

Joint Action for Results

UNAIDS Outcome Framework
2009–2011



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Joint Action for Results

UNAIDS Outcome Framework, 2009–2011



Photo UNAIDS / P. Virost



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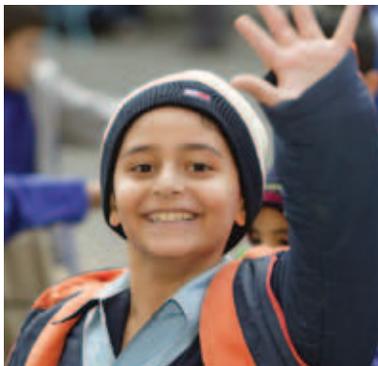


Photo UNAIDS / P. Virost

*“People forget. We are here to act.
We are here to deliver results. We are agents of
change. Our job is to change the UN – and,
through it, the world.”*

Secretary-General Ban Ki-moon
Turin, Italy



Photo UNAIDS / P. Virot



Photo UNAIDS / P. Virot

Context

The global response to the HIV epidemic is at a crossroads. The emergency footing of the response over the past 25 years and the broad social mobilization of stakeholders have spearheaded remarkable action and results. Yet the hard-won gains are fragile and call for a renewed commitment and leadership by the United Nations system. Our joint efforts have produced encouraging results, but many challenges lie ahead.

In order to achieve further progress, it is essential to take steps to address specific gaps in the response to the epidemic as well as the social, political and structural constraints that limit results.

Progress requires that the UNAIDS Secretariat, the Cosponsors¹ and other partners protect and build on the gains already made and make use of the opportunities for linking specific actions and broader agendas for reaching the Millennium Development Goals.

The challenges facing the response to AIDS are exacerbated by the current global financial and economic crisis. As stated in the April 2009 communiqué from the

Secretariat of the United Nations System Chief Executives Board for Coordination, the crisis will affect all countries, with a serious and disproportionate impact on the poorest, and could leave 80% of the world's population without a social safety net.

The HIV organizational landscape has evolved and grown more complex over the past decade. UNAIDS, donors and civil society, including networks of people living with HIV, have rightly demanded greater clarity on the relationships between needs, financing, activities and outcomes. Also demanded is greater specificity about the role of UNAIDS and the Secretariat within the wider constellation of actors.

We are responding through this Outcome Framework to optimize our partnerships between the UNAIDS Secretariat and the Cosponsors. The Outcome Framework, which builds upon the UNAIDS Strategic Framework (2007–2011), will guide future investment. It will also hold the Secretariat and the Cosponsors accountable for making the resources of the UN work for results in the countries.

¹ The ten UNAIDS cosponsoring organizations are: Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), World Bank.

Keeping the momentum

In 2006, the world made a historic commitment at the United Nations aimed at the goal of universal access to comprehensive prevention programmes, treatment, care and support. The achievement of universal access will remain the fundamental priority for UNAIDS. Universal access goals can become a reality. By achieving these goals, we can contribute to the broader development agenda.

The multisectoral determinants of the epidemic demand dynamic and multifaceted responses that must constantly evolve to meet emerging challenges and priorities. We have identified areas in which our collective

action can make a difference. Flexibility in planning and budgeting is critical, as is the ability to monitor progress and results.

We will continue to strive for increased efficiency and effectiveness in the response to AIDS, and to demonstrate the added value of coherence in the UN system and its collective impact at the country level.

We will revive the unified forces of the Cosponsors and the implementation of a relevant UN response to the epidemic. Delivering results in priority areas holds the Cosponsors and the UNAIDS Secretariat accountable in each area of their respective comparative advantage.

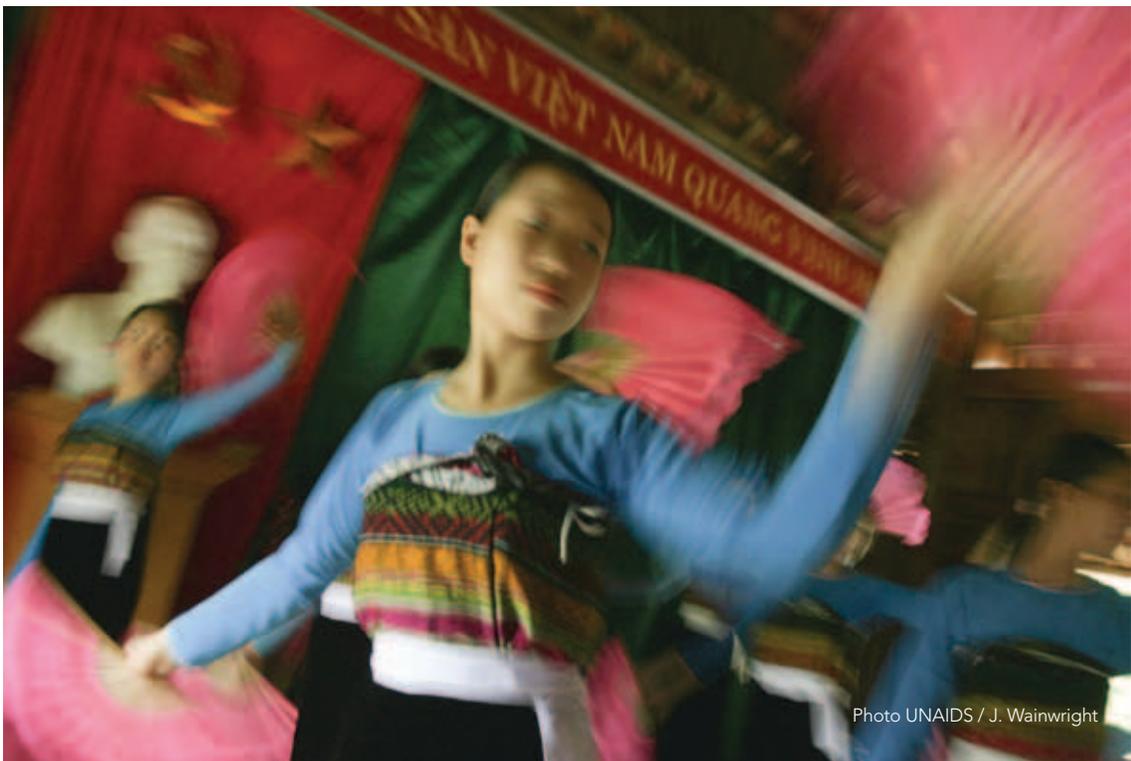


Photo UNAIDS / J. Wainwright

Moving forward

Under the Outcome Framework for the period 2009–2011, UNAIDS will continue to advocate for comprehensive national responses, including ramped-up prevention efforts to break the trajectory of the epidemic, and will refocus its efforts on achieving results in ten priority areas. These priority areas have been selected because their realization will contribute directly to the achievement

Union and the Association of Southeast Asian Nations, and coalitions such as Health 8.

Substantial progress on a number of the Millennium Development Goals can be achieved by taking the AIDS response out of isolation and integrating it with efforts to achieve broader human development and the goals of health and social justice.

This Outcome Framework affirms the UNAIDS Secretariat and Cosponsors to leverage our respective organizational mandates and resources to work collectively to deliver results.

of universal access and will simultaneously enable advancement towards the related Millennium Development Goal outcomes.

Our success demands a shift in the development agenda, in which poverty reduction is accompanied by a growth in dignity, freedom and equality. In this model of development, women and men — including those pushed to the margins of society — will have enhanced control over their lives.

The AIDS movement has used the power of human rights to transform society's approach to the epidemic. The global movement of people living with HIV and the nearly four million people on treatment are a force for change.

UNAIDS will fully engage partners and stakeholders from all sectors, including civil society, networks of people living with HIV, the private sector, governments, regional intergovernmental groups such as the African

The response to AIDS should be about building bridges and restoring trust in public institutions.

Future investments in the AIDS response will be guided by:

- The commitment to stand by people living with and affected by HIV;
- Measurable impacts on preventing new infections and on the people most affected;
- The promotion of human rights and gender equality;
- The best available scientific evidence and technical knowledge;
- Comprehensive responses to AIDS that integrate HIV prevention, treatment, care and support;
- The pursuit of wider results in terms of developmental outcomes; and
- Programme coherence and alignment of external resources to national priorities to effectively deliver results.

Action agenda:

Ten priority areas and cross-cutting strategies



Photo UNAIDS

Under the Outcome Framework for the period 2009–2011, UNAIDS will focus its efforts on achieving results in ten priority areas. These priority areas have been selected based on a series of consultations with the Cosponsors, communities, civil society and a broad range of other stakeholders.

The realization of these priority areas will accelerate the achievement of universal access. It will require effort and commitment from all stakeholders, and can bring about even greater results in terms of wider developmental outcomes and contribute to the attainment of the Millennium Development Goals.

In our continuous efforts to support all countries to halt and reverse the epidemic, address its drivers and mount an effective response, major relevant strategies for combination HIV prevention must be strengthened, brought to scale and extended to meet the particular needs of all those at risk, including people on the move and people in emergency settings.

The priority areas are interlinked, and hence progress in one area will contribute to progress in others. In many cases, a single programmatic activity can promote action in more than one of the priority areas.

- **We can reduce sexual transmission of HIV:** Sexual transmission accounts for more than 80% of new HIV infections worldwide. Reversing the global AIDS epidemic requires a dramatic increase in community, national and global action for sexual and reproductive health and rights, and in individual commitment to safer sex. We can reduce sexual transmission of HIV by promoting social norms and individual behaviours that result in sexual health; by supporting the leadership of people living with HIV for ‘positive health, dignity and prevention’; and by supporting universal access to key prevention commodities and services, especially for the most vulnerable, including sex workers and men who have sex with men.
- **We can prevent mothers from dying and babies from becoming infected with HIV:** By scaling up access to and the use of quality services for the prevention of mother-to-child transmission (+) as an integral part of sexual and reproductive health services and reproductive rights for women, their partners and young people. This includes ongoing care and treatment for women, and their partners, and children in affected families.

HIV prevention key to changing the trajectory of the AIDS epidemic

For every two people who start on HIV treatment, five are newly infected. UNAIDS must magnify its focus on HIV prevention while addressing the specific needs of each key population, including youth, women and girls, sex workers and their clients, injecting drug users, men who have sex with men, prisoners, refugees and migrants. This will help change the course of the epidemic.

UNAIDS advocates for a combination approach to HIV prevention that is tailored to local epidemics. Combination prevention requires action simultaneously both on the immediate risks and on the underlying drivers of the epidemic.

Combination HIV prevention involves choosing the right mix of HIV prevention actions and tactics to suit the unique epidemic in each country and matching the needs of those most at risk, just as the right combination of drugs and nutritional support is chosen for antiretroviral treatment.

Combination HIV prevention means providing services and programmes for individuals, such as promoting the knowledge and skills necessary to undertake safe behaviours. These include knowledge of HIV status, knowledge of risks, reducing concurrent and serial sexual partners, using condoms consistently, scaling-up male circumcision and the prevention of mother-to-child transmission services. Combination HIV prevention needs investment in structural interventions, including legal reforms to outlaw discrimination against people living with HIV and the enforcement of laws that prohibit sexual and gender-based violence. It also requires the promotion of a desire for behaviour change while simultaneously acting to shift community norms and broader social environments. Only in this way can HIV prevention responses be widespread and sustainable. Combination prevention highlights the synergies that can come when these programmes are coordinated and reinforce each other.

There is no single 'magic bullet' for HIV prevention, but by making the right choices every country's HIV prevention efforts can have the power, relevance and scale required to stop new HIV infections.

- **We can ensure that people living with HIV receive treatment:** By scaling up and sustaining treatment coverage and bridging the gap between sexual and reproductive health and HIV, integrating nutritional support within treatment programmes and increasing the number of skilled and equipped health workers.
- **We can prevent people living with HIV from dying of tuberculosis:** By ensuring an effective integrated delivery of services for HIV and tuberculosis as well as nutritional support in all settings.
- **We can protect drug users from becoming infected with HIV:** By making comprehensive, evidence-informed and human-rights-based interventions

accessible to all drug users (i.e. harm reduction and demand reduction), including programmes to reduce hepatitis coinfection, and by ensuring that legal and policy frameworks serve HIV prevention efforts.

■ **We can protect men who have sex with men and transgender people from becoming infected with HIV:**

By ensuring that communities of men who have sex with men and transgender people are empowered and resourced to both access and deliver effective HIV prevention programmes, that health services are inclusive of the needs of men who have sex with men and transgender people and that law enforcement agencies and the judicial system protect all citizens, regardless of sexual orientation.

■ **We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS:**

By collaborating with civil society and all stakeholders to uphold non-discrimination in all efforts, countering social judgement and the fear that feeds stigma, delivering on the broader human rights agenda, including in the areas of sex work, travel restrictions, homophobia and criminalization of HIV transmission, ensuring access to justice and use of the law by promoting property and inheritance rights, protecting access to and the retention of employment and protecting marginalized groups and reinforcing the work of UN Plus.

■ **We can stop violence against women and girls:**

By making the response to AIDS an opportunity to reduce intimate partner and sexual

violence and developing comprehensive responses to gender-based violence and HIV prevention within and beyond the health sector.

■ **We can empower young people to protect themselves from HIV:**

By putting young people's leadership at the centre of national responses, providing rights-based sexual and reproductive health education and services and empowering young people to prevent sexual and other transmission of HIV infection among their peers. By ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education. And by ensuring enabling legal environments, education and employment opportunities to reduce vulnerability to HIV.

■ **We can enhance social protection for people affected by HIV:**

By promoting the provision of a range of social services to protect vulnerable populations, including populations of humanitarian concern, refugees, internally displaced persons and migrants, informal-economy workers, people experiencing hunger, poor nutrition and food insecurity and orphaned and vulnerable children. By promoting corporate social responsibility, workplace policies and income generation for people affected by HIV. By empowering governments, particularly ministries of labour, employers and workers to adopt, implement and monitor HIV-related policies. And by countering discrimination and promoting HIV prevention, treatment, care and support through workplaces, including through UN Cares, and their links with the community.



Photo UNAIDS / P. Viot

Cross-cutting strategies

These outcome areas call for joint action. In order to address these areas effectively, the Secretariat and the Cosponsors will support cross-cutting strategies and institutional delivery mechanisms that build on what we know works and will take steps for change where we need to work differently and work better. We will:

- Bring AIDS planning and action into national development policy and broader accountability frameworks;
- Optimize UN support for applications to, and programme implementation of, the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- Improve country-by-country strategic information generation, analysis and use, including through the mobilization of novel sources;
- Assess and realign the management of technical assistance programmes;
- Develop shared messages for sustained political commitment, leadership development and advocacy; and
- Broaden and strengthen engagement with communities, civil society and networks of people living with HIV at all levels of the response.

Translating priority areas into measurable outcomes

The ultimate impacts of the renewed commitment to universal access reflected in the Outcome Framework will be averting HIV infections and HIV-related deaths and improving the quality of life of people living with HIV. This is in line with the sixth Millennium Development Goal, to halt and reverse the AIDS epidemic.

For each of the ten priority areas, as well as the cross-cutting strategies, specific outcomes and targets will be established in the UNAIDS Unified Budget and Workplan (UBW).

The UBW brings together the individual and joint efforts of the ten Cosponsors and the UNAIDS Secretariat to operationalize the Outcome Framework. The specific results and corresponding budgets of the Cosponsors and the Secretariat will be defined. Clear accountability indicators will be developed and used to track progress and to monitor the achievement of the outcomes and the action agenda.

In supporting the implementation of the Outcome Framework, UNAIDS will increasingly concentrate its human and

financial resources where they can make the most difference to the epidemic. Joint programmes of support will be scaled up substantially and will become the norm and not the exception.

UNAIDS country staff will increasingly focus their efforts on:

- Brokering and unifying the management of relevant technical support for appropriate national AIDS responses;
- Producing strategic analyses of programmatic quality to improve results-based implementation;
- Enabling political agents to demand change in governance, legislation and policy to support evidence-informed programmes;
- Developing oversight structures to ensure mutual accountability to demand results; and
- Supporting the Cosponsors, in order to maximize their comparative advantage at the country level in support of national efforts to achieve universal access.

Measuring progress, promoting accountability, achieving the vision

Following the historic G20 summit in March 2009, UN Secretary-General Ban Ki-moon made clear the importance of turning the economic crisis into an opportunity for a sustainable future. The UN system will actively participate in a new vulnerability monitoring and alert mechanism to track developments and report on the political, economic, social and environmental dimensions of the crisis.

Each of the ten priority areas represents a distinct goal. Each priority area requires a strategic combination of specific actions that should be tailored to the country's specific epidemic and that must identify the most effective strategies, build local capacity,

increase coverage of services, ensure quality and ensure that services are equitable.

If countries were to reach their 2010 targets for universal access, a dramatic change in the course of the epidemic would follow (see box below).

In order to establish baselines, measure progress and monitor success or failure, multiple sources of data and methodologies must be used. No single indicator can capture the entire scope of progress towards any of these outcomes. We will use a mix of relevant quantitative indicators, composite indices and specific qualitative assessments. We will synthesize this information into a meaningful understanding of whether

If countries reached their 2010 targets for universal access*, this would dramatically change the course of the epidemic.

Expected outcomes in 132 low- and middle-income countries (in millions)

	2007	2010	2015
Number of new HIV infections (annual)	2.7	1.3	1.0
People on antiretroviral treatment	3.0	6.7	11.6
Workers reached in the workplace	11.8	46.2	96.7
Pregnant women offered comprehensive prevention of mother-to-child transmission services	20.0	74.5	78.7
Men who have sex with men reached	3.9	20.4	23.3
Safe injections provided	348.3	4 247	5 742
Orphans supported	1.5	6.7	18.9

* Under the country-defined universal access approach countries achieve different programmatic targets at different times and the achievement of universal access by all countries by 2015.

We can prevent mothers from dying and babies from becoming infected with HIV — how to measure progress

To know if a country has achieved this priority area, we need indicators to answer questions such as:

- Have the most effective multiple drug combinations for preventing HIV transmission (according to the latest guidelines), rather than the use of just one drug (such as nevirapine), been utilized?
- Were mothers evaluated for initiation of full, ongoing antiretroviral treatment?
- Have other sexual and reproductive health services been provided (e.g. congenital syphilis screening and treatment)?
- Were other members of the family provided services, with siblings and spouses being tested, counselled and started on therapy as needed?
- Has counselling taken place on infant feeding and on the future use of contraception?
- Has there been an exploration of the possible social support services that may be necessary, such as for nutrition and education?

progress is truly being made and where bottlenecks are impeding progress.

By 2010, nearly US\$ 25 billion (US\$ 18.9 billion–US\$ 30.5 billion) will be needed annually for low- and middle-income countries. To assess access to funds, countries will be mapped based on the proportion of available funds from all sources (national and international) compared with the estimated resource needs and the number of countries with successful HIV-related grant applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Countries will also be monitored according to the level of investment in the strengthening of the health sector and the number of health-

care workers available compared with the estimated needs.

Each of the ten priority areas will be monitored and assessed in the same comprehensive way — outcome by outcome and country by country. The common dimensions of capacity, coverage, quality, equity and efficiency are needed to provide the framework for assessing the impact in each country and to enable comparability across countries.

Ultimately, we are concerned with results for people, whether and why our efforts are effective at achieving measurable impacts on new infections, life expectancy and quality of life.

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS website at www.unaids.org

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