans, UNHCR developed brief action sheets for the UN Theme Groups in selected countries and regions.

Broad Activity 2: Coordination and collaboration with UNAIDS Cosponsors, other UN agencies, governments, humanitarian organizations, 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.

5. UNHCR participated in UN Theme Groups and/or Joint UN Teams on AIDS in 86 per cent of the countries where it has offices and where inter-agency AIDS groups have been established. It also participated in the interagency standing committee (IASC) task force on HIV in emergencies, and is working with UNAIDS Secretariat on a Policy Brief on HIV and IDPs, and on a Policy Statement on HIV Testing and Counseling for refugees, IDPs and other persons of concern to UNHCR. UNHCR collaborated with UNFPA on provision of HIV prevention commodities, reproductive health issues, clinical management of rape, HIV prevention and response for young people, and on HIV and sex work in humanitarian settings; with WFP on food security and nutrition; with WHO on mental health and substance abuse among conflict-affected and displaced populations; with UNODC on harm reduction in Asia; and with UNICEF on HIV and children in emergency settings. UNHCR has chaired the UNAIDS Committee of Cosponsoring Organisations in 2007-2008. In connection with its regional partnership with IGAD, UNHCR launched a comprehensive four year HIV project targeting refugees, IDPs and the surrounding host populations. Implementation tools, a monitoring and evaluation framework, and reporting procedures are being developed.

Broad Activity 3: Implementation of an HIV information system and conducting of standardized assessments, biological and behavioral surveillance, monitoring and evaluations, and programmatic research in conflict-affected and displacement settings, and develop and disseminate best practices, lessons learnt and field experiences.

6. UNHCR expanded the HIV information component of its Health Information System (HIS) in 2008, and extended it from 10 countries in 2007 to 16 countries (70 refugee camps) in 2008. UNHCR coordinated interagency assessments on HIV among IDPs in Central Africa Republic and in Sri Lanka; conducted behavioral surveillance in Namibia, and sentinel surveillance in refugee settings in South Sudan, Uganda, and Kenya, in partnership with national health ministries. UNHCR carried out qualitative assessments in several refugee camps in Thailand to develop a behavioral change communication strategy to reach mobile males with HIV prevention activities. UNHCR evaluations indicate that protection and assistance coverage improved on essential HIV prevention interventions in refugee operations in 2005-2007, although it was found that many countries did not include refugees and IDPs in their HIV National Strategic Plans or in country proposals to the Global Fund.

Broad Activity 4: Advocacy and provision of technical assistance to build capacities of UNHCR partners to develop and/or implement and expand HIV workplace programmes.

7. UNHCR's HIV workplace programmes are active in 50 countries, including 30 that participate in the UN Cares activities at country level. UNHCR contributed US\$154,000 to UN Cares for the biennium 2008-2009; established a network of HIV focal points in the field to facilitate distribution of information and feedback on achievements and challenges; and continued advocacy for staff (UNHCR as well as implementing partners) working in remote locations to ensure their access to information and services.

Broad Activity 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 nondiscriminatory access to comprehensive HIV and AIDS response packages.

8. UNHCR supported advocacy efforts to include equal access for refugees, asylum-seekers and other persons of concern to UNHCR in national strategic plans. A Policy Statement on HIV Testing and Counseling for refugees, IDPs and other persons of concern to UNHCR is being developed, and advocacy training was provided to refugees, host communities and religious leaders in four countries in Africa, with a focus on increasing gender equality, empowering women and engaging men. UNHCR provided stigma reduction training to refugee communities in Southern Africa, in cooperation with the University of Pretoria's Centre for the Study of AIDS.
9. UNHCR offices in Europe advocate for changes in legislation related to mandatory testing and to ensure that all HIV testing, pre- and post- test counseling follows applicable UNAIDS and WHO guidance. In Europe, the Americas, Middle East and North Africa, and Asia, programmes primarily focused on high-risk groups within the refugee communities, with a particular focus on stigma reduction. For example, UNHCR supported public events on stigma reduction and conducted a pilot training in five Afghan refugee villages on human rights and HIV. UNHCR continued advocacy for access to comprehensive HIV and AIDS services in all countries hosting refugees, IDPs, asylum seekers, returnees and other persons of concern; evidence indicates that implementing partners staff in several countries have become more conversant with protection issues such as confidentiality and disclosure, mandatory HIV testing, the right to health care, and the right to HIV-related services and information.

Broad Activity 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.

10. UNHCR provided rape survivors with social, medical and legal support in more than 95 per cent of refugee camps. More than 75 per cent of UNHCR operations with HIV programmes have specific activities to address stigma and discrimination. UNHCR supported the integration of HIV prevention activities for gender and girls in HIV programmes in 75 countries, with particular focus on reducing gender-based violence. A guidance note was released on sexual orientation and gender identity, and prevention programmes were oriented to focus increased attention on most-at-risk populations. Training was provided on clinical management of rape for 450 health care workers and to more than 600 community leaders and 60 police officers. UNHCR is also working with UNFPA on a global guidance note on HIV and sex work in humanitarian situations. UNHCR has trained sex workers as peer educators and supported research on the dynamics of sex work in Ecuador.
11. UNHCR's work under this broad activity stretched across numerous regions and countries. UNHCR trained refugees in HIV and women's rights in Iran, conducted rapid assessments on HIV and sex workers in several Asian sites, rolled out post-exposure prophylaxis in nearly all countries in Southern Africa, and launched a rights-based HIV and gender programmes for refugees and migrants in South Africa with the International Organization of Migration.

Broad Activity 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.

12. UNHCR supported HIV prevention among young people in 47 countries, and ensured that more than 95 per cent of UNHCR refugee operations have access to appropriate information/education/communications materials in various languages. UNHCR disseminated multi-lingual HIV fact sheets or refugees and asylum-seekers in Eastern Europe, with the aim of informing individuals of their rights with regard to HIV testing, treatment and care services. Examples of UNHCR prevention programming included a youth-focused programme in Colombia developed in collaboration with government and civil society partners, expansion of youth-friendly reproductive health services and skills-building in Ecuador, supporting educational programme on HIV and sexual and reproductive health for young people in Venezuela, and integration of HIV information and condom distribution in more than 70 per cent of major refugee repatriation operations.

Broad Activity 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.

13. UNHCR collaborated with the IATT on HIV and Young People and disseminated guidance briefs for HIV interventions for young people in humanitarian emergencies to assist UN Country Teams and Theme Groups in Africa and Asia. In collaboration with UNFPA, UNHCR provided male and female condoms in all refugee programmes in 75 countries and supported youth-focused peer education in refugee communities in Southern Africa. UNHCR published guidance on infant feeding and HIV in the context of refugees and displaced populations, conducted workshops for out-of-school children in Asia, and is advocating for a health and safe learning environment through its campaign entitled "UNHCR's ninemillion.org" to reduce the vulnerabilities of 9 million

refugee children by 2010. Following joint assessment missions in 2007 in nine countries in three regions, UNHCR and WFP intensified programmes to combat hunger, malnutrition, anemia and micronutrient deficiencies among children in refugee settings.

Broad Activity 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.

14. UNHCR has developed and is in the process of implementing a five-year strategic HIV plan for 2008-2012 that is consistent with the UNAIDS Strategic Framework, accelerating scale up towards universal access, and supporting achievement of the Millennium Development Goals. Service coverage in refugee settings has improved from 57 per cent in 2007 to 63 per cent in 2008 for PMTCT; from 60 per cent to 70 per cent for voluntary testing and counseling; and from 44 per cent to 75 per cent for antiretroviral treatment when available to the surrounding host communities, with 100 per cent antiretroviral coverage obtained in Southern Africa. All refugee operations are following universal precautions, and all have access to safe blood supplies.
15. Particular attention was paid in 2008 to intensifying services for most-at-risk populations among refugees and internally displaced populations. UNHCR supported HIV programmes in returnee areas in eight countries in Africa and Asia and advocated extensively for mainstreaming of humanitarian settings in national strategic plans. UNHCR published a manual on HIV behavioural surveillance surveys among displaced populations and in surrounding communities, working with the UNAIDS Secretariat on a policy brief on HIV and internally displaced populations, collaborated with UNFPA on a global guidance note on HIV and sex work in humanitarian settings, and worked closely with WHO to produce a field guide on the rapid assessment and alcohol and other substance use in conflict-affected and displaced populations. In collaboration with UNODC, UNHCR began implementation of harm reduction activities for Afghan refugees in Pakistan.

Broad Activity 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.

16. UNHCR provided technical support to 75 countries and conducted 109 technical support missions. Regional HIV capacity-building workshops for UNHCR staff and implementing partners were conducted in four regions, reaching more than 140 individuals. UNHCR worked with WHO and UNFPA to develop an e-learning programme for implementing partners' clinical staff to improve their practical skills to provide appropriate care and support for rape survivors.

United Nations Children's Fund

17. The United Nations Children's Fund (UNICEF) has undertaken 10 broad activities under the 2008-2009 UBW.

Broad Activity 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.

18. By December 2008, more than 60 per cent of agreed biennium workplan activities of the IATT on prevention of HIV infection in pregnant women, mothers and their children had been implemented, with higher rates of implementation for paediatric, infant

feeding, and monitoring and evaluation working groups. The 4th Global Partners Forum on Children Affected by AIDS co-convened by Irish Aid, UNAIDS and UNICEF (Dublin, October 2008) emphasized the importance of investing in systems' strengthening for protection- not just for children affected by AIDS but - for all the most vulnerable children.

19. As requested by the IATT, UNICEF commissioned a review of joint technical missions undertaken by the IATT on prevention of HIV infection in pregnant women, mothers and their children in 8 countries in Africa and South Asia. The review confirmed that all visited countries have made significant progress in accelerating facility- and population-based coverage of services to prevent mother-to-child HIV transmission (PMTCT). The joint technical missions were found to play a critical catalytic role in refining policies and programming for PMTCT. In addition, 35 countries in Africa have completed a policy and planning effort survey regarding children orphaned or made vulnerable by HIV.

Broad Activity 2: Development of a resource mobilization/leveraging strategy to scale up programmes for children and AIDS.

20. UNICEF's work is increasingly focusing on strengthening partnerships to leverage and achieve results for children. For example, in Brazil, UNICEF effectively leveraged national resources from two ministries by demonstrating the impact of programmatic scaling-up of health and prevention in schools. UNICEF supported eight countries in Round 8 of the Global Fund in proposal development on PMTCT and paediatric programming, with four proposals recommended for approval by the Global Fund's Technical Review Panel (with a fifth recommended for approval for activities relating to health systems strengthening). A UNICEF-commissioned review of Global Fund allocations in East Asia and the Pacific found that nearly all countries in the region had incorporated all four priority elements of the "Unite for Children, Unite against AIDS" initiative. In addition, a toolkit was developed to aid UNICEF country staff in resource mobilization, including guidance in conducting country-level needs assessments for early infant diagnosis.

Broad Activity 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.

21. UNICEF advocacy and technical assistance aided the development of national AIDS strategies and operational plans that included evidence-based HIV prevention interventions for most-at-risk adolescents in seven countries in Eastern Europe. UNICEF also supported the joint interagency missions of the Regional HIV Prevention Working Group in East and Southern Africa to assist countries in scaling up efforts around HIV prevention among adolescents and young people. UNICEF with partners successfully advocated with Ministers from the Latin America and the Caribbean region to pledge support for having comprehensive sex education as part of school curricula, as well as activities to promote sexual health. In Asia, national strategic plans on AIDS have been adjusted to focus on prevention for adolescents who are most at risk. UNICEF supported the IATT on HIV and young people in publishing briefs to support UN partners and country-level stakeholders in addressing HIV-related needs of young people, with particular focus on most-at-risk adolescents.
22. UNICEF supported numerous studies to strengthen the evidence base for programming focused on young people. A study in the Dominican Republic found that while mothers endorse sexual education and primary schools, many teachers are reluctant to address topics relating to sexual and reproductive health. Findings from a three-country survey of adolescent girls' knowledge are being used to assess the effectiveness of school-

based prevention interventions in Africa. UNICEF is also collaborating with WHO and the European Union to assess young people's drug-using behaviours.

Broad Activity 4: Provide technical assistance to collect and accurately monitor disaggregated data, which takes stock of progress in achieving results for children.

23. UNICEF provided technical assistance to strengthen baseline data collection regarding children and HIV in seven countries in Eastern Europe. Technical support in East and Central Africa aided in the update of annual PMTCT and paediatric care report cards, demonstrating an increase in antiretroviral coverage in the region from 7 per cent in 2006 to 11 per cent in 2007. A joint UNICEF/UNAIDS/WHO/ADB data hub updated HIV-related data on 24 Asian countries. UNICEF assisted 10 countries in integrating PMTCT and paediatric HIV indicators in finalized monitoring and evaluation plans. In the 2008 Universal Access report, UNICEF, UNAIDS and WHO report that 30 low- and middle-income countries used dried blood spot filter paper in 2007 to collect specimens for PCR testing for infants – an increase over 17 countries in 2005. A UNICEF assessment of key indicators of the status of orphans and vulnerable children in 2008 shows the availability of more data in more areas to the previous assessment in 2006.

Broad Activity 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.

24. In concert with the IATT on HIV and young people, UNICEF advocated for, and provided technical assistance to support the collection of strategic information on young people, disaggregated by age and sex. UNICEF supported the involvement of young people in the design and implementation of Mali's first HIV-related situation analysis of young people. UNICEF aided inclusion by Russia and Ukraine of indicators and data regarding most-at-risk adolescents in the national HIV monitoring and evaluation systems. District-level data on adolescents' risk and vulnerability generated by UNICEF and partners were included in Indian national databases.

25. An in-depth, UNICEF-commissioned analysis of Demographic Health Survey data from five African countries documented a significant association between a young women's HIV status and her number of sex partners. UNICEF collaborated with the London School of Hygiene and Tropical Medicine in a seven-country project in Eastern Europe that collected data on HIV risk behaviours. UNICEF also supported collection of baseline behavioural data on children and adolescents in Egypt, which are now being used to inform the development of focused interventions.

Broad Activity 6: Contribute to advocacy and technical assistance to strengthen mechanisms to track expenditure on children and AIDS.

26. Expenditure tracking on children and AIDS has been a priority advocacy theme for the "Unite for Children, United against AIDS" initiative. In Eastern Europe and Central Asia, UNICEF is helping develop "child-friendly budgets" to assess national budget flows.

Broad Activity 7: Provision of financial and material support, as well as technical assistance for acceleration of PMTCT implementation at the national level including the development of supportive policies and costed, capacity at country level. (joint activity with WHO)

27. Seventeen countries are on track to achieve 80 per cent coverage of PMTCT. To support and accelerate PMTCT scale-up, UNICEF provided technical support in 63 countries in seven regions. The support provided to countries covered a broad range of areas, including capacity building (e.g. in Bhutan, Nicaragua and the Dominican Republic where respectively 120 health workers, 20 traditional and 25 peer counselors

received training in PMTCT and pediatric care) and technical assistance in strengthening PMTCT quality improvement systems in Uganda and Guyana. As co-convenor of the IATT on HIV prevention in pregnant women, mothers and their children, UNICEF supported the IATT in its joint missions to China and Uganda. As result, these countries started revising their strategies to expand service provision and increase the number of mothers and their infants accessing these services. UNICEF assessed PMTCT and paediatric HIV treatment programmes in six countries in Eastern Europe and Central Asia and in Nicaragua and South Asia. Substantive technical support was provided on PMTCT and pediatric treatment GFATM proposal development. For the first time ever, the 2008 Universal Access progress report incorporates the data collected by the annual Report Card on PMTCT and Paediatric HIV Care and Treatment, a result of successful collaboration among UNAIDS, WHO and UNICEF.

Broad Activity 8: 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.

28. UNICEF brokered South-South cooperation and capacity-building on PMTCT and paediatric HIV services in Eastern Europe, Central Asia, and Southern Africa. In collaboration with WHO and partners, UNICEF assessed epidemiological assumptions regarding children living with HIV, in order to help develop sound, reliable access targets for children. UNICEF supported WHO with the completion of the "Scale up of HIV-Related Prevention, Diagnosis, Care and Treatment for Infants and Children: A Programming Framework". UNICEF and Family Health International finalized a best practice evaluation in 10 countries, and UNICEF also evaluated the quality of PMTCT interventions in Kazakhstan, identifying sub-optimal knowledge and counseling quality. UNICEF's experience in 2008 underscored the value of including HIV-related information on child health cards to facilitate the tracking of HIV-exposed children.

Broad Activity 9: Advocacy and technical assistance for sustainable procurement and supply management systems responsive to the needs of pregnant women living with HIV 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 procurement and supply management (PSM).

29. UNICEF's procurement for HIV/AIDS commodities totaled US\$68.7million for 2008. ARV represented 80.9% of total commodities procured, followed by HIV tests (16.4%) and STI tests (2.7%). To facilitate implementation of revised PMTCT guidelines, UNICEF in consultation with a broad array of partners, initiated research on the packaging and content of Mother-Baby Packs. This innovative simple and affordable packaging will facilitate the delivery of antiretroviral drugs, cotrimoxazole and other supplies in antenatal and delivery care settings. UNICEF also collaborated with the US Centers for Disease Control and Prevention on laboratory guidelines for early infant diagnosis and worked with WHO and other UN partners on developing laboratory guidelines. Support was provided to the Secretary-General's meeting with 17 heads of pharmaceutical and diagnostic companies, which led to an industry commitment to invest in further research and development of new HIV-related health tools for use in children, adolescents, adults and pregnant women. UNICEF brokered a partnership with the Clinton Foundation to ensure price reductions for paediatric antiretroviral formulations in Kyrgyzstan. An eight-country assessment of procurement and supply management systems in West and Central Africa resulted in a series of recommendations for systemic improvements. UNICEF leveraged additional support from UNITAID (US\$ 50 million) in 9 additional countries *plus* nutritional components (US\$ 5 million) in 4 countries to accelerate the scaling-up of HIV testing and counseling

by health workers, broaden the provision of anti-retroviral therapy to women and their newborns, and increase early access to paediatric HIV treatment for young HIV-infected infants.

Broad activity 10: 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.

30. UNICEF provided advocacy and technical support to Governments in Eastern Europe and Central Asia to revise legislation requiring parental consent for HIV testing among adolescents. As a result, a law lowering the age of access to VCT without parental consent to 14 is now awaiting approval by the Ukrainian Parliament. In West and Central Africa, UNICEF also supported 16 countries in collecting evidence-based data to inform their programming for children affected by AIDS (up from 10 in 2007). In East and Southern Africa, UNICEF supported / commissioned the development of twelve tools/ research documents to support evidence-based programming around children affected by AIDS. UNICEF facilitated national assessments on the magnitude and situation of children affected by AIDS in Indonesia, China and Malaysia. The findings of the assessments were used to develop a scale up action plan (China) and support GFATM proposals (Indonesia and Malaysia). In Eastern and Southern Africa, UNICEF's support facilitated assessments on alternative care in 8 countries. Recommendations are in line with the emerging transformative social protection frameworks which include prevention and social transfers; social services and child protection and policy, law and structures. A UNICEF supported analysis of household surveys in 36 countries found that in many countries children who are orphaned are worse off than other children in relation to certain indicators of child development – nutritional status, school attendance, sexual debut – but in other countries they are equally well better off.

World Food Programme

31. The World Food Programme (WFP) has undertaken 10 broad activities under the 2008-2009 UBW.

Broad Activity 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.

32. In 2008, WFP mobilized resources for nutrition-related activities in the context of the AIDS response from diverse multilateral and bilateral sources. WFP partnered with RAND Health to obtain funding from the US government to support operational research in connection with a WFP project in Honduras, and assisted the Ministry of Health in Ecuador in developing a successful funding proposal for nutrition assistance to people living with HIV. WFP has aided in the implementation of food programming in Democratic Republic of Congo, Ethiopia and Somalia. Of 28 African grants submitted in Round 8 of the Global Fund with WFP assistance, 18 were approved (including 11 that were HIV-related); WFP assistance in these efforts ranged from technical guidance to intensive engagement in the drafting of proposals. Efforts by key stakeholders to use the Global Fund and other financing sources to expand access to comprehensive care and treatment have often encountered various challenges, including the tendency of funders and governments to prioritize drugs and other biomedical interventions over food and nutrition when funding is limited.
33. WFP and its partners informed the US government's PEPFAR guidelines on food and nutrition. PEPFAR is providing approximately US\$ 25 million in financial support for WFP projects in Ethiopia, Mozambique and Rwanda. In addition to this, WFP in Cote d'Ivoire received US \$1 million from PEPFAR to support the implementation of nutrition

and HIV activities, like the recent development of national protocol on nutrition for people living with HIV and TB patients.

34. WFP provides broad-based support to enhance the effectiveness of food programming in the AIDS response. WFP started consultations with the Food and Nutrition Technical Assistance (FANTA) and PEPFAR's Supply Chain Management Project to explore improvement of procurement, handling and quality assurance of fortified blended foods in food-by-prescription programmes, and has provided operational and technical support to strengthen local supply systems for specialized food products in the health sectors of Tanzania, Uganda and Zambia. In support of the UN system's aim of delivering as one at country level, WFP provides expertise in food and nutrition in joint UN HIV support programmes in diverse countries, including Kenya, Lesotho, Madagascar, Malawi, Swaziland, Uganda and Zambia. WFP is currently engaged in a number of innovative strategies to improve food and nutrition programming in the AIDS response, supporting food fortification in Tanzania and introducing vouchers for food assistance for health sector clients in Mozambique and Zambia.

Broad Activity 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.

35. WFP provided technical and operational support for the integration of food and nutrition in national action plans for children orphaned or made vulnerable by HIV, national AIDS strategies, nutrition protocols and guidelines, and /or PRSPs in 18 countries in Africa, Latin America and the Caribbean. As one example, WFP engagement under the leadership and coordination of the UNAIDS Country Coordinator in Guinea contributed to development of a budgeted and costed five-year national AIDS strategy that clearly reflects the role of food and nutrition programming in the AIDS response. Unfortunately, the continued lack of appreciation in many countries of the links between HIV, food and nutrition among many stakeholders and decision-makers often impedes efforts to ensure that planning instruments adequately reflect food and nutrition priorities. Increasingly, WFP is tailoring its support for national food and nutrition programming to programme implementers' on-the-ground realities, with the aim of accelerating the scaling-up of interventions that address specific national and sub-national contexts.
36. With PEPFAR funding, WFP facilitated a costing review in Mozambique including cash and voucher strategies to support care and treatment, as well as an assessment of strategies to use locally produced commodity alternatives in health sector programmes. A study of food vouchers for voluntary counseling and testing clients in Zambia helped identify replicable and scalable implementation strategies. In 2009, WFP will collaborate with partners on studies in Uganda on the impact of food programming on the well-being of people living with HIV, with the goal of providing tangible effectiveness inputs to inform national policy-making.
37. WFP worked in a five countries in Latin America and the Caribbean to support the development and integration of detailed HIV and nutrition protocols in national AIDS plans and budgets. Guidelines were developed to aid partners in identifying the most food-insecure children and people living with HIV for purposes of prioritizing food assistance.

Broad Activity 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 practices.

38. Advancing the third leg of the Three Ones principles of harmonization and alignment, WFP supported the integration of monitoring tools for food programming in existing national monitoring and evaluation systems. In 2008, this trend was reflected in monitoring and evaluation harmonization reviews in Zambia, introduction of basic

nutrition monitoring as part of case management processes in Mozambique, integration of food and nutrition security interviews in patient screening protocols in Kenya, introduction of vulnerability profiling exercises in Zambia and Mozambique, and the integration of food and nutrition indicators in national monitoring and evaluation frameworks in Kenya and Uganda.

39. WFP participated in the launching of the Regional Technical Working Group on Nutrition and Food Security in West and Central Africa, which is expected to aid in the harmonization of nutrition assessment methodologies in AIDS programmes and to elevate food and nutrition as a priority for the Joint UN Regional Team on AIDS. With the assistance of WFP, eight countries in Africa and Asia are testing indicators to measure nutritional improvement of recipients of antiretroviral treatment and other HIV services. WFP facilitated a national workshop in Myanmar to develop a minimum package of food and nutrition support to people living with HIV. With RAND Health, WFP undertook joint missions to countries in Latin America to support the development of baselines, targeting criteria and reporting mechanisms for food-based pilots expected to begin in 2009. In 2008, WFP continued work on a monitoring and evaluation toolkit for food-assisted HIV programmes, with the aim of finalizing the toolkit by April 2009.

Broad Activity 4: Technical assistance and programmes for food and nutrition support in national PMTCT programmes benefitting patients and their families.

40. In consultation with national governments and implementing partners, and informed by a review of relevant national strategies, WFP explored possibilities for integrating PMTCT-associated nutrition support with maternal and child health programmes in four countries in Africa and Asia. With support from WFP, three Latin American countries are integrating food-based pilots into antiretroviral and PMTCT programmes, with the aim of improving treatment adherence and nutritional status of people living with HIV. WFP provided technical support on PMTCT in five countries and implemented PMTCT support in seven African countries. WFP signed field-level agreements in early 2008 to strengthen integration of food assistance in income-generating activities focusing on people living with HIV and children orphaned or made vulnerable by HIV.
41. WFP's experience in 2008 identified a number of lessons learned. For example, the small numbers of individuals enrolled in PMTCT programmes in low-prevalence settings sometimes reduces the efficiency of integrated food assistance. Efforts to integrate food assistance in PMTCT programmes have also underscored the importance of strengthening health systems to facilitate scaling-up, rationalize interventions, and reduce the number of intermediaries.
42. WFP supported the evaluation of the food assistance programme in Congo in 2008. Among the key findings, the evaluation noted the negative impact of limited HIV stakeholder coordination on planning and implementation of food assistance. The evaluation also documented the slowness with which HIV care and treatment programmes are being implemented at country-level.

Broad Activity 5: Technical assistance and programmes for food and nutrition support in care and treatment programmes for affected children, HIV-positive people and their families.

43. WFP implemented food and nutrition support for HIV treatment programmes in 27 countries in Africa and the Caribbean. WFP food programmes have taken steps to improve integration of nutrition services in comprehensive care and treatment programmes. WFP-supported programmes are increasingly focusing on specific food assistance needs of patients, using individualized screening tools (such as measuring body mass index) to determine entry and termination of food assistance, as well as on increasing treatment success through nutrition rehabilitation. WFP has taken steps to align its efforts with food-by-prescription models in seven African countries, engaging in

stakeholder consultations, programme reviews, programme reorientation, development of health sector guidance, and sponsorship of special studies and reviews. In 2008, WFP planned a pilot implementation project in Bangladesh for the therapeutic feeding of malnourished people living with HIV, with launch planned for early 2009.

44. WFP undertook a series of primarily urban assessments in African countries affected by increases in prices for fuel and food. WFP's assessment in Zambia found wide variability among food-vulnerable urban households and documented that vulnerability in urban areas is often as severe as in rural settings. The Zambia assessment determined that stable income sources are often critical in promoting food security, underscoring the need for income-supporting and skills-building activities.
45. WFP created a food warehouse in Laos to facilitate distribution and monitoring of food and nutrition services to people living with HIV. WFP aided six countries in Latin America and the Caribbean in developing national HIV and nutrition protocols, and collaborated with UNDP to assist Chile in integrating nutrition into its revised national AIDS plan.
46. An evaluation of Zimbabwe's nutrition support for antiretroviral patients found that food interventions improve treatment adherence among individuals who initiate therapy and contribute to significant weight gain among people living with HIV. Separate research in Zambia, published in a peer-reviewed journal in 2008, found that food assistance was strongly associated with increased treatment adherence.

Broad Activity 6: Technical assistance and programmes for nutrition and food support in HIV and TB programmes.

47. In 2008, WFP implemented nutrition support in HIV and TB programmes in 10 countries in Africa and Asia. Technical assistance was provided to national HIV/TB programmes in six African countries. In Madagascar, where TB is a greater public health problem than HIV, WFP played an important role in integration of nutrition interventions in national TB protocols; Madagascar's approach is now being used as a regional model.
48. Experience to date has highlighted that food assistance programming not only encourages TB patients to return to the clinic for follow-up screening and medical monitoring, but also improves medical outcomes due to the interaction between nutrition and the underlying disease. Given the close association between poverty and vulnerability to TB, stronger support is needed for livelihood support initiatives.

Broad Activity 7: Incorporation of gender dimensions of HIV into food and nutrition support programmes for prevention, treatment, care and support.

49. New policy and programmatic implementation guidance by WFP stipulates specific efforts to address gender disparities in access to proper nutrition, including greater programmatic focus on women's empowerment and preferred registration of women as recipients of household food rations. In Zimbabwe, WFP devoted particular attention to the increased involvement of male caregivers in home-based care programmes, while food distribution sites in Ethiopia are being used to promote community conversations on gender issues. WFP provided technical assistance on gender dimensions of food programming in 10 African countries.

Broad Activity 8: Scaling-up HIV awareness and prevention in food and nutrition support programmes among young people.

50. WFP supported the integration of health and nutrition awareness sessions in school, clinic and community-based food assistance programmes in four African countries. In Cambodia, WFP-assisted schools disseminated WFP-developed advocacy materials and tools. An evaluation of the community conversations programme in Ethiopia found

that it enhanced community HIV awareness and understanding of the importance of HIV testing and counseling.

Broad Activity 9: Technical assistance and support for nutrition and food support in programmes for orphans and children made vulnerable by HIV and AIDS.

51. Support programmes for children were implemented in 15 countries in Africa and six countries in Asia. A number of countries are supporting special sustainable livelihood intervention projects in agriculture, small business and vocational training. Support for orphans and children made vulnerable by HIV is increasingly linked to social protection and social transfer programmes. Experience in Ethiopia, Malawi, Swaziland and Tanzania has found that food assistance helps increase school attendance and facilitates learning. WFP and UNICEF co-hosted an informal expert consultation on emerging data on social protection for vulnerable children. Mozambique's programme for orphans and vulnerable children, in which food assistance committees support integration of food support with other services, was selected as a UN Good Practice example.

Broad Activity 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 antiretroviral therapy (ART), people living with HIV and their families.

52. WFP's relief programmes continue to mainstream HIV considerations in line with Inter-Agency Standing Committee guidelines, although focused programmes for people living with HIV and HIV-affected households to provide an important safety net in Kenya, Somalia, Zimbabwe and other settings. In the Democratic Republic of Congo, specific efforts are being made to link food assistance to stigma reduction for people living with HIV and victims of sexual violence. WFP vulnerability assessments integrate HIV proxies in order to gauge the special needs of people living with HIV, HIV-affected households, and children orphaned or made vulnerable by HIV.

United Nations Development Programme

53. The United Nations Development Programme (UNDP) has undertaken 11 broad activities under the 2008-2009 UBW. The summaries below highlight activities carried out through global and regional support, and do not include results from programmes led by country offices.

Broad Activity 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.

54. UNDP provided capacity support to groups and networks of people living with HIV in 15 countries, focusing on leadership development, organizational and management capacity, and partnerships and engagement in the AIDS response. Leadership programmes for women and men living with HIV were implemented in 11 countries, and policy guidance was developed to strengthen partnerships between organizations of people living with HIV and governments, civil society and other stakeholders in Asia. Through the Red Ribbon Award initiative, capacity-building and financial support was provided to 43 community-based organizations in 32 countries, and platforms created for mutual learning and engagement with global and regional policymaking.

Broad Activity 2: Advocacy and support through the Resident Coordinator System for establishment and strengthened functioning of joint UN teams on AIDS at country level and joint programmes of support.

55. Through the Resident Coordinator system, UNDP provided direct support to improve the functioning of Joint UN Teams on AIDS in six countries and used various forums to advocate for joint planning and programming across all regions. Direct support was provided to 23 UNDP country offices to strengthen their contribution to Joint UN Teams on AIDS and to support development of Joint Programmes of Support on AIDS.

Broad Activity 3: Policy support and advisory services to national institutions and civil society for strengthened coordination and governance of national and decentralized AIDS responses.

56. UNDP provided support to strengthen governance of national and decentralized AIDS responses, including through initiatives to build capacities of national, district and municipal authorities to improve coordination and implementation of AIDS programmes in East and Southern Africa. An instrument was developed to assess leadership and governance of national AIDS responses and harmonization of donor funding. UNDP and UNAIDS supported establishment of a coordination secretariat to promote experience-sharing and sub-regional cooperation among nine national AIDS authorities in West and Central Africa and also undertook a nine-country study in the region to identify good practices in AIDS leadership and governance. UNDP contributed to the formulation of the Declaration on the Role of Local Government in HIV, launched at the World Alliance of Cities against Poverty conference, which committed mayors and other local government authorities to strengthen their respective AIDS responses.

Broad Activity 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).

57. Through a joint UNDP, World Bank and UNAIDS Secretariat programme, UNDP led efforts to mainstream AIDS into Poverty Reduction Strategies and National Development Plans. UNDP strengthened the integration of HIV responses in sector and district plans and in national planning and budgets in 23 countries. A conceptual framework was developed for identifying strategic approaches to HIV mainstreaming in low-prevalence settings, and a guidance note was developed to support integration of attention to HIV and populations of humanitarian concern in PRSPs. With the World Bank, UNAIDS and other partners, UNDP supported training on strategic planning for 18 Asian countries, and trained 15 Pacific countries in a newly developed costing and budgeting framework for HIV in the context of the Millennium Development Goals. UNDP collaborated with other UN partners and with the Association of Southeast Asian Nations to launch a report on HIV and mobility and provided support for multisectoral efforts to address HIV and mobility.

Broad Activity 5: Technical assistance and managerial support for improved implementation, coordination and monitoring of Global Fund grants and programmes financed through other global funding initiatives.

58. UNDP provided intensive support to improve implementation of Global Fund grants in 29 countries, focusing particular efforts towards strengthening management, financial, procurement and monitoring and evaluation capacities. Additional capacity-building support was provided to national principal recipients in eight countries, and technical assistance missions assisted 66 grants in procurement supply chain management. Global and regional trainings enhanced the capacity of national counterparts and UNDP staff to improve financial management, drug purchasing and distribution, and implementation of Global Fund grants, resulting in notable achievements in supporting national strategies for HIV prevention, treatment and impact mitigation.

Broad Activity 6: Advisory services and provision of technical support to develop

methodologies conduct studies and implement strategies to assess and mitigate socioeconomic impacts of AIDS.

59. UNDP undertook a meta-analysis of 70 socioeconomic impact assessment studies, with the goal of identifying key findings and of informing the development of strategies to translate findings into effective mitigation efforts, especially in sub-Saharan Africa. In four Asian countries, UNDP worked with local institutions and national governments to develop methodologies to analyze the epidemic's socioeconomic impact at the household level. UNDP provided technical support to positive women's networks in India and Cambodia, focusing on socioeconomic empowerment of women living with HIV. Additional socioeconomic assessments were undertaken in Africa, the Caribbean and Latin America to support HIV responses.

Broad Activity 7: Policy guidance and technical support to strengthen national capacity for enabling trade and health policies and programmes that promotes sustainable access to AIDS medicines.

60. In collaboration with WHO, UNDP helped build capacity among patent examiners in seven African countries and in nine Latin American countries to facilitate examination of pharmaceutical patents from a public health perspective. UNDP convened a global stakeholder's consultation to address intellectual property and access issues relating to medicines, resulting in improved coordination and collaboration among multilateral agencies. Namibia and four Asian countries were supported on TRIPS literacy and access to treatment, and nine country studies were undertaken with partners on intellectual property rights in the Arab States. In collaboration with the Brazilian government, a study was finalized on the capacity for production of generic antiretrovirals and improved access through South-South cooperation.

Broad Activity 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 programming.

61. UNDP developed and utilized gender guidance to promote implementation of gender-responsive country AIDS programmes, in collaboration with UNAIDS, UNIFEM and other stakeholders. UNDP facilitated the convening of an interagency working group to accelerate UNAIDS and UNIFEM support on women, girls, gender equality and HIV, and constituted an expert group to inform the development of an initiative to build regional technical support capacity on scaling up gender responses. UNDP trainings supported efforts by UNAIDS and Joint UN Teams on AIDS in relation to human rights and HIV. An interagency working group was constituted to coordinate action relating to sexual diversities, and a UNAIDS action framework on men who have sex with men and transgender populations was developed.

Broad Activity 9: Advocacy, guidance and support to build capacity and strengthen partnerships between people living with HIV, civil society organizations (CSOs), media, women's groups, the private sector and religious leaders to address HIV-related stigma and discrimination.

62. UNDP launched a regional human development report on living with HIV in Europe and the Commonwealth of Independent States, drawing attention to the role of social exclusion, stigma and discrimination as barriers to an effective HIV response in the region. In eight Arab States, UNDP helped build the capacity and motivation of male and female Muslim and Christian religious leaders to address HIV-related stigma and discrimination. UNDP convened a technical meeting with representatives from nine Arab states to develop a strategy for addressing HIV among men who have sex with men. A mass media anti-stigma campaign was launched in Asia, focusing on populations most at risk and attracting considerable media coverage. UNDP also

provided technical support for Global Fund proposals addressing HIV among men who have sex with men and transgender populations in the Caribbean and South Asia.

Broad Activity 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.

63. UNDP supported preparation of draft laws and briefing papers on existing legal frameworks for nine countries and for the Southern Africa region. Technical support was provided to parliamentarians representing all Arab countries for the development of a draft Arab convention to protect rights of people living with HIV. In sub-Saharan Africa, national partners were supported to address inappropriate criminalization of HIV transmission. A compendium of tools to promote national HIV policy and legislative review and reform in Eastern and Southern Africa was produced, including a compilation of key documents and a checklist of human rights obligations. UNDP collaborated with the UNAIDS Secretariat to convene and support the UNAIDS Reference Group on HIV and Human Rights and the International Task Team on HIV-Related Travel Restrictions, and to publish a handbook for parliamentarians that promotes sound policies regarding HIV-related human rights.

Broad Activity 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.

64. UNDP launched a practitioner's guide on women and HIV in the Asia-Pacific region to promote national action to reduce women's vulnerability to HIV. UNDP collaborated with other UN partners in conducting a multi-stakeholder training for nine Southern African countries to strengthen gender and human rights dimensions in national AIDS responses. Research on spousal transmission of HIV in three countries was supported, as well as qualitative research on HIV vulnerabilities of Asian migrant women in seven countries in the Arab States. UNDP provided technical support for the integration of gender programming in HIV strategies in Tanzania and India, and implemented initiatives to protect women's inheritance and property rights in Nepal. Assessments of laws relating to women's property and inheritance rights, sex work, and trafficking were undertaken, in addition to initiatives to economically empower women living with HIV. UNDP drafted a manual to facilitate mainstreaming of HIV and gender into development planning instruments.

United Nations Population Fund

65. The United Nations Population Fund (UNFPA) has undertaken 11 broad activities under the 2008-2009 UBW.

Broad Activity 1: Advocacy and technical assistance for the incorporation of interlinkages 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.

66. UNFPA provided technical assistance to incorporate HIV, reproductive health, youth, gender and population issues in national development frameworks, regional and national strategies, and policies and action plans in 16 countries in Africa, 14 Pacific Island countries, and two countries in Asia. Technical assistance was provided to nine governments to strengthen their Global Fund applications to integrate reproductive health and HIV services, with seven applications proving successful. UNFPA strengthened capacity of 11 national governments in Africa, Asia, and Eastern Europe to mainstream HIV in strategic documents and cost national HIV strategic plans. In

Ukraine, UNFPA advocacy helped persuade the national government to fund 77 per cent of the implementation of the national AIDS programme for 2009-2013. UNFPA partnered with other organizations to update cost estimates for country-level family planning, reproductive health, HIV and STI services and basic research, and also to develop an indicator framework for monitoring universal access to reproductive health.

Broad Activity 2: Support for institutional strengthening and technical capacity building of UNFPA COs, UN country teams, 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.

67. UNFPA employed more than 120 HIV focal points in 65 countries, in addition to regional and sub-regional HIV advisors. An external assessment recommended continuation of this strategy which has significantly enhanced the Fund's impact on HIV prevention within its core mandate. UNFPA currently chairs more than 20 per cent of all UN Theme Groups, with a considerable number of these Theme Groups actively addressing sex work and HIV in all regions. UNFPA field tested in-reach training on most-at-risk populations and convened the first-ever briefing of Member States on HIV and sex work at the High Level Meeting. HIV and Most at Risk Populations, including sex work, were included in National Action Plans, national strategic and operational plans, and national consultations held, in a number of countries in Asia, Latin America, Eastern Europe, and Africa. Assistance was provided for the establishment of national networks of women living with HIV in Brazil and the Russian Federation.

68. Support was provided for youth participation in numerous international meetings, including aiding more than 600 young people from 41 countries in attending the International AIDS Conference and the International Conference on AIDS and STIs in Africa. An evaluation of the Y-Peer initiative in eight participating countries concluded that the project has helped establish youth networks, build capacity for youth services, and support high-quality peer education.

Broad Activity 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, sexually transmitted infection management, and integrating family planning and HIV.

69. UNFPA supported the development, publication and dissemination of educational and training materials and guidance tools on HIV, gender and sexual and reproductive health, including the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide* for use in developing country-specific plans to strengthen SRH and HIV policy, systems and service delivery linkages. Five regional joint capacity-building workshops for government, UN system and NGO partners built capacity in 66 countries on linking HIV and sexual and reproductive health. UNFPA supported the development and implementation of national plans to facilitate integrated HIV sexual and reproductive health services in 12 countries. As a result of implementation of the Standard Operation Procedures on Linked Response of HIV/AIDS and Reproductive Health in Cambodia, surveys of more than 3,500 pregnant women found that 69 per cent attended antenatal care and 62 per cent were tested for HIV. In collaboration with the UNAIDS Secretariat and other partners, UNFPA supported a review of available evidence on HIV and reproductive health linkages, which documented the many benefits to linking these policies, systems and services.

Broad Activity 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.

70. With partners, UNFPA developed a family planning indicator in the context of comprehensive PMTCT for pilot testing in 2009 and reviewed indicators for PMTCT in a consultative monitoring and evaluation meeting with 12 countries. UNFPA also provided trainings, community mobilization assistance, and other technical support for PMTCT scale-up in 11 countries including through integration of PMTCT into primary and maternal health care. UNFPA aided Cambodia in developing a national strategic plan for PMTCT (2008-2015) and assisted Bangladesh and Nigeria in distributing PMTCT guidelines.

Broad Activity 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 their clients, populations of humanitarian concern; (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), sexually transmitted infection 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.

71. UNFPA's global initiative to scale up comprehensive male and female condom programming is ongoing in 55 countries. For the third consecutive year, there have been demonstrated increases in access to female condoms reaching 33 million in 2008; as an example, in Zimbabwe, distribution of female condoms more than doubled between 2006 and 2008. Twenty countries drafted national condom strategies and are now working to develop five-year costed operational plans, with identified funding and specified division of labour among implementing partners. UNFPA provided direct commodity procurement support to 59 countries and collaborated with UNHCR to distribute male and female condoms in 26 conflict and post-conflict countries. To increase demand for commodities, UNFPA trained nurses, community-based organizations, health promotion officers and other stakeholders and provided regional workshops and supported condom promotion through mass media. Through training in many countries, UNFPA helped strengthened human and institutional capacity of users, service providers and institutions in the area of behavior change, condom awareness, condom destigmatization, and creative promotion and communication strategies on condoms. To improve logistical management of condom programming, UNFPA implemented the reproductive health commodity security dashboard in 75 countries and continued support for management and reporting on central warehouse commodity data from 89 countries. A user-friendly computerized logistics management system, piloted in 5 countries, is enhancing availability of commodities through the primary health care system.

Broad Activity 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 programme.

72. UNFPA participated and provided leadership in the UN Task Force on Women, Peace & Security, the UN Task Force on Sexual Exploitation and Abuse and the UN Trust

Fund to End Violence Against Women, and in inter-agency joint programming on violence against women in 10 countries (including seven countries in which UNFPA has been designated the lead implementing agency for anti-violence activities for the UN Country Team). A training package on the human rights-based approach to UNFPA programming was finalized, accompanied by trainings and other initiatives to build implementation capacity of UNFPA staff and partners. UNFPA developed and disseminated advocacy tools on HIV and young women, report cards on HIV prevention for women and young girls, case studies, and seven technical papers on the vulnerability of young women and girls in hyper-endemic countries. UNFPA supported national campaigns and multi-media advocacy tools in Brazil, Cambodia and other countries, raising awareness about domestic violence and other women's issues among school teachers, law enforcement officers and other stakeholders. Technical assistance to Zambia supported development of a national action plan on gender-based violence, while in Tanzania aided faith-based organizations in developing a multi-faceted HIV strategic framework. In five African countries, UNFPA strengthened the capacity of roughly 650 service providers, government workers and UN staff to mainstream gender equality into sexual and reproductive health programmes. UNFPA has also promoted work with FBOs and with men as partners to address gender issues.

Broad Activity 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, subregional and regional and global levels.

73. Twenty-nine UNFPA country offices and four regional offices were involved in strategic planning and capacity-building workshops on HIV and sex work, involving partners from national governments, sex work organizations, UNAIDS partners and civil society groups. Technical and financial support was provided to organizations and networks of sex workers and for national, sub regional and regional consultations in Africa, Eastern Europe, Latin America, the Caribbean, Asia and the Pacific. Sex work organizations also undertook peer education training, participated in capacity building of networks, developed outreach manuals, and/or received small grants. UNFPA supported sex work initiatives in national proposals to the Global Fund, with particular success achieved in Thailand. Groundwork for scaling up interventions on HIV and sex work – through situational analyses, mapping, capacity building, and training for peer education – was undertaken in 31 countries.

Broad Activity 8: Development, documentation and scale-up of models to strengthen the evidence base to support programming in the context of HIV and sex work.

74. Fifty UNFPA country offices and five regional offices have accessed policy guidance on HIV and sex work. A draft technical note on HIV and sex work in humanitarian settings was developed, and reports on HIV and sex work were produced for numerous settings in Asia and the Pacific and in Africa. A report summarizing evidence-informed good practices in scaling up sex worker interventions was produced, and an intranet site on HIV and sex work was developed for UNFPA staff. UNFPA oversaw the development and revision of UNAIDS guidance on HIV and sex work and contributed to the development of a joint position statement by the UN, donors and civil society on human trafficking and exploitation in Cambodia. UNFPA supported research on HIV and sex work in numerous countries, including qualitative research on female sex workers in Brazil and national-level behavioural surveillance in Rwanda. A regional network on migrant sex workers was supported in addressing HIV/STI prevention and health promotion among migrant workers.

Broad Activity 9: Conduct advocacy to raise awareness of the 'feminization' of the epidemic, support policy dialogue to catalyze 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 utilization of sexual and reproductive health services, addressing gender-based violence, sexual and reproductive health of women living with HIV, and other key areas.

75. Capacity-building workshops on sexual and reproductive health by UNFPA and other UN and non-UN partners reached participants from 66 countries. UNFPA contributed to gender strategies developed by the Global Fund, UNAIDS and the Global Coalition on Women and AIDS, undertook extensive advocacy in collaboration with numerous partners, including production of advocacy materials and HIV prevention report cards and supported development of a *Guidance Package on SRH for PLHIV*. UNFPA identified 10 countries in multiple regions to participate in a joint programme on violence against women, an initiative that has already led to seven baseline assessments, seven national country-level multi-stakeholder workshops, and establishment of seven joint national committees. In collaboration with UNICEF, UNFPA launched the Joint Programme and Trust Fund on Female Genital Mutilation/Cutting in five countries. UNFPA supported a young women's peer education project in Lao PDR, aided implementation of Cambodia's strategic plan on women, the girl child and HIV/AIDS, and supported the mainstreaming of gender into national behavioural surveillance in Zimbabwe. UNFPA also supported expansion of an international movement of young people to increase their knowledge, life skills and awareness around gender sensitivity, HIV and sexual and reproductive health.

Broad Activity 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.

76. The UNFPA-led IATT on Young People and HIV clarified the UN Division of Labour in the context of young people and HIV and developed a series of global guidance briefs on various HIV-related issues. UNFPA continues to support UNFPA Youth Advisory Panels, Associations of Peer Educators, and Youth Networks. Sixty-three country offices reported capacity building activities. With support from UNFPA, five countries reported progress in improving data collection for strategic information regarding young people and legislation related to HIV programming with and for most-at-risk-adolescents and young people. UNFPA developed informational and advocacy fact sheets on various topics, including criminalization and key youth-focused indicators. UNFPA supported youth participation in international and regional meetings. Sexual and reproductive health services were strengthened in youth-friendly service centres in 12 countries, including capacity-building initiatives to strengthen peer education services in Nigeria. Overall, more than 600 peer educators and more than 550 teachers were trained as a result of UNFPA-supported capacity-building initiatives in eight countries and the Pacific region. UNFPA supported the review and implementation of national youth policies in two African countries, reflecting comprehensive HIV services. Support was provided to youth NGOs in seven African countries. Among the lessons learnt as a result of UNFPA's efforts under this broad activity in 2008, a peer review of national documents and processes revealed a weak positioning of youth issues in West and Central Africa.

Broad Activity 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 crises such as uniformed personnel, male and female ex-combatants, women associated with armed groups and armed forces, and mobile populations.

77. UNFPA ensured integration of reproductive health and HIV issues in key global forums, including the Inter-Agency Standing Committee task force on HIV and emergencies and the Inter-Agency Working Group on Disarmament, Demobilization and Reintegration. Integration of these issues was also supported in numerous country planning processes regarding humanitarian and security issues. UNFPA developed a course on gender-based violence and HIV for use in emergency settings and worked closely with UNHCR in 25 countries to ensure training of staff and partners on HIV and sexual and reproductive health services for refugees and internally displaced populations.
78. UNFPA and partners provided a package of strategies to mitigate gender-based violence in seven communities in Zimbabwe, benefiting an estimated 300,000 mobile and vulnerable boys, girls, women and men. In three countries, UNFPA strengthened the capacity of uniform services by providing training on HIV prevention and health promotion, with particular focus on key vulnerable groups. UNFPA established eight youth centres in Nepal to provide HIV prevention and adolescent sexual and reproductive health services for young people and helped form eight peer group networks. In Moldova, UNFPA helped ensure access to comprehensive sexual and reproductive health commodities, including condoms, to people affected by the 2008 floods.

United Nations Office on Drugs and Crime

79. The United Nations Office on Drugs and Crime (UNODC) has undertaken 10 broad activities under the 2008-2009 UBW.

Broad Activity 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.

80. UNODC provided technical assistance in more than 30 countries to support the participation of injecting drug users in the development and implementation of HIV policies and programmes. UNODC activities included sponsorship of a four-city study of drug use and HIV prevalence in the Russian Federation, support for the revision of the national strategic plan for illicit drug use in Cambodia, advocacy for inclusion of injecting drug users in national strategic planning bodies and task forces, support for harm reduction activities in Viet Nam, assistance for community-based harm reduction programming in Nepal, and support for joint reviews and national working groups on drug use in numerous African countries.
81. UNODC technical support in more than 30 countries and multiple regions also supported inclusion of prisoners in HIV-related policy development and programming. UNODC and other partners organized a regional consultation in the Caribbean and Latin America on HIV in prison settings, attracting delegations from 20 countries that collectively agreed to a final declaration that included recommendations to improve inclusive HIV-related programming in prison settings. UNODC supported a common strategy on prisons and HIV in Central America, assisted Cambodia in developing funding proposals for prison-based interventions, trained inmates and staff in 20 prisons in Myanmar, aided the development of an operational plan for HIV and prisons in Mauritius, contributed to the inclusion of prisons in the Joint UN Programme of Support in Kenya, and established partnerships with four civil society organizations to implement prison-based interventions. With respect to human trafficking, UNODC provided technical support to law enforcement and drug control officials in Myanmar and organized a meeting in Iran on trafficking and human rights.

Broad Activity 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 and 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.

82. In collaboration with WHO and the UNAIDS Secretariat, UNODC developed and widely disseminated a technical paper on collaborative HIV/TB services for injecting drug users, which is now being translated into multiple languages. With WHO, UNODC organized sessions at the International Harm Reduction Conference and the International AIDS Conference to increase awareness of guidance on HIV/TB co-infection.

Broad Activity 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.

83. In Central Asia, UNODC implemented or supported seven international conferences, five regional workshops, two national conferences and six national meetings that focused on the role of human rights in evidence-informed policies and strategies regarding injecting drug users. UNODC trained federal drug control officers in the Russian Federation on needle and syringe exchange, supported a revision of laws in Viet Nam to address the HIV-related needs of drug users, emphasised human rights in its assistance to Nepal for development of a harm and demand reduction strategy, educated Indonesian policy makers on harm reduction principles, supported the launching of opioid substitution therapy in Lebanon and Morocco, and facilitated the participation of harm reduction networks in the National AIDS Prevention Congress in Brazil, which was attended by 4,000 people.

84. UNODC was also active in promoting human rights and gender-sensitive approaches with respect to HIV in prisons. In Russia and Malaysia, UNODC trained prison officers on antiretroviral treatment monitoring. UNODC organized a study tour of HIV in prisons for national officials in Viet Nam and supported prison task forces in Egypt, Lebanon, Morocco and Jordan.

Broad Activity 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).

85. UNODC strengthened the capacity of civil society groups in seven countries to reduce stigma and discrimination and improve service access for injecting drug users. UNODC supported the Positive Women's Network in India to reach partners of male injecting drug users and provided technical support for focused HIV services for ethnic minority injecting drug users in Viet Nam. Anti-stigma activities focused on service providers in Egypt.

86. UNODC assessed the degree to which HIV services are accessible for actual and potential victims of human trafficking in Indonesia. UNODC conducted an assessment of HIV and drug abuse prevention and treatment programmes in prisons in Argentina and sponsored a seminar on alternatives to imprisonment in Uruguay. Support was provided for the inclusion of an anti-stigma component in the training curriculum for harm reduction programmes in community and prison settings in Iran.

Broad Activity 5: Legal and policy reviews as they relate to prisons 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.

87. A legislative review and analysis was conducted for six countries in Central Asia, with results presented at four international and two regional conferences; in three countries, amendments to legislation have already been made as a result of UNODC's findings. UNODC advocated for expanded drug rehabilitation in China and supported publication of a legal and policy review on impediments to harm reduction in South Asia. Support for legislative reviews was also provided in Myanmar and Viet Nam and for implementation of a new HIV act in Mauritius.
88. UNODC organized a study tour to Spain for high-level prison officials in Egypt, Lebanon and Jordan. A policy review on HIV prevention and care for injecting drug users in prison settings was supported in Kenya, and UNODC provided advisory services to four African countries on HIV and prisons. In India, UNODC successfully advocated against proposed legislative provisions that would have hindered sex workers' access to HIV prevention services.

Broad Activity 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).

89. With WHO and the UNAIDS Secretariat, UNODC developed a policy brief on voluntary testing in prisons, for publication in 2009. UNODC analyzed occupational standards in the judiciary, law enforcement and criminal justice settings in six countries in Central Asia. Data presentations were made at multiple international conferences. UNODC collaborated with the Indian Ocean Commission to establish a regional advocacy network on HIV in prisons.

Broad Activity 7: Provision of support and technical assistance to countries for resource mobilization, establishment of multisectoral 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).

90. Support and technical assistance in more than 20 countries facilitated programmatic scaling-up. In the Russian Federation, UNODC established three drug referral programmes and four case management programmes for injecting drug users and also supported six transitional case management programmes for prisoners in different regions. As a result of UNODC technical support, national authorities in Argentina decided to include injecting behaviour in a national survey planned for 2009. In Indonesia, UNODC brokered partnerships between government and civil society, professional organizations and UN agencies to address the needs of injecting drug users. Technical support in Viet Nam helped expand the availability of harm reduction services, including opioid substitution therapy, in several provinces. Support was provided for an HIV prevalence study in prison settings in Paraguay and for introduction of prison-based opioid substitution therapy in a prison site in India. UNODC aided Sudan and Nigeria in preparing proposals for the Global Fund.

Broad Activity 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.

91. UNODC collaborated with WHO and the UNAIDS Secretariat to provide technical guidance on the establishment of targets for universal access to HIV prevention, treatment, care and support for injecting drug users. UNDOC supported study tours for law enforcement officers and national officials, provided guidance to civil society partners in Thailand on needle and syringe programmes, generated evidence to support government efforts in India to develop a policy on opioid substitution therapy, assisted guideline development for methadone maintenance therapy and needle syringe programmes in Viet Nam, and translated UN technical guidance in local languages in Indonesia.

Broad Activity 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.

92. Toolkits and training manuals in numerous countries specifically addressed the needs of women and girls who use drugs and/or live in prison settings. For example, six-module toolkit on harm reduction in India specifically addressed women's needs, while UNODC helped design and launch interventions for female prisoners in Afghanistan, Nepal and Pakistan. The Safe Mobility Toolkit was integrated in Central America as part of the regional project on strengthening national and regional capacities to prevent human trafficking. UNODC helped develop the Toolkit to Combat Trafficking in Persons (2nd edition) and supported its dissemination in more than 80 countries.

Broad Activity 10: 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.

93. UNODC provided HIV training to prison staff and law enforcement personnel in Cambodia, Malaysia, the Russian Federation, and other countries. Study tours and regional workshops were supported in several countries. Support by UNODC led to adoption of a common strategy on HIV in prisons in Central America and the Dominican Republic. UNODC organized a policy development workshop on HIV in prisons in Kenya and advocated in several African countries for inclusion of HIV prevention programmes in prisons. In India, UNODC sensitized the prison administration to prisoners' rights to access to HIV prevention, care and treatment services equitable to those available in the community.

International Labour Organization

94. The International Labour Organization (ILO) has undertaken 10 broad activities under the 2008-2009 UBW.

Broad Activity 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.

95. The ILO provided HIV-related advice, policy guidance and technical support to ministries of labour, employers' and workers' organizations, and to organizations of people living with HIV, in more than 70 countries. Direct support was provided in more than 35 countries to enable ILO constituents to make an active contribution to national AIDS planning and programme implementation through the world of work. HIV-related support ranged across numerous regions. The ILO supported the development of a national HIV workplace policy framework across five sectors in Ethiopia, as well as the

drafting of a national policy on HIV and the world of work by the Indian Ministry of Labour. It also provided advocacy and leadership support to governments, employers and workers in nearly 30 countries. An independent evaluation of the ILO's support for HIV-related activities in the world of work in India found that these efforts achieved strong impact at the national level, including concrete progress by a number of institutions towards implementation of HIV-related programming.

96. Support for HIV activities by the private sector was provided in at least 26 countries in all regions. The ILO supported the Ghana Business Coalition in addressing HIV-related issues in the informal economy, aided the launch of the Guyana Business Coalition on AIDS, supported the implementation of workplace policies and programmes in 10 hotels in Lao PDR, and assisted six companies in Moldova to develop and implement HIV workplace policies. ILO support was provided to 19 countries for Round 8 proposals to the Global Fund, with 11 countries awarded support for HIV-related workplace activities.

Broad Activity 2: Advocacy and advisory services for national AIDS authorities on integrating the world of work and workplace partners in national AIDS plans and programmes.

97. Through peer reviews associated with the AIDS Strategy and Action Plan service, the ILO provided technical assistance to strengthen world of work components in six national AIDS plans. In response to country requests, the ILO provided technical and legal expertise to strengthen world of work in national, sectoral and workplace HIV policies and legislation in 16 countries in Africa, the Americas, Asia and Europe. Support for activities outlined in national AIDS plans was provided to at least 37 countries, with budgeted support identified by more than 20 of these countries. The ILO provided capacity-building support to networks of people living with HIV in India, and trained more than 140 individuals to participate in the planning and implementation of HIV-related workplace activities.

Broad Activity 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.

98. The ILO provided support to integrate HIV into its Decent Work Country Programmes in 39 countries. In more than 20 countries, support was provided for worker and employer participation in the development of national HIV policies, including sector-specific policies and programmes covering agriculture, transport, mining, public sector, health and education.
99. The ILO's HIV-related work in 2008 reflected an increasing emphasis on the informal economy particularly on aspects of HIV prevention and impact mitigation. Support for the integration of the informal economy in HIV plans, policies and activities includes, for example in Benin, Ghana, Pakistan, and Zimbabwe. The ILO also collaborated with UNDP and the Zambian National AIDS Council to undertake a rapid assessment of the impact of HIV in the informal economy in the country, and produced a case study on responses by small and medium enterprises and community-based organizations within a multi-country study on the informal sector.

Broad Activity 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.

100. The ILO provided rights-based support on HIV to workers and their families in more than 70 countries. In 21 Decent Work Country Programmes, HIV issues were integrated in relation to employment and social protection issues. Projects to

extend employment opportunities for people living with HIV were piloted in several countries, including China, India and Nepal. The ILO provided skills development and retraining in a number of countries, including collaboration with the International Organization for Migration in Zimbabwe to support HIV prevention and impact mitigation interventions for migrant returnees. In five countries, the ILO's HIV strategies addressed issues of child labour. The ILO also supported 10 socioeconomic studies on the epidemic's impact on labour, employment, productivity, income, gender equality and social security.

Broad Activity 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.

101. In collaboration with the UNAIDS Secretariat, the ILO developed a project proposal on improving HIV-related statistical information relating to the world of work with the aim of addressing an important information gap regarding HIV-related employment data, particularly in developing countries. The ILO also supported country-level studies in Cambodia, Moldova, Indonesia, Russia, Thailand and Zimbabwe, and studies undertaken by ILO partners in six countries. Further project-specific studies and surveys were undertaken in six countries in addition to a multi-country study.

Broad Activity 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.

102. The ILO collaborated with WHO to produce policy guidance on post-exposure prophylaxis (PEP), complementing its launch with technical support for dissemination and implementation in nine countries. The ILO and WHO organized a satellite session on PEP at the International Conference on AIDS and STIs in Africa, and supported the Uganda Medical Association in informing 60 medical professionals on the new guidelines, as well on occupational safety and health issues in the health sector. The ILO provided technical support and training to strengthen human resources for health in nine countries. The ILO-WHO guidelines on health services and HIV/AIDS were further disseminated by the ILO with support for country level implementation.

Broad Activity 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 voluntary confidential counseling and testing, prevention of mother to-child transmission (PMTCT) and TB treatments as appropriate.

103. The ILO in 2008 worked with more than 660 enterprises on the basis of the principles of the ILO Code of Practice on HIV/AIDS and the world of work. The ILO assisted more than 250 enterprises to establish HIV workplace policies, including integration of HIV into occupational safety and health and wellness programmes.
104. The ILO emphasized linkages between HIV and TB in workplace programmes, extending workers' access to national TB programmes, included support to more than 24 enterprises in Swaziland to implement integrated HIV/TB programming. The Code of Practice is now translated into 58 languages and numerous additional HIV-related resource materials were produced in 2008 (including 19 fact sheets, two films and two posters plus leaflets and other training materials), and eight sets of workplace policy guidelines.

105. The ILO questionnaire to all Member States in relation to the new ILO international labour standard on HIV in the world of work included a question on the inclusion of TB services for workers and their dependents. The majority of responses received from governments, employers' and workers' organizations answered yes to this question. The ILO contributed with the WHO and UNAIDS to form the Workplace TB/HIV Programme Collaborative Group in 2008. The ILO developed and analysed results from a Workplace Self Assessment tool for workplace TB service delivery in several countries.

Broad Activity 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.

106. To support the discussion at the ILO International Labour Conference in June 2009 on a new international labour standard on HIV and the world of work, the ILO distributed a questionnaire to all Member States, receiving responses from 136 Member States, nine of which had explicitly consulted with networks of people living with HIV. A second report was drafted on the basis of the replies received. Consultations and briefing sessions on the future labour standard were held with diverse stakeholders at different meetings such as the International AIDS Conference, the International Conference on AIDS and STIs in Africa, and the 6th session of the Africa Union Labour and Social Affairs Commission. In 2008, the ILO supported 17 countries in drafting legislation and policies on HIV and the world of work and provided technical support in 12 countries on integrating human rights and gender equality principles in national workplace HIV policies.

Broad Activity 9: Capacity-building, including awareness-raising, policy guidance and training, for labour judges and magistrates.

107. The ILO provided capacity-building support to strengthen human rights and gender competencies in 22 countries, including 25 workshops for project partners in Peru. Diverse capacity-building support was provided to strengthen HIV-related policies and legislation, including the training of 140 labour court judges and magistrates in six workshops held with representation from eight African countries on HIV discrimination, training of labour inspectors in five countries, and capacity-building support in diverse countries for mediators, occupational safety and health specialists, human resource managers, and trade union members. Policy guidance and fact sheets to support capacity-building activities were developed and launched in China, Sri Lanka and Russia.

Broad Activity 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.

108. The ILO worked on HIV-related aspects related to migrant and mobile worker issues in 13 countries in 2008 with a sector specific focus, particularly providing guidance and educational materials for pre-departure information to workers in South Asia and Eastern Europe. In collaboration with other UN partners, the ILO supported a migrant worker project in India, using UNAIDS Programme Acceleration Funds, as well as regional and country-level initiatives in Eastern Europe, China, Nepal, Pakistan, Sri Lanka, and Zimbabwe. European Union support facilitated a regional initiative in the Commonwealth of Independent States to integrate HIV into pre-migration training, with particular support for women.
109. The ILO collaborated with fellow Cosponsors, the UNAIDS Secretariat and the International Organization of Migration to develop a policy brief on International

Labour Migration as well as a rights-based framework for UNAIDS responses on mobility, migration and AIDS. It produced a toolkit and organized a training of trainers workshop for HIV-related programming in the road transport sector. The ILO undertook numerous studies at country and regional level, including a study with the International Organization for Migration on mandatory HIV testing for employment of migrant workers in eight countries in South East Asia, a socioeconomic analysis of migrant workers living with HIV in Latin America, and behavioral attitudes and practices of transport drivers in Bolivia.

United Nations Educational, Scientific and Cultural Organization

110. The United Nations Educational, Scientific and Cultural Organization (UNESCO) has undertaken 8 broad activities under the 2008-2009 UBW.

Broad Activity 1: Building political commitment and advocating for comprehensive education responses to HIV and AIDS that are fully integrated into national action plans.

111. UNESCO supported national strategies and action plans in 10 countries in Africa, Asia and the Caribbean. In collaboration with UN and other partners including the Southern African Development Community (SADC), UNESCO launched an initiative to strengthen schools as centres of care and support in seven countries in Southern Africa. UNESCO undertook World AIDS Day activities in 19 countries, led events and data presentations at key international conferences, and supported the First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean, resulting in a declaration signed by all countries in the region.

Broad Activity 2: Strengthening coordinated action among education stakeholders at all levels through key interagency initiatives such as EDUCAIDS and the UNAIDS IATT on Education in line with the UNAIDS division of labour, particularly at country level.

112. In 2008 UNESCO appointed four regional AIDS advisors in Bangkok, Johannesburg, Moscow and Santiago to coordinate support for HIV programming and strategic planning. UNESCO sponsored regional capacity-building workshops with ministry staff and other stakeholders in Southern Africa, the Middle East and North Africa region, and for Portuguese-speaking African countries. Support was provided for four meetings of the UNAIDS Inter-Agency Task Team (IATT) on Education, as well as research in Jamaica, Kenya, Thailand and Zambia to encourage alignment and harmonization within and across agencies to support global and country-level action.

Broad Activity 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.

113. UNESCO undertook reviews of HIV policies in five African countries to ensure cultural appropriateness. Preliminary research commissioned by UNESCO and conducted by the Swiss Tropical Institute found that while there are increasing references in the literature to culturally appropriate approaches, little guidance on implementation is currently available – a shortcoming that UNESCO is working to address through analytic work to build the evidence base in this area. UNESCO developed a methodological tool to review municipal-level policies in Kenya that focus on HIV discrimination. UNESCO also provided training on HIV mainstreaming in three African countries and increased the capacity of 24 radio professionals in China to develop gender-sensitive radio dramas to decrease HIV vulnerability.

Broad Activity 4: Development and dissemination of evidence-based policies and

practices in education on HIV prevention, treatment, care and support by strengthened and broadly inclusive linkages among researchers, diverse communities of practice, policy-makers and other key stakeholders, notably people living with HIV.

114. UNESCO distributed 60,000 hard copies and 5,000 CD-ROMs of HIV-related materials in 193 countries. These included EDUCAIDS resource packs in seven languages, 12 country snapshots, a report on school-based care and support in Southern Africa, a ground-breaking study on the educational needs of learners living with HIV, an HIV curriculum manual, and a toolkit for mainstreaming HIV in the education sector. Development continued on an HIV-specific web portal, and a consolidated clearinghouse on education and HIV in English, French and Spanish was launched. UNESCO supported research on school health in 41 countries, a study on HIV and migration in Korea, and a study on incarcerated youth in Guyana.

Broad Activity 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.

115. UNESCO conducted HIV-related training for more than 4,000 professionals from more than 30 countries, including educators, artists, community-based staff, curriculum specialists, educational planners and policy-makers, health professionals, journalists, ministry staff, and television producers. HIV-related toolkits were developed for several countries, addressing diverse topics, including HIV stigma in the Russian Federation and e-learning in South East Asia. Implementation support was provided for school health in Lebanon and Syria, for education sector coordination in Kenya, for HIV workplace committees in Mozambique, and for behaviour change communication in the Caribbean.

Broad Activity 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.

116. UNESCO shared results from four studies in Africa with national ministers on stigma and discrimination, orphans and vulnerable children. UNESCO provided HIV training to 50 rural education agents in South America, who in turn reached at least 2,500 learners. UNESCO assisted a district in Southern China to develop an education sector strategy framework for most-at-risk populations. A training and participatory needs assessment was supported in Mongolia to guide information provision and policy for an estimated 300,000 migrants between China and Mongolia.

Broad Activity 7: Expansion of access to quality HIV and AIDS learning opportunities for all, particularly marginalized and excluded populations, and to programmes that address specific vulnerabilities.

117. UNESCO supported the adaptation of a peer education reference manual for men who have sex with men (MSM) from English to Khmer, facilitating implementation of community-driven prevention programmes for Khmer-speaking MSM. UNESCO promoted human rights, gender equality and stigma reduction for most-at-risk young people in five countries in Eastern Europe and Central Asia. In the Russian Federation, UNESCO worked with UNDP and non-governmental organizations to establish a network for men who have sex with men.

Broad Activity 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.

118. In collaboration with UNAIDS Cosponsors and other stakeholders, UNESCO developed draft international guidelines on sex, relationships and HIV/STI education, grounded in best practice and the latest available evidence, that will intensify efforts to strengthen prevention with young people. UNESCO developed six different HIV training manuals in Thai, sex and gender training manuals for teachers in Mexico, comic stories in Brazil, an HIV toolkit in the Russian Federation, and a capacity-building tool for education ministries in Bahamas and Jamaica. Thirty human rights institutions from the Caucasus and Central European regions received training on developing the capacity of most-at-risk young people. In collaboration with UNFPA and the UNAIDS Secretariat, UNESCO supported an HIV-related needs assessment of young people in Peru.

World Health Organization

119. The World Health Organization (WHO) has undertaken 13 broad activities under the 2008-2009 UBW.

Broad Activity 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.

120. In support of the goal of universal access, WHO launched global policies, guidelines and strategic information reports relating to numerous aspects of the health sector response, including national strategic planning; integrated HIV prevention, treatment and care; prevention of mother-to-child transmission; harm reduction; HIV in prisons; male circumcision and HIV prevention among most-at-risk populations and people living with HIV. WHO in 2008 outlined essential health sector interventions that should be included in a comprehensive AIDS response and also reported on progress in service coverage and other aspects of health sector contributions towards universal access. WHO collaborated with partners in producing joint guidance documents, such as guidelines for HIV interventions in emergency settings, undertaken with the Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings. WHO also promoted evidence-based public health policies, programmes and interventions at numerous international conferences.

Broad Activity 2: Development of technical guidance and costing tools and provision of technical support for sustainable financing of HIV/AIDS services in the health sector.

121. WHO began developing guidelines for developing strategic and operational plans for health sector responses and for conducting national reviews of health sector responses. WHO contributed to the technical working group for estimating global resource needs for HIV, focusing particular efforts on costing needed health sector interventions. These contributions proved useful in connection with WHO's technical assistance to five countries as part of the Global Fund's five-year impact evaluation.
122. WHO also played a key role in the AIDS Strategy & Action Plan (ASAP) service, aiding in the inclusion and costing of health sector interventions in national multisectoral HIV plans. To support the affordability of HIV treatments, WHO published a summary report on transaction prices for antiretrovirals and HIV diagnostics. WHO aided numerous countries in accessing external resources for HIV, including supporting 50 countries in the development of Global Fund proposals and working jointly with the UNAIDS Secretariat to develop a toolkit for proposal drafting.

Broad Activity 3: Conduct and report on global surveillance of HIV, related risk behaviours, sexually transmitted infections, 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.

123. In collaboration with the UNAIDS Secretariat and UNICEF, WHO produced a report on progress in 93 countries in scaling up towards universal access. WHO and the UNAIDS Secretariat updated guidance on second-generation surveillance, and updated guidance was also published regarding use of HIV testing and laboratory technologies in surveillance. The HIV drug resistance monitoring and surveillance system is now operating in 15 countries in the African region. WHO published a training guide on synthesizing results from multiple data sources for evaluation and decision-making. WHO also supported efforts to strengthen surveillance systems in numerous countries in regions, including aiding in implementation of HIV drug resistance surveys in Asia, publishing capacity-building guidance for low-prevalence and concentrated epidemics, and supporting South-South collaboration in the Americas. WHO collaborated in the release of consolidated surveillance data from 53 European countries.

Broad Activity 4: Stimulate, facilitate and coordinate biomedical, sociobehavioural and operational HIV/AIDS research relevant to the health sector response; monitor, analyse 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.

124. WHO worked with the UNAIDS Secretariat to develop a research agenda on male circumcision, published a paper in the *Lancet* on the role of antiretroviral treatment as HIV prevention, and began planning to conduct a consultation in 2009 on pre-exposure prophylaxis. WHO finalized generic tools for HIV-related operational research, supported research focused on HIV sentinel surveillance in antenatal settings, and worked with partners to assess issues relating to the timing of switching to second-line therapy. WHO undertook or stimulated research in numerous areas, including simplified clinical and laboratory monitoring, validation of diagnostic algorithms for infant diagnosis, antiretroviral site monitoring, pharmacovigilance, and post-natal antiretrovirals for mothers and infants.

Broad Activity 5: Development of technical guidance and tools and provision of technical support for health 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.

125. In addition to identifying priority health sector interventions for a comprehensive AIDS response, WHO produced normative guidance on prevention of HIV transmission in health care settings, male circumcision, and presumptive treatment of sexually transmitted infections. WHO technical support focused on STI prevention in numerous regions and undertook the first sub-regional workshop in Central America for adolescents and young people. Four Asian and Pacific countries are piloting an operational framework for linking HIV/STI services with reproductive, adolescents, maternal, newborn and child health services.

Broad Activity 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 level capacity building for PMTCT and paediatric HIV treatment, and providing normative guidance to monitor and evaluate PMTCT interventions. (joint activity with UNICEF).

126. WHO published multiple guidelines relating to PMTCT and paediatric care and treatment, including the final list of priority and paediatric-friendly antiretroviral regimens and a programming framework to integrate paediatric care and treatment into national health systems. WHO and UNICEF jointly developed a reporting tool to harmonize data collection on PMTCT and paediatric care and treatment, and WHO neared finalization of a guide for PMTCT monitoring and evaluation. As a result of normative tools developed by WHO, 25 African countries updated their guidelines and tools for scaling up PMTCT, with median PMTCT coverage rising from 31 per cent in 2007 to 40 per cent in June 2008. Guidelines for management of paediatric HIV infection were disseminated to Latin American countries; a Caribbean initiative for the elimination of PMTCT was launched in concert with UNICEF, and WHO participated in a joint review of PMTCT programmes in China.

Broad Activity 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.

127. In addition to the above-noted guidance documents on paediatric care and treatment, WHO issued guidelines on antiretroviral treatment in emergency settings and updated Integrated Management of Adult Illness materials to integrate HIV, TB and PMTCT services. WHO provided extensive technical support to accelerate the scaling up and quality improvement of antiretroviral treatment programmes. Although gains in access were reported in many regions, including the addition of approximately 500,000 new patients in the African region during the first six months of 2008, numerous challenges remain, including limited treatment access for injecting drug users in Eastern Europe. Region-specific guidance in numerous regions aimed to increase the capacity of health workers and facilities to administer antiretroviral therapy.

Broad Activity 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, development of quality HIV diagnostics.

128. WHO neared completion of guidelines to monitor and evaluate scale-up of HIV testing and counselling, with particular emphasis on physician-initiated testing and counselling. Standardized data collection tools on HIV testing and counselling were produced, with the aim of facilitating operations research relevant to scaling up. WHO in 2008 coordinated a multi-site study of HIV testing and counseling in four African countries to investigate various factors associated with service utilization and quality. A regional policy framework supported scale-up of testing and counseling services in Eastern Europe. In Africa, reports from 23 countries indicated that the median percentage of health facilities providing HIV testing and counseling rose from 23 per cent in 2007 to 32 per cent in 2008.

Broad Activity 9: Synthesis of evidence, development of technical guidance and tools and provision of technical support for linking HIV and tuberculosis services.

129. WHO in 2008 launched its "Three I's" initiative for HIV/TB, focusing on intensified case finding, ionized preventive therapy, and TB infection control for people living

with HIV. A series of monographs were produced, including a case study of integrated monitoring of HIV and TB in Malawi. WHO played a key role in organizing the HIV-TB Global Leaders Forum in association with the High Level meeting on HIV/AIDS in June 2008 and supported the thematic session on HIV/TB at the 22nd PCB meeting. Guidance on HIV/TB services for injecting drug users was released, and a framework for HIV/TB prevention and care for drug users in the European region was developed. WHO supported 13 African countries to elaborate roadmaps for HIV/TB scaling-up and assisted the development of a regional HIV/TB strategic framework in South East Asia and the revision of a similar framework in the Western Pacific region. National programme managers and health ministries were convened in a regional meeting on TB and HIV in prison settings in Latin America and the Caribbean, resulting in consensus in favor of incorporating HIV/TB programming in prison settings.

Broad Activity 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.

130. WHO continued hosting the AIDS Medicines and Diagnostics Services, which provides capacity building, technical assistance, coordinated procurement planning, global price reporting and forecasting for HIV medicines and diagnostics. Technical support was provided to numerous countries on improving procurement and supply management systems, and WHO collaborated with PEPFAR, the World Bank, the Global Fund and UNITAID to improve coordination and harmonization of procurement systems. WHO updated its procurement and supply management toolbox, which serves as a central repository for relevant tools, and also collaborated with UN partners in a meeting of pharmaceutical and diagnostic companies hosted by the Secretary-General; the meeting focused on accelerating the scaling-up of essential commodities towards universal access and ensuring robust future research and development to develop new and improved global public goods for HIV.
131. In association with the UNAIDS Secretariat, WHO hosted a market intelligence system to monitor use of antiretrovirals in low- and middle-income countries and to inform market forecasts. WHO published reports on pricing for antiretrovirals that documented continuing downward pricing for both adult and paediatric HIV treatment in 2008. Second-line treatments became less expensive in 2008, although their cost remained between seven and 30 times higher than first-line regimens. With significant improvements reported in the last several years in the sensitivity and specificity of rapid HIV tests, WHO monitoring found increasing procurement of rapid testing technologies and reduced reliance on ELISA and other confirmatory tests.

Broad Activity 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.

132. With support from the WHO Secretariat, the World Health Assembly adopted a resolution endorsing a global strategy and action plan on public health, innovation and intellectual property. In collaboration with UNAIDS partners and the Global Fund, WHO developed guidance for the application and granting of compulsory licenses. WHO provided technical support to enable countries to maximize utilization of the flexibilities allowed under international trade regulations for the manufacture or import of essential health commodities. WHO also participated in regional workshops of TRIPS implementation convened by the World Trade Organization. WHO collaborated with WTO and the World Intellectual Property

Organization in developing a training module on TRIPS and public health, and also worked with WTO to develop a training module on access to essential medicines. Participants from 12 Latin American countries benefited from a two-week training course on medicines and intellectual property that was co-sponsored by the Pan American Health Organization.

Broad Activity 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.

133. WHO launched global recommendations and guidelines for task shifting in health settings. Officials from six countries in South East Asia benefited from a WHO-sponsored workshop on human resource planning for HIV that focused on strengthening community-based workers to support HIV programmes. In collaboration with UNAIDS Cosponsors and other partners, WHO supported the training of 30 trainers in Pacific Island countries in the management of STIs. WHO also supported inclusion of HIV in training curricula for nurses in Latin America.

Broad Activity 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 sexually transmitted infection services for injecting drug users, (including harm reduction services), sex workers, men who have sex with men, prisoners and populations of humanitarian concern.

134. WHO developed integrated HIV care guidelines for injecting drug users and collaborated with other UNAIDS partners to produce a technical guide for countries in target-setting for universal access for drug users. WHO finalized guidelines for psychosocially assisted pharmacological treatment of opioid dependence, promoting this normative guidance in numerous forums. WHO assisted five countries in Eastern Europe to develop opioid dependence guidelines. WHO co-authored a paper in a peer-reviewed journal on interventions to prevent HIV transmission relating to injecting drug use in prisons. A situation assessment of HIV infection among people who inject drugs were undertaken in South East Asia, and new regional guidelines were developed for opioid dependence treatment. Harm reduction knowledge hubs in Iran, Lebanon and Morocco were strengthened.
135. WHO added specific indicators on most-at-risk populations in its framework for monitoring and reporting on the health sector response to HIV. Clinical care guidelines were revised to address the specific needs of men who have sex with men, and WHO conducted a global consultation on MSM that resulted in recommendations for further health sector action to respond to HIV among MSM.
136. Regional monitoring frameworks were developed for health sector interventions for sex workers. In Latin America, WHO is reviewing a toolkit that addresses public health activities with sex workers and MSM.

World Bank

137. The World Bank has undertaken 10 broad activities under the 2008-2009 UBW.

Broad Activity 1: Enhancing implementation capacity by (i) developing technical guidance and tools for use by national AIDS authorities including 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.

138. Mainstreaming HIV into key sectors such as education and transport, allows for an acceleration and expansion of access to HIV prevention, care, and treatment services. The World Bank worked with national authorities to improve access to education for all, by providing technical support to implement school nutrition programmes that encourage school attendance and support access to life-saving basic education. In 2008, successful programs were supported in Bangladesh, India, Sri Lanka and Bhutan. Technical guidance has also been provided to develop and implement HIV programs in the transportation sector in Latin America and the Caribbean. Catalytic funding was provided to increase access to analytic work for monitoring and evaluating mainstreaming interventions in the transport, education, and energy sectors. Responding to increasing demand, the World Bank has provided technical assistance to improve program efficiency in East Asian countries that are transitioning to middle-income status and experiencing an associated drop in access to bilateral assistance. In addition, efforts to strengthen policy guidance on fiscal responsibility were supported through studies to improve the allocative and technical efficiency of funds used in countries with considerable but fragmented AIDS budgets such as China.

Broad Activity 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.

139. The World Bank and main partners, through the AIDS Strategy and Action Plan (ASAP) service, led UNAIDS efforts to support countries in developing national AIDS strategies that are prioritized, costed, and based on the best available evidence. Requests for peer reviews and technical support over the course of 2008 came from 31 countries worldwide, with increasing support anticipated for countries submitting National Strategy Applications (NSA) for Global Fund financing. A collaboration with the Global Fund and IHP+ was formalized to assist countries in utilizing the NSA financing window. To strengthen the capacity of regional and international consultants was held, the brainstorming meeting of consultants, TSF, and Cosponsor staff, results of which informed the development of a guidance note for consultants leading national strategy development efforts. ASAP also conducted regional workshops for country partners and UNAIDS Cosponsors in Eastern Europe and Central Asia and the Middle East and North Africa, and trained TSF consultants in monitoring and evaluation and costing of national HIV programs.
140. In support of joint UNAIDS action to address women, girls, gender equality and HIV, the World Bank supported gender action planning and mainstreaming in the countries where the majority of people living with HIV are women and girls, such as Lesotho and Côte d'Ivoire.

Broad Activity 3: Provision of technical support to countries on how to design, build and use monitoring and evaluation systems for better policies and programs.

141. In 2008, the World Bank built monitoring and evaluation capacity in 35 National AIDS Authorities and 26 community-based organizations. The Bank made an array of monitoring and evaluation resources available on its website. Population-based surveillance was completed in Papua New Guinea and Indonesia, and bio-behavioural surveillance was conducted in Lebanon, Malaysia and the Philippines. Work was begun to assess community AIDS responses in selected African countries, including Benin, Congo and Mali.

Broad Activity 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.)

142. Technical support was provided to PRSP preparation in 11 African countries, and the launch of a World Bank publication, *AIDS in South Asia: an economic risk to development*, supported efforts in Asia to integrate AIDS into development planning. Although experience to date indicates that the epidemic's impact on economic growth is negligible, the epidemic continues to have considerable effects on social welfare costs and fiscal space in many countries. Even in low-level and concentrated epidemics, evidence clearly indicates that prevention programmes focused on populations most at risk represent sound public sector investments.

Broad Activity 5: Advocacy, technical support and policy advice to improve donor coordination and harmonization in collaboration with the Global Fund, PEPFAR and others.

143. The World Bank participated in joint reviews of national AIDS programmes in eight countries in southern Africa. Pursuant to the Memorandum of Understanding between UNAIDS and the Global Fund, the Bank participates on the Global Fund board and the policy and strategy committee and has initiated discussions on formalizing a collaborative agreement. With the aim of supporting donor coordination, the Bank hosted the annual stakeholder consultation associated with the US government's 2008 HIV/AIDS Implementers Meeting, participated in the Global Fund's partnership forum, and provided input to the PEPFAR international steering committee meeting.

Broad Activity 6: Contributing to improved knowledge about HIV/AIDS prevention, care and treatment through programme and policy research and epidemiological synthesis.

144. The World Bank intensified efforts to support its partners and governments to improve the way in which decisions about HIV policies and programmatic priorities are made, by helping to build a strong evidence base around 'knowing your epidemic' and 'knowing your response'. This work was done through 10 HIV epidemic, policy and response syntheses, covering more than 50 countries, as well as cost effectiveness studies and expenditure tracking assessments, conducted in partnership with UNAIDS, WHO and country partners in West Africa, Kenya, Mozambique, Madagascar, Honduras, Swaziland, Lesotho, and the Great Lakes Region in Africa.
145. In addition, recognizing that building country systems is critical for a sustainable response to HIV, the World Bank initiated a major study on the impact of HIV/AIDS programmes on health systems, with a view of developing an evaluative framework for use by policy-makers to ensure HIV resources are enhancing the availability of and access to essential health services. Similarly, partners have been supported in analyses of linkages between HIV/AIDS efforts and maternal and child health and the impact of food prices on HIV treatment, to enhance integration of services that offer an opportunity for an enhanced HIV response and improved health outcomes.

Broad Activity 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).

146. Reviews of 11 Multi-Country AIDS Programme projects resulted in their restructuring to permit implementation of clearer, more realistic monitoring indicators. In 2008, diverse development partners agreed to common definition of a functional multisectoral HIV monitoring and evaluation system, facilitating efforts to

harmonize and align country-level monitoring and evaluation efforts of diverse stakeholders.

Broad Activity 8: Support efforts to scale up access to essential HIV prevention services including those 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.

147. In 2008, the World Bank provided financial support to the International AIDS Vaccine Initiative, completed studies on the scaling-up of sex worker interventions in Papua New Guinea and Indonesia, developed guidelines to support the integration of prevention and care services for key vulnerable groups in the Middle East and North Africa, and supported the development of a development plan for indigenous peoples in Guyana.

Broad Activity 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.

148. The World Bank undertook numerous activities to support the integration of HIV/AIDS into health and nutrition programmes, including four country assessments on integration of HIV and TB programmes, two assessments on HIV and sexual and reproductive health linkages, and an assessment of HIV and nutrition. The Bank aided in the development of a regional health and TB control project and developed regional guidelines for HIV, nutrition and food security. The Bank conducted studies on the determinants of antiretroviral treatment adherence in Burkina Faso, Ghana and Mozambique, as well as studies on the morbidity, mortality and quality of life in households with AIDS patients. With the aim of supporting task-shifting initiatives to accelerate treatment scale-up, the Bank initiated operational research on the use of village health workers to support antiretroviral treatment adherence in Lesotho.

Broad Activity 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.

149. The World Bank actively participated in key collaborative enterprises to improve procurement and supply chain management, providing technical support to the Coordinated Procurement Planning Initiative, participating in the Reproductive Health Supplies Coalition, and providing technical input regarding the development of Pledge and Minimum Volume procurement guarantee models that will be launched in 2009. The Bank supported 19 projects to strengthen supply chain systems, including a sub-regional network in the African Great Lakes region. Rational, scaled-up procurement efforts have been enhanced by a Memorandum of Understanding executed between the Bank and UNICEF, and negotiations for similar agreements are underway with UNFPA and the Global Drug Facility.

UNAIDS Secretariat

150. The UNAIDS Secretariat has undertaken 11 broad activities under the 2008-2009 UBW.

Broad Activity 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.

151. Providing leadership on evolving demands associated with HIV, the Secretariat spearheaded the work of several working groups of the multi-stakeholder aids2031 initiative analyzing priorities for a sustainable response; co-led the International Task Team on HIV-Related Travel Restrictions; facilitated the High Level Meeting on HIV/AIDS; and played a key ensuring a successful outcome of the International AIDS Conference in Mexico City. The Secretariat continues its leading role in information disseminating, producing major publications, such as the *2008 Report on the Global AIDS Epidemic and AIDS Outlook 09*, and facilitating easy access to a broad array of strategic information, policy documents, and normative guidance on the UNAIDS website. In 2008, the Secretariat supported three PCB meetings, including an extraordinary meeting as part of the search for a new Executive Director for UNAIDS.
152. The Secretariat focused particular efforts on intensifying HIV prevention. UNAIDS played a key role in elaborating the concept of “combination prevention,” in part through an expert review of science and policy in a special series on HIV prevention in the *Lancet*. Technical dialogue was supported to define programmatic strategies to address social drivers that facilitate the spread of HIV and slow progress towards universal access. A Secretariat-wide prevention action plan was developed, with advocacy roadmaps developed to highlight HIV prevention in upcoming international venues.

Broad Activity 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.

153. The Secretariat undertook high-level advocacy missions – engaging people living with HIV, civil society, and political actors from the highest levels – in 17 different countries in Africa, Asia, the Caribbean, Eastern Europe, the Middle East, and Latin America. Country fact sheets on universal access, developed for 30 countries, proved to be an effective advocacy tool.
154. The Secretariat supported the increasing visibility of Special UN Envoys. Sir George Alleyne, Special Envoy for Latin America and the Caribbean, continued his focus on stigma and discrimination, especially with regards to men who have sex with men, and engaged in numerous other activities, including the launching of the Guyana Business Coalition. Professor Lars Kallings (Eastern Europe and Central Asia) encouraged the European Centre for Disease Control to intensify its technical assistance to non-European Union countries and also highlighted the importance of increasing budget allocations for HIV prevention during a visit to Moldova. Ms Elizabeth Mataka (Africa) continued her focus on gender and the feminization of the epidemic, with particular focus on harmful practices, trafficking of women and girls, and commercial sexual exploitation. Ms Mataka met with African First Ladies and addressed the Southern African Development Community, emphasizing the importance of meaningful engagement of people living with HIV. At regional meetings and during country missions, Dr Nafis Sadik (Asia and the Pacific) emphasized reproductive rights of women and children and the importance of women’s empowerment as a central HIV prevention tool.

Broad Activity 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

155. The Secretariat provided capacity-building support to key civil society networks, such as the International Network of Religious Leaders Living with and Affected by HIV. A strategic framework was developed for UNAIDS collaborations with faith-based organizations. Civil society participation in the Monitoring and Evaluation Reference Group was strengthened, and substantial technical and financial support was provided to community components of the HIV/AIDS Implementers Meeting and the International Conference on AIDS and STIs in Africa. With support from UNAIDS, the Global Network of People Living with HIV/AIDS will produce a report card tool in several languages to gauge the involvement of people living with HIV in national responses.
156. The Secretariat successfully raised US\$ 250 million, representing more than 50 per cent of the 2008-2009 UBW, as well as US\$ 35 million in non-UBW funds. Resource needs estimates through 2015 were developed for 134 countries, with preliminary estimates of country-level funding gaps developed for 60 countries. The Secretariat also estimated global resources available for HIV programmes in low- and middle-income countries, making these figures available at the summit meeting of the Group of Eight industrialized countries.

Broad Activity 4: Guidance and monitoring at all levels of progress on increasing effectiveness of a joint response to AIDS at global, regional and country level.

157. Through efforts led by the Secretariat, UNAIDS was actively and fully engaged in the One UN initiative in 2008. The Secretariat prepared a guidance note for UNAIDS Country Coordinators on engagement in One UN target countries. In several of these countries, the Joint UN Programme of Support on AIDS was used as a model for developing the institutional framework for the One UN programme.
158. Joint interagency work on universal access continued to gain momentum. Eleven of 18 countries in East and Southern Africa have established Joint UN Programmes of Support on AIDS, with five completed in 2008. Joint UN Teams on AIDS have been established in most Caribbean and Latin America countries, and Joint UN Teams were established in Iraq and Tunisia in 2008. Technical support from the Secretariat facilitated finalization of the Joint UN Programme of Support in the Russian Federation. To support scaling up towards universal access, the Secretariat intensified its active participation in Joint Regional Teams in 2008.

Broad Activity 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.

159. The Secretariat significantly strengthened the magnitude, accessibility and effectiveness of technical support for scaling up towards universal access in all regions. The Technical Support Facility in West and Central Africa responded to 92 per cent of all technical support requests, while the facilities in East and Southern Africa provided 4,400 days in technical assistance. Technical support delivery in the Asia Pacific region rose from 1,700 days in September 2007 to more than 7,000 days in July 2008. The Technical Support Facility in Eastern Europe will become operational in 2009. The UNAIDS Regional Support Teams in the Caribbean and in the Middle East and North Africa coordinated the delivery of technical support in their respective regions.
160. Continued efforts focused on strengthening national responses. The Secretariat supported the AIDS Strategy and Action Plan (ASAP) service and distributed a guidance paper on joint AIDS reviews. UNAIDS Regional Support Teams played critical roles in their respective parts of the world, contributing to development of regional HIV strategic plans in the Caribbean and Southern Africa and supporting

the revision and implementation of national strategic plans in the Middle East and North Africa. Twelve Asian and Pacific countries received support in reviewing, developing and operationalizing national strategic plans. Joint annual programme reviews took place in 13 countries in West and Central Africa.

Broad Activity 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.

161. The Secretariat continued to provide countries with up-to-date data to inform national decision-making. Building the evidence base on the global response, the Secretariat analyzed responses from more than 140 countries on core indicators from the Declaration of Commitment on HIV/AIDS, compiling the most extensive database ever assembled on national HIV responses. Through the work of the Monitoring and Evaluation Reference Group, an electronic registry of more than 400 HIV indicators was developed.

Broad Activity 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 needs and national, regional and global spending for AIDS.

162. The Secretariat received reports on HIV expenditures from 109 countries, including more than 80 countries that used the National AIDS Spending Assessment (NASA) as a basis for developing their financing indicators. The Secretariat provided direct technical assistance for National AIDS Spending Assessments in 15 countries. Numerous countries also received technical support from the Secretariat on developing national HIV and AIDS estimates. Enhanced national epidemiological fact sheets (including maps and graphs) were made available on the UNAIDS website.
163. Numerous countries benefited from technical support from UNAIDS Regional Support Teams on data collection and analysis. A regional epidemiological trends analysis was made available to 15 West African countries, and modes of transmission studies were undertaken in numerous African countries. In the Asia and Pacific region, 19 country workshops strengthened technical aspects of monitoring and evaluation of interventions focusing on populations most at risk. The first succinct summary of available data on the epidemic in the Middle East and North Africa was produced. A regional training for epidemiology specialists in Eastern Europe and Central Asia improved competence in implementation of second-generation surveillance among populations most at risk.

Broad Activity 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.

164. The Secretariat undertook a mapping of programmes to support human rights in national responses in 56 countries, provided input on model legislation on HIV developed by the Southern Africa Development Community, and provided comments on draft HIV laws in eight countries. A policy brief on criminalization of HIV transmission was finalized and disseminated in time for the 2008 International AIDS Conference, and a priority needs assessment on addressing problematic national HIV laws in West and Central Africa was completed. In this regard, the

Secretariat with partners organized a regional capacity-building workshop on HIV legal frameworks involving parliamentarians, government officials and civil society.

Broad Activity 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.

165. The Secretariat accelerated support to governments and civil society to scale up effective HIV programmes for populations most at risk. In the Middle East and North Africa, for example, the Secretariat initiated operational research concerning HIV vulnerabilities for sex workers and men who have sex with men, collaborated with UNODC and other partners to scale up programmes for injecting drug users, and undertook a six-country assessment of HIV in prisons.

Broad Activity 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.

166. The Secretariat commissioned an analysis of gender policies and the financing environment of three major financing institutions (e.g., Global Fund, PEPFAR, and World Bank). An analysis was undertaken of gender-relevant responses from countries and country-level stakeholders on the National Composite Policy Index, revealing some improvement in the policy environment but significant limitations in effective implementation of these policies. The Secretariat provided a gender perspective in the technical review of Global Fund proposals in Rounds 8 and 9, and also convened a meeting of civil society technical service providers on gender and sexual and reproductive health to share experiences in proposal development.
167. Regional meetings were organized on young women in hyper-endemic settings (East and Southern Africa) and overcoming obstacles to gender-based violence (Latin America).

Broad Activity 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.

168. The Secretariat entered into capacity-building agreements with principal UN partners (including the Department of Peacekeeping Operations) to further enhance their ability to implement AIDS programmes for military, police and peacekeeping forces. Resources were mobilized and a cooperation framework established to strengthen the ability of the African Union to develop an HIV policy for their standby forces. A review of the literature on AIDS and security was carried out, as well as a desk review of HIV policies for national military forces in 16 troop-contributing countries.
169. In the field of humanitarian responses, the Secretariat supported efforts of the Asia-Pacific network of the Inter-Agency Standing Committee to ensure proper coordination and monitoring of HIV activities in humanitarian settings. In Latin America, the Secretariat intensified its efforts to promote mainstreaming of HIV and emergencies in Joint UN Programmes of Support on AIDS and national strategic plans.

Interagency Activities

170. The Joint Programme has collectively undertaken 11 broad interagency activities under the 2008-2009 UBW.

Broad Activity 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 2001 Declaration of Commitment on HIV/AIDS.

171. The Joint Programme collectively supported broad UN engagement at the International AIDS Conference, including participation in conference planning committees, disseminating the *2008 Report on the Global AIDS Epidemic* and other key documents, and ensuring the effective functioning of the UNAIDS booth. UNAIDS supported the Government of Mexico in organizing two high-level pre-conference meetings – the First Ladies of Latin America and the Caribbean, and the Ministers of Health and Education from Latin America and the Caribbean. UNAIDS also supported the UN Secretary-General, who met with 40 people living with HIV, at the International AIDS Conference. The *Report on the Global AIDS Epidemic* was repeatedly cited at the Conference, including by the Secretary-General, UNAIDS Executive Director, and the Director-General of WHO.
172. The UN High Level Meeting on HIV/AIDS to review progress in the response included six heads of state, more than 80 ministers, and representatives of international organizations and civil society. UNAIDS assisted the Secretary-General in preparing a comprehensive report on progress in the AIDS response. UNAIDS also helped plan and oversee various roundtable and panel discussions on key topics, including gender equality and HIV and the multigenerational challenge of AIDS.

Broad Activity 2: Collective UN action in the framework of UN reform, to provide an enabling environment to increase national action through support to regional intergovernmental and multi-partner entities to address and mainstream AIDS.

173. Implementation of this activity is scheduled for 2009. Activities planned include organizing a Partnership Forum to reorient focus on UA, building capacity of HIV technical focal points of ECOWAS, AFRICASO and other regional bodies on knowing your epidemic and response and on combination prevention and providing technical support to national and regional civil society networks in creating a movement towards universal access.

Broad Activity 3: Effective and coordinated action by UNAIDS and the broader UN system, including through UNAIDS Country Coordinators, Programme Advisers, Social Mobilization Advisers and Monitoring and Evaluation Advisers.

174. UNAIDS Country Coordinators played an instrumental role in ensuring the effective functioning of Joint UN Teams on AIDS, development of Joint UN Programmes of Support on AIDS, and implementation of the UN system's annual workplan on AIDS. Institutional development advisors actively supported national authorities in development of national strategic plans, while social mobilization advisors strengthened national ownership of the response by supporting the involvement of key stakeholders, including civil society and people living with HIV. Monitoring and evaluation advisors supported development of monitoring and evaluation frameworks and aided countries in reporting on progress towards global AIDS commitments.

Broad Activity 4: Support and facilitation of a joint response to AIDS at country level especially through the UN Theme Groups on 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).

175. Interagency efforts supported UN Theme Groups and Joint UN Teams, including the development of Joint UN Programmes of Support. Through interagency efforts, Joint UN Teams adapted the UNAIDS Technical Support Division of Labour at country level. In 2008, 48 per cent of available core funding for Programme Acceleration Funds was approved, with particular focus on supporting scaling up towards universal access, generation and dissemination of strategic information, and implementation of the Three Ones principles for country-level coordination. In 2008, 50 UNAIDS offices had requested Programme Support Funds, which underwrite common UN efforts to support national responses and address programmatic gaps.

Broad Activity 5: Building leadership and capacity of UN system staff to respond to AIDS effectively including support to staff living with HIV through UN+.

176. By the end of 2008, UN Plus, the workplace advocacy group for HIV-positive staff, had expanded to include 145 staff from across the UN. The group reflects cooperation and participation across the Joint Programme. In May 2008, the Secretary-General launched UN Cares, a UN system-wide HIV workplace initiative. The initiative was supported by an updated version of the booklet, *Living in a World with HIV* for UN system employees. In 2008, the UN Cares service director on HIV received more than 150,000 web hits. Seventy-five country offices were provided with funds to establish a sustainable system of condom availability for UN staff.
177. Nearly 200 facilitators from 82 countries were trained in 2008 under the UN's HIV learning initiative. A new eWorkspace was launched to support the learning facilitators' work, with 425 registered users.

Supporting UN staff living with HIV

Below is an abridged testimonial from an HIV-positive UNICEF staff member:

"I've known my status since 2006. Although nobody knew at that time, I was afraid to go out with old friends or even make new ones. Everyday it seemed to me like part of my life was being taken away.

"One morning, I read an e-mail from the Country Representative from UNICEF Sierra Leone on the subject of UN Plus. It brought a speck of relief when I saw an invitation for more people to join the group. I wrote to UN Plus and was invited to their second global meeting in South Africa. I learned so much during the meeting – how to live a positive life, acceptance of my HIV status, what foods to eat, how to reduce stress and stigma through social activities.

"After my trip, I decided to disclose my status to all UNICEF staff in Sierra Leone. Here's what happened: Most of my fellow staff members took the HIV test to learn their status. Staff members began to openly discuss the precautions they needed to take to avoid becoming infected. Staff became interested in reading materials about HIV and extended our health education messages to other family members and friends. Above all, my fellow staff members are amazed at the work of the drugs I'm taking."

Broad Activity 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 AIDS responses, including through the use of improved tools for data management (Country Response Information System).

178. UNAIDS developed and released a third, enhanced version of the Country Response Information System (CRIS), with greatly increased functionality suitable for tailoring to unique stakeholder needs at country level. For example, the national

AIDS authority in Botswana benefited from CRIS reporting functionality to produce quarterly reports.

Broad Activity 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.

179. Five Technical Support Facilities provided more than 12,000 days of technical assistance in a broad array of areas, including development of national strategic and operational plans, improving monitoring and evaluation, enabling countries to overcome critical implementation bottlenecks, and supporting the organizational and institutional development of civil society partners. Country partners that received technical assistance for development of Global Fund grants had a 70 per cent success rate in Round 8 (mobilizing more than US\$ 800 million), compared to an overall success rate of 49 per cent. In Chad, the Technical Support Facility helped unblock a suspended grant through the delivery of technical support.

Broad Activity 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.

180. This activity was implemented jointly by WHO and UNICEF. Please refer to Broad Activity 6 of WHO and Broad Activity 9 of UNICEF.

Broad Activity 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.

181. The Secretariat convened the International Task Team on HIV-related Travel Restrictions, comprising over 40 members from governments, civil society and international organizations, including ILO, UNDP, UNHCR and WHO, to develop recommendations and galvanise commitment and action towards the elimination of HIV-related restrictions on entry, stay and residence. The Secretariat and UNDP continued to convene the UNAIDS Reference Group on HIV and Human Rights, provided technical input throughout the year on UNAIDS policies and strategies to ensure they reflect and advance human rights standards and approaches. The Reference Group also provided recommendations to UNAIDS incoming Executive Director on how to strengthen attention to human rights across the work of the Joint Programme. The Secretariat, UNDP and the Office of the UN High Commissioner for Human Rights led a workshop on human rights-based approaches to HIV for the Joint Team on AIDS in Indonesia, and on the basis of that experience, developed, with the UN System Staff College, an HIV module for the UN Common Learning Package on Human Rights-based Approaches to Development Programming.

Broad Activity 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.

182. A number of activities by several Cosponsors under the leadership of UNFPA were carried out. In particular, WHO integrated issues dealing with clinical management of specific illnesses related to men who have sex with men into Chronic HIV Care and Acute HIV Care guidelines. A global consultation on MSM and the prevention

and treatment of HIV and STIs was agreed upon and a Global Forum on MSM and HIV pre-conference at Mexico supported delegations from more than 75 countries. Scholarships for developing country participation at International Harm Reduction Association conferences (Barcelona 2008, Bangkok 2009) were supported.

Broad Activity 11: Establish and maintain global and regional advocacy networks and coordination structures for addressing the HIV needs of uniformed services and armed personnel.

183. On behalf of the UNAIDS family, UNODC organized the 2nd informal inter-country consultation on HIV prevention and care among injecting drug users in prison settings, assembling criminal justice and drug control sectors from 52 countries, non-governmental organizations, UNAIDS Cosponsors, and representatives of more than 20 UN permanent missions.
184. The participants urged UNODC and WHO to increase their technical support to countries, providing guidelines and protocols for effective approaches, and for the exchange of experience and lessons learned.

Table 1: 2008 Expenditures by Cosponsor, Secretariat and Interagency according to UBW budget categories (in US\$)

Agency	Core UBW	Supplemental	Global Regional	Total
UNHCR	3,200,000	1,342,179	3,605,000	8,147,179
UNICEF	13,381,367	107,708,886	47,371,767	168,462,020
WFP	3,192,130	38,231,410	8,700,036	50,123,576
UNDP	5,711,228	5,794,155	7,935,064	19,440,447
UNFPA	8,690,451	13,725,515	51,375,320	73,791,286
UNODC	4,768,069	29,008,504	7,000,000	40,776,573
ILO	3,864,422	6,941,808	4,919,306	15,725,536
UNESCO	3,275,879	4,239,639	3,976,540	11,492,058
WHO	13,814,918	45,359,816	17,001,381	76,176,115
World Bank	5,893,752	4,404,834	8,883,641	19,182,227
Secretariat	81,659,000			81,659,000
Interagency	60,968,000			60,968,000
Total	208,419,216	256,756,746	160,768,055	625,944,017