

2022–2026 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

ANNEX 5. UBRAF INDICATORS AND SPECIFIC OUTPUTS

Additional documents for this item: 2022-2026 Unified Budget, Results and Accountability Framework (UNAIDS/PCB (EM)/4.2); 2022-2023 UBRAF Workplan and Budget (UNAIDS/PCB (EM)/4.3); Report of the Working Group to develop the 2022-2026 UBRAF (UNAIDS/PCB (EM)/CRP1); revised 2022-2023 Workplan and Budget (UNAIDS/PCB (49)/21.27)

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

- 6.1 *Takes note* of the annex of the 2022-2026 Unified Budget, Results and Accountability Framework outputs and indicators (UNAIDS/PCB (49)/21.26) and requests the UNAIDS Executive Director to add the annex to the 2022-2026 UBRAF Framework (UNAIDS/PCB (EM)/4.2);
- 6.2 *Recalling* decisions 3.3 & 3.4 of the Special Session, *approves* the revised 2022-2023 Workplan (UNAIDS/PCB (49)/21.27);
- 6.3 *Requests* the UNAIDS Joint Programme to report annually to the Programme Coordinating Board on the implementation of the 2022-2026 Unified Budget, Results and Accountability Framework through the related performance and financial reporting agenda items from June 2023;

The full PCB 49 Decisions can be found here:

https://www.unaids.org/en/resources/documents/2021/PCB49_Decisions

Recalling that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge;
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and Based on the principle of nondiscrimination.

Background:

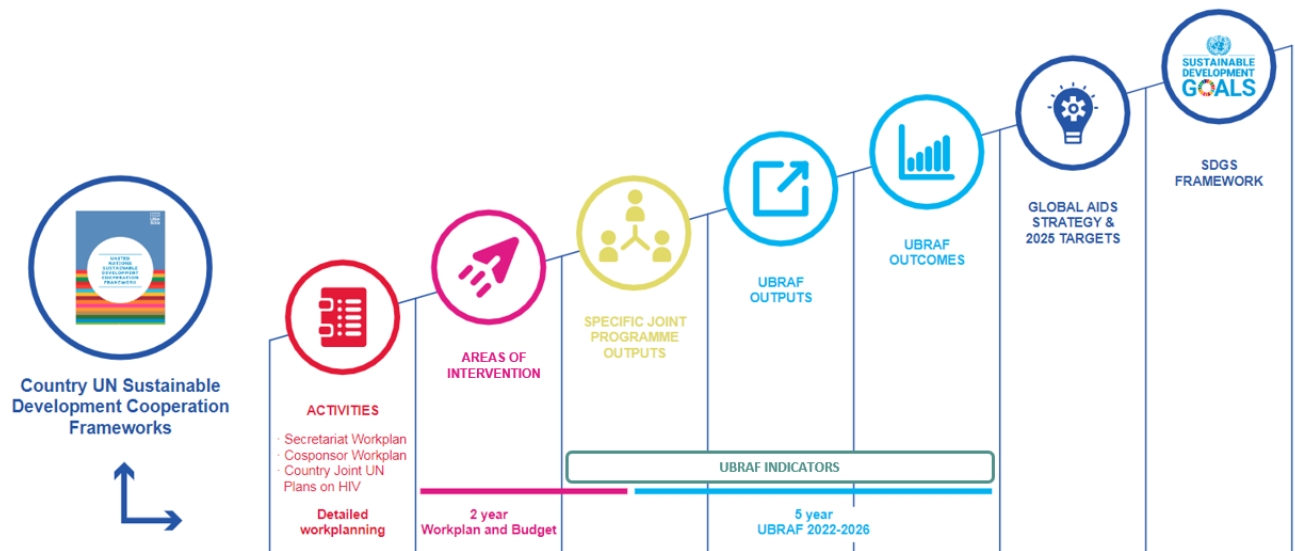
1. Based on the Programme Coordinating Board (PCB) decisions taken at its October 2021 Special Session,¹ the indicator matrices in this annex provide clear specific outputs and indicators² for the Joint United Nations Programme on HIV/AIDS's (UNAIDS or the Joint Programme) work for each of the Joint Programme result areas and UNAIDS Secretariat functions within the context of the 2022-2026 Unified Budget, Results and Accounting Framework (UBRAF) results framework as illustrated by the UBRAF results chain (Figure 1).
2. The UBRAF indicator matrices aim to clearly demonstrate the more ambitious specific contributions and accountability of the Joint Programme to contribute to achieving the Global AIDS Strategy 2021-2026 through the UBRAF. As with the Joint Programme's outcomes and outputs at results area level, the specific outputs and indicators are informed by the UBRAF theory of change, which explains the causal pathways on how the Joint Programme's work contributes to the broader goals of the Global AIDS Strategy using an inequalities lens.³

¹ For the full PCBSS October 2021 decisions, see:
https://www.unaids.org/en/resources/documents/2021/PCBSS_Oct2021_Decisions

² The UBRAF indicator formulations may be slightly revised based on the final NCPI and GAM indicators list which are anticipated for December 2021

³ For more information, see 'Theory of Change' section and annex 1
https://www.unaids.org/en/resources/documents/2021/PCBSS_2022-2026_UBRAF_Framework

Figure 1: UBRAF 2022-2026 results chain



3. For each Joint Programme result area, the following details have been included in the Indicator Matrix (Table 1, below) as per the PCB’s decision in October 2021:
 - five-year specific outputs have been defined for the entire duration of the 2022-2026 UBRAF;
 - two-year specific outputs and related milestones by end 2023, which are linked to each five-year specific output, provide an intermediary ‘progress results’ of the Joint Programme’s work by the end of the first biennium, and are further detailed in the 2022-2023 Workplan and Budget;
 - indicators that measure the Joint Programme’s specific outputs have been detailed and each indicator’s baselines, milestones and targets will be further defined in the full indicator matrix and indicator guidance document in 2022.
 - the outcome indicators that measure progress at outcome level and are further defined below, are also included in table 1.
4. In addition, specific outputs and related indicators for five years have been identified for each of the Secretariat functions and are indicated in Table 2.⁴
5. The full indicator matrix including the finalized set of indicators and specific outputs will also be developed for June 2022.

The Joint Programme has a critical role in contributing to and achieving all outputs and indicators, which also have a number of shared characteristics (listed below). For the sake of brevity, those characteristics are not repeated in the outputs and indicators’ formulation. The outputs and indicators are:

- considered through an inequalities lens, with a focus on those left behind;
- responsive to the national context;

⁴ The specific outputs and indicators for each Secretariat function are complementary to the UBRAF result area indicators and specific outputs and should be read in conjunction with the other. For conciseness and clarity, not all links are explicitly mentioned here but reference is made to the theory of change.

- informed by evidence and recent scientific and other developments;
- people-centred, with meaningful involvement of communities;
- rights based and gender transformative.

6. The Joint Programme's specific outputs and indicators are necessarily selective, focusing on some of the most important areas where progress is needed and measurable. Reporting, however, will not be limited to them, and may range further across the entire scope of the result areas. Similarly, the Secretariat's performance indicators (for each of its five functions) are selective and focus on key areas of importance for the Secretariat and Joint Programme's operations and accountability.
7. The Joint Programme's performance monitoring is based on the UBRAF indicators and draws mostly on quantitative data collected through the Joint Programme Monitoring System (JPMS). This is complemented by narrative descriptions that are informed by qualitative information drawn from various data sources and validations processes, such as through the Global AIDS Monitoring (GAM) system and the National Commitments and Policies Instrument (NCPI). This mixed method approach provides the necessary information for understanding the context within which the Joint Programme works. It also complements the data from the UBRAF outcome indicators, while also providing important updates on the direct work of the Joint Programme.
8. This reporting will be done through the annual Performance Monitoring Reports and will include highlights of the Joint Programme's differentiated work in various contexts and situations and reflect its work to reduce context-specific gaps and inequalities.

Definitions for Table 1. Indicator matrix for the Joint Programme result areas:

9. **Joint Programme result areas at output level.** These are the Joint Programme's critical areas of focus to address inequalities in the HIV response and bring it back on-track; informed by and fully aligned with the Global AIDS Strategy's result areas (as per the UBRAF results framework).
10. **Specific Joint Programme outputs.** These are formulated similarly to 'sub-outputs' for each Joint Programme result area at output level. As requested by the PCB, these specific outputs present a breakdown of the result area output highlighting a more specific, focused and measurable added value of the Joint Programme's work and will serve as the basis for Joint Programme accountability and will be measured using the related indicator(s).
11. **Joint Programme performance indicators for each specific output.** These measure the Joint Programme's performance in relation to the related specific Joint Programme output.
12. **Joint Programme outcome indicators.** These measure the progress made towards achieving the intended Joint Programme outcomes and the corresponding Global AIDS Strategy strategic priority. These are measured through a few selected GAM or NCPI indicators that are most relevant to the area that the Joint Programme contributes to.

13. **Milestones.** These are intended achievements to measure progress of the work being conducted by the Joint Programme for defined timeframes (by end of 2023 and 2025 to feature in the respective Workplan and Budget, and the full indicator matrix to be finalized by June 2022).
14. **Targets.** These are the final intended achievement to measure the Joint Programme's work/contributions for the specific Joint Programme output by end of 2026.
15. **Number of countries.** Unless otherwise indicated, "number of countries" in the specific outputs, indicators and milestones refer to countries where the Joint Programme operates (which includes various modalities such as in-country presence and through regional or global level support including through virtual means).

Definitions for Table 2. Indicator matrix for the Secretariat Functions:

16. **Specific Secretariat outputs.** These are formulated similarly to 'sub-outputs' for each Secretariat function. These specific outputs present a more focused and measurable view of the Secretariat's work as requested by the PCB. They are not intended to cover and capture all the already defined areas of interventions/deliverables. As requested by the PCB, the specific Secretariat outputs will serve as the basis for Secretariat accountability and will be measured by using the related indicator(s).
17. **Indicators for each specific Secretariat output.**⁵ These measure the Secretariat's performance in relation to the related specific Secretariat output over five years
18. **Milestones.** These are the intended achievements to measure progress of the work being conducted by the Secretariat for 2023 and 2025. These milestones will feature in the respective Workplan and Budget documents, and in the full indicator matrix to be finalized by June 2022
19. **Targets:** These are the final intended achievement to measure the Secretariat's work/contributions for the specific outputs by the end of 2026

Tool references:

20. **The GAM** is a global tool, managed by UNAIDS and used by countries for their annual reporting of programme, behavioural, financial and epidemiological to assess progress towards ending AIDS as a public health threat by 2030 and inform global reports other analysis.⁶
21. **The NCPI** is a part of the GAM mechanism which allows countries to report their progress against the commitments they made in the Political Declaration.⁷
22. **The JPMS** is an internal web-based tool that allows the Joint Programme to plan and report against UBRAF implementation and results achieved. It is used to share planning and reporting data from countries, regions and headquarters/global level in order to prepare consolidated reports for the PCB, such as the annual Joint Programme

⁵ The Secretariat functions and Results Area indicators are complementary and should be read in conjunction with each other. For conciseness and clarity reasons, not all cross links are explicitly mentioned here but reference is made to the Theory of Change.

⁶ For more information on the GAM indicators, see: [Global AIDS Monitoring \(unaids.org\)](https://www.unaids.org/global-aids-monitoring) (noting the updated version will be available end 2021) and for information on how the GAM data is used to inform the Global AIDS Report, see: [2021 UNAIDS Global AIDS Update — Confronting inequalities — Lessons for pandemic responses from 40 years of AIDS | UNAIDS](https://www.unaids.org/global-aids-update)

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

Performance Monitoring Report and other analyses. Data from the JPMS are also used to share information across the Joint Programme as well as to generate other reports as may be required by donors, governments, executive boards of Cosponsoring organizations of the Joint Programme and other stakeholders.

Indicator guidance documentation and the full indicator matrix:

23. To ensure a clear common understanding, consistency (coherent and comparable data set across countries and over time) and transparency, an indicator guidance will be developed in 2022. It will provide further background, including how each individual indicator is defined and the data are collected, and it will set parameters around the Joint Programme's work to be measured through the results framework and indicators matrix. The indicator guidance will include the following:
- definition of the number of countries for each indicator when it does not refer to the full set of countries where the Joint Programme operates;
 - the indicator definition including the rationale, calculation method, frequency, source of data (such as the NCPI), data collection tools and the quality assurance process;
 - data for the baseline, milestones and targets, which will be identified in early 2022 through consultations with Joint Teams in countries and regions; and
 - the indicator cascade in line the UBRAF theory of change and the contributions to the 2025 global AIDS targets.

Table 1: Interim indicator matrix for the Joint Programme Result Areas

JOINT PROGRAMME OUTCOME 1	
People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.	
Outcome indicators: relevant GAM indicator(s)⁸	
<u>High-level impact:</u>	
GAM 1.1	HIV incidence: Number of people newly infected with HIV in the reporting period per 1000 uninfected population
GAM 2.7	AIDS mortality: Total number of people who have died from AIDS-related causes per 100 000 population
<u>Continuum of services to key populations:</u>	
GAM 1.5	Condom use among key populations: Percentage of key populations reporting using a condom the last time they had sexual intercourse
GAM 1.11	People who received pre-exposure prophylaxis: Number of people who received pre-exposure prophylaxis (PrEP) at least once during the reporting period
GAM 1.4	HIV testing among key populations: Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status
GAM 2.6	Antiretroviral therapy coverage among people living with HIV in key populations: Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months
<u>Status of prevention in a country:</u>	
GAM 1.7	HIV prevention programmes in prisons: HIV prevention and treatment programmes offered to prisoners while detained
<u>Treatment Cascade results:</u>	
GAM 2.3	People living with HIV who have suppressed viral loads: Percentage and number of adults and children living with HIV who have suppressed viral loads at the end of the reporting period
GAM 3.3	Mother-to-child transmission of HIV: Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months
JOINT PROGRAMME OUTPUT 1: HIV prevention	
Country and community capacities are strengthened to define, prioritize, implement and bring gender-responsive HIV combination prevention programmes for and with key populations and other groups at high risk of HIV at a scale to drive impact and achieve national HIV prevention targets.	
Specific Joint Programme output 1.1. for 2022-2026	Indicator
Provide policy advice and strategic guidance to adopt, implement and monitor national policies, tools and targets for combination HIV prevention services for and with key populations ⁹ and other groups at higher risk of HIV.	1.1.1. Number of countries supported by the Joint Programme to include in their national policies and strategies, all recommended elements of evidence-

⁸ These are proposed based on the assumption that the information will be available at the time of the annual Joint programme Performance Monitoring Report preparations

⁹ As per the Global AIDS Strategy (pp. 8 & 10) key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

The term "key populations" is also used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population.

	based combination HIV prevention packages for key populations and other populations at risk of HIV. ¹⁰
<p>Specific Joint Programme output 1.2. for 2022-2026 Technical and policy support provided to countries to scale-up and tailor evidence-based combination prevention programmes and services, for and with key populations and other groups at higher risk of HIV.</p>	<p>Indicator 1.2.1. Number of countries supported by the Joint Programme where combination prevention programs that are tailored for specific key and priority populations have been scaled up.</p>
<p>JOINT PROGRAMME OUTPUT 2: HIV testing and treatment Country and community capacities are strengthened so that HIV testing, treatment, care, support and integrated services are scaled up.</p>	
<p>Specific Joint Programme output 2.1. for 2022-2026 Strategic convening of scientists, communities and multisectoral stakeholders, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.</p>	<p>Indicator 2.1.1. Guidance developed to support integrated service delivery of HIV and comorbidities. 2.1.2. Number of countries that have implemented innovations to optimize access to integrated HIV and comorbidity / coinfection services.</p>

¹⁰ This will be disaggregated by key populations and other populations at risk of HIV

<p>Specific Joint Programme output 2.2. for 2022-2026 Provide policy, advocacy and technical support to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services including those for comorbidities and coinfections, and related access and update monitoring, and share good practices.</p>	<p>Indicator</p> <p>2.2.1. Number of countries that have updated and implemented their national recommendations on HIV testing, treatment and service delivery in alignment with the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring (Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach (who.int)) with particular focus on:</p> <ul style="list-style-type: none"> a) recommended HIV testing services approaches b) First- and second-line antiretroviral therapy (ART) c) differentiated service delivery¹¹ d) viral load monitoring e) advanced HIV disease <p>2.2.2. Number of countries that implement recommended WHO-preferred first-line antiretroviral regimen for treatment initiation in their national guidelines, based on the recommendations in the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring (WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach (who.int)), for:</p> <ul style="list-style-type: none"> a. Adults and adolescents, b. Women of childbearing age, and c. Pregnant and/or breastfeeding women. <p>2.2.3. Number of countries adopting shorter rifamycin-based regimens for tuberculosis (TB), preventive treatment (TPT) for people living with HIV.</p>
<p>JOINT PROGRAMME OUTPUT 3: Paediatric AIDS, Vertical Transmission Capacities at national and subnational levels strengthened to ensure access to tailored, integrated, data-informed, differentiated services to eliminate vertical transmission and end paediatric AIDS.</p>	
<p>Specific Joint Programme output 3.1. for 2022-2026 Countries supported to adopt updated normative guidance, recommendations and develop and share best practices for elimination of vertical transmission and optimizing HIV testing, treatment and outcome for children and adolescents living with HIV.</p>	<p>Indicator</p> <p>3.1.1. Number of priority countries¹² adopting and adapting latest international normative guidelines for eliminating vertical transmission and ending paediatric AIDS.</p>

¹¹ With new definitions and recommended differentiated service delivery approaches

¹² 20 priority countries that contribute to about 80% of the global burden of women living with HIV who do not receive antiretroviral treatment during pregnancy and breastfeeding; new HIV infections in children and children living with HIV not receiving antiretroviral treatment

<p>Specific Joint Programme output 3.2. for 2022-2026 Regions, partners and countries guided and supported to prioritize and implement sustainable, actions for eliminating vertical transmission and ending pediatric AIDS through building capacity, integration of HIV into maternal, neonatal, child and adolescent health and primary care, and through leveraging domestic and international investments.</p>	<p>Indicator 3.2.1. Number of priority countries supported to develop a national validation report to support the Global Validation Advisory Committee (data analysis, community consultations). 3.2.2. Number of priority countries with HIV services for children integrated into at least 50% of primary healthcare sites.</p>
<p>JOINT PROGRAMME OUTCOME 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.</p>	
<p>Outcome indicators: relevant GAM indicator(s) <u>Stigma and discrimination:</u> GAM 6.4 Experience of HIV-related discrimination in health-care settings: Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings</p> <p><u>Community leadership:</u> NCPI 138¹³ Number of countries reporting having any laws, regulations or policies that provide for the operation of community-led organization in their country</p> <p><u>Gender equality and empowerment of women and girls:</u> NCPI 130¹⁴ Number of countries reporting that they have a national plan or strategy to address gender-based violence and violence against women that includes HIV NCPI 137¹⁵ Number of countries reporting that they have at least one service delivery point that provides elements of comprehensive post-rape care as per WHO guidelines NCPI 191.4¹⁶ Number of countries that have a national strategy or policy guiding the AIDS response that include a dedicated budget for implementing gender-transformative interventions</p> <p><u>Adolescent/Youth-focused indicator:</u> NCPI 46¹⁷ Number of countries reporting that they have set a national target on comprehensive knowledge of HIV among adolescents and young people</p>	

¹³ NCPI 138. Are there any laws, regulations or policies that provide for the operation of community-led organizations in your country (please select all that apply)

¹⁴ NCPI 130. Does your country have a national plan or strategy to address gender-based violence* and violence against women that includes HIV?

¹⁵ NCPI 137. Does your country have at least one service delivery point that provides elements of comprehensive post-rape care as per WHO guidelines: first-line support/psychological first aid/psychosocial support, emergency contraception, STI prophylaxis or treatment, HIV post-exposure prophylaxis, safe abortion to the full extent of the law

¹⁶ NCPI 191.4 and 191.4a. :

NCPI 191.4 If yes to Question 191, does the national strategy or policy guiding the AIDS response include gender-transformative* interventions, including interventions to address the intersections of gender-based violence* and HIV?

NCPI 191.4a If yes to 191.4.a, does the national strategy or policy guiding the AIDS response include a dedicated budget for implementing gender-transformative interventions?

¹⁷ NCPI 46: Has your country set a national target on comprehensive knowledge of HIV among adolescents and young people?

<p>JOINT PROGRAMME OUTPUT 4: Community-led responses Empowered communities have the capacities to exert leadership and take action in addressing the needs of people living with, at risk of or affected by HIV, especially to those who are currently excluded.</p>	
<p>Specific Joint Programme output 4.1. for 2022-2026 Develop and promote normative guidance and support advocacy strategies for community-led responses (network strengthening, legal literacy, advocacy, monitoring and service delivery), including those led by people living with HIV, key populations, women and youth.</p>	<p>Indicator 4.1.1. Number of countries where community-led organizations received technical support and normative guidance to develop advocacy strategies.</p>
<p>Specific Joint Programme output 4.2. for 2022-2026 Provide technical and policy support to countries to develop and expand partnerships between governments and community-led organizations, and support for greater engagement of networks in decision-making for community led responses, including on funding.</p>	<p>Indicator 4.2.1. Number of countries where technical support on community- led-responses was provided for national and/or subnational government and other stakeholders.</p>
<p>JOINT PROGRAMME OUTPUT 5: Human rights Political commitment, community leadership, funding and evidence-informed action built to create enabling legal and policy environments and to remove multiple and intersecting forms of stigma and discrimination for people living with and vulnerable to HIV, including key populations, women, and girls.</p>	
<p>Specific Joint Programme output 5.1. for 2022-2026 Provide technical, policy and advocacy support to countries on enabling legal environments for HIV and advocate in international and regional forums for rights-based approaches.</p>	<p>Indicator 5.1.1. Number of countries supported in activities to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response.</p>
<p>Specific Joint Programme output 5.2. for 2022-2026 Provide technical and policy support to countries in the implementation of sustainable programmes or reforms (e.g., curricula, law reform, access to justice) to reduce HIV related stigma and discrimination.</p>	<p>Indicator 5.2.1. Number of countries supported in specific evidence- based actions to reduce stigma and discrimination across 3 of the 6 Global Partnership settings.</p>
<p>JOINT PROGRAMME OUTPUT 6: Gender equality Strengthened capacities of governments, communities and other stakeholders to ensure that women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality and work together to end gender-based violence in order to mitigate the risk and impact of HIV.</p>	

<p>Specific Joint Programme output 6.1. for 2022-2026 Strengthen gender expertise in countries supported by the Joint Programme to design, resource, implement, and monitor gender-transformative national and local HIV plans, policies, laws, and programmes, that address unequal gender norms, and to engage women and girls in all their diversity together with men and boys.</p>	<p>Indicator 6.1.1. Number of countries where Joint Programme support contributes to strengthening gender-transformative policies, financing and programmes, integrating gender equality into the national HIV response, and meaningfully engaging women in all their diversity, including those living with HIV.</p>
<p>Specific Joint Programme output 6.2. for 2022-2026 Provide policy and advocacy support to countries to implement gender-responsive HIV prevention, treatment, care and support services that are free of stigma and discrimination and that address gender-based violence.</p>	<p>Indicator 6.2.1. Number of countries where Joint Programme provided policy and advocacy support to implement gender-responsive HIV prevention, treatment, care and support services that are free of discrimination and that address gender-based violence.</p>
<p>JOINT PROGRAMME OUTPUT 7: Young people Countries are capacitated to invest in systems and platforms to deliver coordinated, multisectoral strategies that provide adolescents and youth with lifesaving information, equitable education, protection, and health services, promote their rights to bodily autonomy, and institutionalize their contributions to ending inequalities and ending AIDS.</p>	
<p>Specific Joint Programme output 7.1. for 2022-2026 Support countries to scale-up multisectoral interventions that promote life-skills and comprehensive sexuality education, access to youth-friendly sexual and reproductive health services and a seamless continuum across HIV prevention, treatment and care for adolescents and youth ages 10-24 years.</p>	<p>Indicator 7.1.1. Number of countries supported to implement the scale up of multisectoral interventions that align to ministerial commitments to increase access to youth-friendly sexual and reproductive health services and/or quality education, including comprehensive sexuality education, in order to improve young people's wellbeing.</p>
<p>Specific Joint Programme output 7.2. for 2022-2026 Technical support to countries to institutionalize the expansion of youth-led responses, ensure greater involvement and leadership of young people in the HIV response (service delivery, monitoring, advocacy and governance) and to put in place adequate funding and policy frameworks.</p>	<p>Indicator 7.2.1. Number of countries receiving policy support and advocacy to develop costing and prioritized plans to advance youth-led responses.</p>
<p>JOINT PROGRAMME OUTCOME 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.</p>	
<p>Outcome indicators: relevant GAM indicator(s) Focus on diversifying funding and reducing dependence on external funding GAM 8.3 HIV expenditure by origin of resources: Domestic and international HIV expenditure by programme category and financing source.</p>	

<p><u>Integration</u> Ref. B.10¹⁸ Proportion of people living with HIV who know their status with new or relapsed TB detected and registered out of the estimated number of incident HIV-positive TB cases GAM 7.11 Number of women living with HIV who were screened for cervical cancer using any screening test.</p>	
<p>JOINT PROGRAMME OUTPUT 8: Fully-funded, sustainable HIV response Capacities of key stakeholders are built to ensure that the HIV response is sustainably funded and equitably, effectively and efficiently implemented.</p>	
<p>Specific Joint Programme output 8.1. for 2022-2026 Advocate for, facilitate access to and guide HIV, health, and development financing mechanisms to advance national frameworks for more sustainable and equitable HIV financing including integrated into expanded pandemic preparedness financing, and related accountability.</p>	<p>Indicator 8.1.1. Number of countries that have developed and report implementation of measures advancing full and sustainable HIV financing. 8.1.2. Number of countries publicly disclosing HIV-related budgets and spending information.</p>
<p>Specific Joint Programme output 8.2. for 2022-2026 Broaden and deepen the use of innovation, technology and data analytics to improve the impact achieved with available resources, boosting coverage, quality, and equity.</p>	<p>Indicator 8.2.1. Number of countries having (i) conducted studies to improve allocative efficiency, address implementation bottlenecks, or other analytical exercises to improve resource use efficiency, multi-sectorial financing, impact and equity; and/or (ii) with up-to-date HIV Investment cases that are being used. 8.2.2. Number of eligible countries that successfully signed Global Fund and/or PEPFAR funding agreement and/or resolved grants' implementation challenges with Joint Programme support.</p>
<p>JOINT PROGRAMME OUTPUT 9: Integrated systems for health and social protection Increased access for people living with, at risk of and affected by HIV to integrated health services, health technologies and social protection.</p>	
<p>Specific Joint Programme output 9.1. for 2022-2026 Provide policy guidance, advocacy and technical support and produce and share knowledge products to support and advocate for integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV.</p>	<p>Indicator 9.1.1. Number of countries where Joint Programme operates which have key HIV services (antiretroviral treatment and pre-exposure prophylaxis) included in the national essential health services which is covered by national universal health insurance schemes. 9.1.2. Number of countries that have adopted the 2021 WHO recommendations on screening and treatment for the prevention of cervical cancer for women living with HIV into their national guidelines.</p>

¹⁸ Indicator B.10: <https://www.who.int/publications/i/item/9789241508278>

<p>Specific Joint Programme output 9.2. for 2022-2026 Improve data generation and better use of evidence to ensure access of people living with HIV to social protection and facilitate increased integration and linkages of HIV services in testing, treatment and care for other diseases and comorbidities.</p>	<p>Indicator 9.2.1. Number of countries supported by the Joint Programme to generate data and use evidence to remove barriers and increase access to social protection programmes for people living with, at risk of or affected by HIV.</p>
<p>JOINT PROGRAMME OUTPUT 10: Humanitarian settings and pandemics A fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.</p>	
<p>Specific Joint Programme output 10.1. for 2022-2026 Develop good practices, lessons learnt and field briefs in humanitarian settings on (a) strengthening the identification, diagnosis, management and outcome monitoring for people living with HIV and people with HIV/ TB, and (b) responding to the health and protection needs of people engaged in selling or exchanging sex in humanitarian settings.</p>	<p>Indicator 10.1.1. Number of countries implementing interventions/services for people selling or exchanging sex in humanitarian settings in emergency preparedness and response. 10.1.2. Number of countries that have received targeted support¹⁹ for strengthened diagnosis, treatment and outcome monitoring for persons living with HIV and persons with HIV/TB in humanitarian settings.</p>
<p>Specific Joint Programme output 10.2. for 2022-2026 Advocate for and provide technical assistance to contribute significantly to the building of more resilient systems for health and pandemic preparedness that fully leverage lessons from the HIV response and that are built in ways that also support platforms for the HIV response.</p>	<p>Indicator 10.2 Number of countries reporting the inclusion of HIV and essential HIV-related services in national pandemic preparedness plans and/or related efforts</p>

¹⁹ Targeted support identified in this indicator includes dissemination, promotion, etc., and will be further detailed in the indicator guidance document in 2022.

Table 2: Indicator matrix for each Secretariat function

S1 – Leadership, advocacy and communication	
Engage political leaders, high-level platforms, activists, champions and other key stakeholders to maintain and enhance the multisectoral response, in order to address the multidimensional nature of the global AIDS epidemic and in support of ending AIDS, reducing inequalities and accelerating progress towards the Sustainable Development Goals.	
Specific outputs for 2022-2026	Indicators
S1.1. Sustain and enhance political commitments to end AIDS and implement the Global AIDS Strategy and end HIV-related inequalities.	<p>S1.1.1. Number of countries reporting progress to end AIDS through submission of annual Global AIDS Monitoring Reports (GAM) to UNAIDS.</p> <p>S1.1.2. Number of countries that develop, update or revise national HIV strategies or plans that reflect the targets and commitments in the Global AIDS Strategy.</p>
S1.2. The meaningful engagement and leadership of people living with HIV, key populations, women and young people at risk of or affected by HIV, strengthened at all levels of decision-making and implementation.	S1.2.1. Number of countries and regions that regularly convene government representatives with networks of people living with HIV, key populations, affected women and girls and young people, as well as other stakeholders, for information sharing and decision making with support from the Secretariat.
S2 – Partnerships, mobilization and innovation	
Enhance political will, convene strategic initiatives and partnerships, and foster mobilization of sustainable resources. Provide thought leadership, advocacy, knowledge management and communities of practice, and normative and operational guidance, tools and implementation support for a rights-based, gender transformative response—including through innovative, community- and youth-led approaches. The aim is to achieve expanded access to HIV services, catalyze action on societal enablers, engender increasingly competent and resilient communities, including in the face of human rights and health crises, and increase accountability from duty bearers to rights holders.	
Specific outputs for 2022-2026	Indicators

<p>S2.1. UNAIDS Global Strategic Initiatives²⁰ and partnerships are effectively convened and leveraged to address gaps, remove barriers and reduce risk and vulnerability for communities affected by HIV.</p>	<p>S2.1.1. Number of countries in sub-Saharan Africa that champion the Education Plus initiative.</p> <p>S2.1.2. Number of countries that annually complete a PLHIV Stigma Index.</p> <p>S2.1.3. Number of countries that join the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (Global Partnership) and implement operational plans.</p>
<p>S2.2. Secretariat's knowledge management approach to support the reduction in HIV related inequalities and accelerate progress across the HIV response strengthened at global, regional and country levels.</p>	<p>S2.2.1. Number of countries and regions where UNAIDS Secretariat operates that demonstrate increased action to support sharing of information, knowledge, experiences within UNAIDS and with its partners and local communities.</p>
<p>S3 – Strategic information</p>	
<p>In accordance with UNAIDS mandate to collect pertinent data from countries and report progress towards global HIV response targets, lead, with Cosponsors, the HIV response tracking and reporting, support the identification of inequalities in the HIV response and enhance countries' strategic information capacities on the HIV epidemic and response with regards to: epidemiological status; demographic impact; HIV financial flows and expenditures; prevention, treatment and care gaps; laws and policies and the scale-up and implementation of monitoring and evaluation efforts.</p>	
<p>Specific outputs for 2022-2026</p>	<p>Indicators</p>
<p>S3.1. Adapt monitoring framework to the Global AIDS Strategy 2021-2026 and the 2021 United Nations General Assembly (UNGA) high-level meeting Political Declaration on HIV/AIDS.</p>	<p>S3.1.1. Monitoring framework corresponding to the Global AIDS Strategy 2021-2026 UNAIDS strategy and the 2021 UNGA high-level meeting Political Declaration on HIV/AIDS developed, shared, used and reviewed with countries and partners.</p>
<p>S3.2. Support countries to produce HIV estimates and submit data for GAM and community-led monitoring to measure progress and identify remaining gaps and inequalities.</p>	<p>S3.2.1. Number of countries supported for reporting of new GAM indicators and HIV estimates process, resulting in timely data available for the Global AIDS Update report and used by countries, communities, and partners.</p>
<p>S3.3. Produce and disseminate Global AIDS Update reports and updates AIDSinfo on epidemic and response, including financing available.</p>	<p>S3.3.1. Global AIDS Update reports, other flagship reports and annual updates to AIDSinfo produced and disseminated, highlighting progress and inequality gaps, and giving examples of data use by countries, communities and partners to improve programmes.</p>

²⁰ These refer to various existing and new global initiatives, noting that the indicators here would only track selected ones while others are covered under the related Joint Programme Result Areas, such as the Global Prevention Coalition which is covered under Result Area 1 and has its own monitoring framework. These global initiatives will be further specified in the indicator guidance.

SECRETARIAT FUNCTIONS	
S4 – Coordination, convening and country implementation support	
<p>Building on the accumulated expertise, systems and partnerships of the HIV response and on broader health and development efforts, work with countries and communities to strengthen national mechanisms for effective coordination and coherence. UN Joint Teams on AIDS in countries and other regional interagency mechanisms support inclusive and sustainable national HIV responses that promote a whole-of-government and whole-of-society efforts to end inequalities and end AIDS as a public health threat. Together with communities and duty bearers, use an inequalities lens to identify people who are being left behind and to urgently reduce the inequalities, inequities and exclusion experienced by people living with, affected by and at risk of HIV, including in humanitarian or other extreme circumstances.</p>	
Specific outputs for 2022-2026	Indicators
<p>S4.1. Convene Joint UN Teams on AIDS at regional and country level to provide coordinated effective UN support to national AIDS responses and to the SDGs as part of UNSDCFs.</p>	<p>S4.1.1. Number and percentage of UN Sustainable Development Cooperation Frameworks (UNSCDF) that integrate priorities on ending HIV related inequalities and ending AIDS.</p> <p>S4.1.2. Number of functioning country level Joint Teams on AIDS implementing the Joint UN Plan as a part of and contribution to UNSDCFs (functional=sustained membership, defined joint UN plan with budget, report on deliverables).</p> <p>S4.1.3. Functioning Regional Joint UN Teams on AIDS in all UNAIDS regions (functional = sustained membership, defined role and engagement in regional coordination platforms, support to country Joint Teams to deliver results, reporting).</p>
<p>S4.2. Harmonized Joint Programme approaches to address HIV related inequalities and remove barriers to equitable, people-centred and rights-based, gender-transformative, community and youth led integrated HIV services at regional and country level.</p>	<p>S4.2.1. Number of countries supported in identifying and addressing HIV-related inequalities, removing barriers to equitable access to services, advancing human rights, gender transformative, community/youth-led programming, and responding effectively to emerging human rights crises and gender-based violence.</p> <p>S4.2.2. Number of countries where UNAIDS guidance, tools, trainings, and technical support are provided which promote an inequalities lens, gender equality, human rights and community and youth leadership.</p> <p>S4.2.3. Number of countries where UNAIDS convening role is used to provide advice and support on HIV-related human rights issues, crises, and gender-based violence.</p>
SECRETARIAT FUNCTIONS	
S5 – Governance and mutual accountability (including evaluations)	

<p>Mobilize, facilitate and support Member States', PCB NGO Delegation, the Committee of Cosponsoring Organizations and other PCB stakeholders' equal and effective engagement in the governance of the Joint Programme and in its contribution to deliver on the Global AIDS Strategy and the 2030 Agenda for Sustainable Development. Lead the Joint Programme's mutual accountability mechanisms for results and resources, including quality reporting.</p> <p>Building on the experience of evaluations conducted in recent years, robust biennial evaluation plans will be developed, presented for approval to the PCB,²¹ and effectively implemented. The evaluation plan covers the work of the Secretariat and the HIV-related activities of the Cosponsors under the 2022–2026 UBRAF.</p>	
Specific outputs for 2022-2026	Indicators
<p>S5.1. Facilitate and support effective governance of and inclusive stakeholder engagement in the Joint Programme and promote multilateral commitment to the global AIDS response (PCB, including Committee of Cosponsoring Organizations (CCO), ECOSOC, and UNGA).</p>	<p>S5.1.1. Comprehensive governance briefings, support, legal counsel and facilitation provided to the PCB Bureau members and PCB constituencies on a timely basis.</p> <p>S5.1.2. Appropriate and timely support provided to the PCB NGO delegation to ensure full and meaningful participation in Joint Programme governance.</p> <p>S5.1.3. PCB thematic segments feature open discussions and consensus recommendations on programmatic issues of high importance to deliver the Global AIDS Strategy.</p> <p>S5.1.4. High level leadership by Cosponsors in the CCO and other fora to catalyze action in the global AIDS response and to support the cohesion and relevance of the Joint Programme.</p>
<p>S5.2. Mutual accountability and transparency mechanisms, including the PCB Independent External Oversight Advisory Committee, in place (in relation with UBRAF management, monitoring and reporting, compliance with IATI, follow up to audit recommendations, relevant PCB decisions, and MOPAN).</p>	<p>S5.2.1. Performance Monitoring Reports considered by the PCB and Results & Transparency Portal updated.</p> <p>S5.2.2. Timely follow-up to relevant PCB decisions completed.</p> <p>S5.2.3. The Independent External Oversight Advisory Committee established and effectively functioning with meaningful engagement of all PCB constituencies.</p>
<p>S5.3. Submit quality UN mandatory reports (QCPR, UN Funding Compact, UN SWAP) demonstrating strong compliance rates and active contribution to UN reform.</p>	<p>S5.3.1. QCPR and UN Funding Compact reports completed with progressive increase in compliance with recommendations and integration with UN system wide tools (e.g., UN INFO).</p> <p>S5.3.2. UN SWAP report completed and progress towards fully meeting recommendations.</p>

²¹ First biennial evaluation plan for 2022–2023 to be presented in December 2021.

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

S5.4.1. Evaluation plans submitted to and approved by the PCB, reported on and tracking of implementation of follow up recommendations.

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