

**of public financing for civil society action**, with emphasis on the local level. This is most relevant to countries of the Central Asia and the Western CIS.

- Support with the implementation of decentralized HIV responses (Ukraine)

The 2010 International AIDS conference in Vienna, Austria presents an opportune venue for strengthening the capacity of community leaders to respond to HIV through the **unique Community Dialogue Space “Besedka” initiative**, which has been successfully implemented at the two previous regional AIDS conferences in Moscow and the last International AIDS conference in Mexico City. The conference’s focus on the epidemic in Eastern Europe and the Central Asia will give community leaders a platform to make their voices heard. The regional programme will coordinate **“Besedka” activities with the HIV/AIDS BDP group’s global Community Dialogue Space efforts** also organized at the AIDS conference in Vienna. The programme will also focus on working with community leaders on the implementation of concrete follow-up activities from the results and agreements of the conference.

Strategic support in cooperation with UNAIDS to the International AIDS Society (main organizers of the Global AIDS conference) with the organization of the three official regional hubs in Moscow, Kiev and Almaty will also present a platform for civil society representatives to present their opinions and engage in the HIV response.

Furthermore, under UNDP’s global commitment to take lead in supporting leadership development programmes (LDP) for women, young women and girls living with HIV due to develop new national AIDS strategies, the programme will support the LDP in selected Western Balkans, Central Asia and Western CIS countries.

Finally, the programme will organize a **community of practice meeting** for HIV/AIDS practitioners in the region. The event will be organized right after the AIDS conference in Vienna with the strategic objective of providing a platform to take stock of the UNDP HIV activities in the region, identifying key upcoming priority programming areas at the national and regional levels, areas for support from the regional programme and further strengthening cooperation between colleagues in country offices.

**Output 3: Human rights based and gender sensitive AIDS responses addressing stigma and discrimination of key populations at risk (including women and sexual minorities) and people living with HIV supported, including Universal Access to essential services through trade-related aspects of intellectual property rights (TRIPS) flexibilities.**

In most of the countries of the region, the rights of people living with or affected by HIV are nominally protected through legal and legislative policies. However, their rights are frequently abrogated in the application of the laws, often selective prosecution, lack of enforcement and unlawful discriminatory practices.

- **support human rights monitoring initiatives** in a couple of countries of the region including Moldova and Ukraine through policy advisory services and the COSF mechanism.

After the first wave of HIV transmission in the region, which was mostly the direct result of injecting drug use, the proportion of sexual transmissions has dramatically increased in the last few years.

- conduct several initiatives to assess the vulnerability of female partners of IDUs and MSM including **an expert meeting** and the **development of a policy brief on HIV in intimate relationships** and organize a **regional consultation**.
- support two important gender related national reporting opportunities including gender equality and women’s and girl’s human rights commitments at the 2010 UN MDGs Summit and national achievements on CEDAW commitments through national reporting and UNDAF reviews. These activities will be conducted in collaboration with the Gender team at the BRC.

- provide substantive **support to selected national networks of Women living with HIV as they contribute to both the national CEDAW and MDG reporting processes.**

Though evidence increasingly points towards a concentrated epidemic, MSM remain a largely invisible population at risk in the region due to stigma and discrimination. After several requests from civil society partners in the region, the programme in partnership with WHO and UNAIDS will convene **a regional consultation with the goal of creating a coalition of government, civil society, UN and bilateral agencies to promote policies and programmes to address HIV among MSM in a sustainable and systematic manner.** The programme will hire an international expert to conduct the consultancy<sup>5</sup>.

Initiatives in other regions, such as APCOM in Asia, serve as a reference for sustainable regional advocacy models. This activity will be underpinned by a **joint UNDP/WHO regional 27 country literature review of MSM epidemiology and policy context and a regional policy brief on HIV among MSM.**

Following UNDP's initial work on intellectual property and access to medicines in 2009 (a seven country workshop in Kiev, Ukraine and a national consultation in Kazakhstan) the programme will support **additional national consultations among government (health and trade representatives) and civil society in cooperation with the Open Society Institute (OSI) and the HIV/AIDS BDP Group.**

**Output 4: Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including GFATM.**

Special attention will also be placed on support for effective implementation of Global Fund Grants in the region which represent a substantial part of the HIV response. UNDP is currently Principal Recipient (PR) for GFATM grants in Belarus, Montenegro, Bosnia & Herzegovina, Tajikistan and Turkmenistan. In addition to this, UNDP is providing capacity development services to Principal Recipients and sub-recipients in Armenia, Kyrgyzstan, and Uzbekistan on financial management, procurement, monitoring and implementation. In Central Asia, UNDP supports the flagship World Bank/DFID-funded Central Asia AIDS Control Project through a joint regional project in four countries. This partnership provides capacity building and implementation support to the five year (ending in December 2010) initiative in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

- Conduct joint support missions to country offices together with the BDP HIV/AIDS Group GFATM Support Unit;
- Conduct joint monitoring missions with the World Bank to support ongoing implementation of the CAAP support project;
- Develop knowledge products and conduct learning events to help COs involved in GFATM implementation learn from each other;
- Investigate the possibility of a pilot discrete Capacity Development proposal to the Global Fund in one country.

## ❖ KNOWLEDGE MANAGEMENT

Through knowledge management activities and strengthening the regional network of HIV/AIDS practitioners the impact of UNDP Country offices (national) activities on policies, legislation

<sup>5</sup> See Annex 2 for TOR of consultancy - Regional Consultant for HIV and MSM in Eastern Europe and the CIS

frameworks and civil society organization will be strengthened. Emphasis will be placed on the effective codification and dissemination of the best practices and experiences from within the region and beyond through a combination of tools and platforms, including but not limited to:

- HIV/AIDS Practice Workspace
- Quarterly Practice newsletters
- Knowledge products
- Community of Practice learning events

#### ❖ COUNTRY OFFICE SUPPORT FACILITY (COSF)

As indicated above, the HIV/AIDS programme introduced the Country Office Support Facility in 2006, including both substantive 'consultancy' services from Bratislava and project seed funding, strengthening the alignment between regional policy and knowledge initiatives with programming opportunities on the ground. This facility enhances both the coherence and relevance of our regional presence as well as stimulates more nimble responses at the country level to the strategic directions prioritised by UNDP globally and regionally. The seed funding and technical support provided through the Country Office Support Facility are one of the most direct avenues the regional programme uses for developing the HIV/AIDS capacities of COs. The first two rounds of the country office support facility mechanism from 2006 to 2009 sponsored some 29 projects in 17 countries amounting to US\$560,000. A third round of the Country Office Facility will be launched in early 2010.

- Produce an assessment of the COSF approach since inception to drive adaptation in future rounds for maximum impact and efficiency.

#### ❖ PARTNERSHIP STRATEGY

The added value of conducting the proposed activities under a regional chapeaux is the unique role of supporting country offices and countries with transferring knowledge and best practices from and to the national, sub-regional and regional levels. Key partnerships will be fostered with other UN agencies in line with the UNAIDS division of labour. The Programme will be implemented by the Regional HIV/AIDS Team at the BRC. Main collaboration will be with the UNAIDS Regional Support Team in Moscow, the United Nations Office for Drugs and Crime (UNODC) in Vienna, WHO especially for work in the field of HIV and MSM, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, DFID, the Office of the High Commissioner for Human Rights (OHCHR), the Czech Trust Fund, Slovak AID and others. Regional structures such as the CIS Coordination Council on HIV/AIDS will also be provided strategic support to ensure systematic regional coordination in the response to HIV.

Priority activities conducted by the Regional HIV/AIDS Programme will be conducted in partnership with key partners at the BRC. Financial and substantive cooperation will be mainly with the **Gender, Poverty Reduction, Capacity Development and Emerging Donors practices**. Concrete examples of activities in 2010 will include supporting the reporting process on the achievement of MDG 6 – Combating HIV/AIDS, malaria and other diseases in countries of the region especially in light of the upcoming UN MDG summit presenting an opportunity to take stock of the situation in the region as well as analyze linkages within MDG 6 and other MDGs. This will be conducted in cooperation with the Poverty Practice. The Programme will also focus on assessing the vulnerability of female partners of injecting drug users and men who have sex with men (MSM) in consultation with the Gender practice. The capacity strengths and weaknesses of local authorities that promote or hinder their effective involvement in HIV prevention and response will also be explored in collaboration with Capacity Development Group. The aim will be to improve governance and service delivery related to national HIV responses ultimately contributing to the

achievement of Universal Access (UA) targets in the region. Finally, both substantive and financial support will be provided to HIV programming in RBEC countries through initiatives funded by Emerging donors including the Czech Trust Fund, Slovak AID and other.

### III. RESULTS AND RESOURCES FRAMEWORK

#### **Intended Outcome as stated in the Country Programme Results and Resource Framework:**

Enhanced effectiveness of national responses to AIDS, including progress towards achievement of MDG 6/By 2013, governments, policy makers have improved capacities to address Human Development issues in ECIS, especially the inclusion of vulnerable groups, supported by a statistically-enabled monitoring framework, private sector engagement, and gender-sensitive programming

#### **Outcome indicators as stated in the Country Programme Results and Resources Framework, including baseline and targets:**

1. Extent to which target countries implement human rights frameworks, vis-a vis HIV according to international standards<sup>6</sup>
2. Extent to which coordination/institutional mechanisms to implement AIDS strategies are functional in accordance to international standards (including the Three Ones principle) in selected countries<sup>7</sup>
3. Extent to which AIDS is mainstreamed into sectoral development plans and PRSPs (including MDG costing, cost effectiveness and needs assessment initiatives) in selected countries<sup>8</sup>

#### **Baseline:**

1. Based on regional vulnerability study conducted in 7 countries of the region and RHDR on AIDS – The Human Cost of Social Exclusion the situation is that human rights frameworks are in place with certain issues related implementation
2. Based on capacity assessment – analysis of the governance aspects of national responses to HIV conducted in 5 selected countries of the region there are limited coordination mechanisms/capacities in place for the implementation of HIV responses
3. Almost all countries of the region have PRSPs or other forms of poverty reduction programmes, however none have HIV fully mainstreamed

#### **Targets (2010):**

1. At least four countries implementing policy options generated by the regional vulnerability study and RHDR on AIDS
2. The coordination/institutional mechanisms to implement AIDS strategies strengthened in at least four countries of the region through the COSF
3. At least two countries complete participation in Joint UNDP/World Bank Programme on the mainstreaming of HIV into sectoral strategies and start follow-up activities based on Country Action Plans

#### **Applicable Key Result Area (from 2008-11 Strategic Plan): Poverty Reduction focus area**

<sup>6</sup> **Human rights and HIV/AIDS** - Issues of stigma and discrimination in Eastern Europe and the CIS continue to increase in scope and scale as structural factors limiting ever more PLHIV's access to decent livelihoods and rights are enshrined in global and national legislation. International standards of relevance include: The HIV/AIDS and Human Rights International Guidelines, The ILO code of practice on HIV/AIDS and the world of work, and Guidelines on Construction of Core Indicators for monitoring the Declaration of Commitment on HIV/AIDS.

<sup>7</sup> **Institutional mechanisms for the implementation of HIV/AIDS strategies** - Effective country responses involve both decentralized action and participation of multiple stakeholders that are successfully coordinated at the national level. To address the challenges of the HIV/AIDS epidemic an effective governance approach for large scale multi-sectoral planning and implementation of AIDS responses priority. This is mainly done through the 3 ones principle that ensures one agreed AIDS action framework, One national coordinating authority and one agreed country level monitoring and evaluation system.

<sup>8</sup> **Mainstreaming HIV into national development planning processes and poverty reduction strategies** is critical to ensuring and effective multi-sectoral response to HIV/AIDS. The capacity of national partners needs to be strengthened to ensure AIDS responses are fully costed and integrated into national development plans and poverty reduction strategies.

## Partnership Strategy

Main implementing partners: BRC HIV/AIDS Practice, HIV/AIDS Group (BDP)

Collaboration with: UNDP COs, UN co-sponsor agencies (especially UNAIDS Secretariat, WHO, UNODC), The World Bank and UNDP Regional Centres in Asia Pacific, Arab States and other

### Project title and ID (ATLAS Award ID):

INTENDED OUTPUTS	OUTPUT TARGETS FOR (YEARS)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS
<p><b>Output 1:</b> Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG 6 and related MDGs.</p> <p><b>(ECIS HIV Outcome 9)</b> <b>00073784/RBEC RPD focus area 18a&amp;c</b></p> <p><b>Baseline 1.1:</b> Currently the number of countries with integrated HIV into Poverty Reduction Strategy (PRS) processes, United Nations Development Assistance Frameworks (UNDAFs), Country Programme Action Plans (CPAPs) is limited</p> <p><b>Indicator 1.1:</b> Number of countries supported to integrate HIV into Poverty Reduction Strategy (PRS) processes, United Nations Development Assistance Frameworks (UNDAFs) and Country Programme Action Plans (CPAPs)</p> <p><b>Baseline 1.2:</b> Lack of information</p>	<p><b>Targets (year 1)</b></p> <ol style="list-style-type: none"> <li>At least 1 country (Tajikistan) supported with the completion of activities set out in Country Action Plan (CAP) based on concluded Joint PRSP Programme</li> <li>Support 2-3 countries with the development of new UNDAFs and CPAPs</li> <li>At least 2-3 countries supported with MDG reporting</li> <li>At least 1 country supported with assessing the impacts and socioeconomic determinants of HIV</li> <li>At least 1 knowledge product developed/supported</li> </ol> <p><b>Targets (year 2)</b></p> <ol style="list-style-type: none"> <li>At least 1 country supported with assessing the impacts and socioeconomic</li> </ol>	<p><b>Activity result:</b> Capacity of Country Offices and countries to effectively report on MDG 6 (HIV, Tuberculosis, Malaria), assess the impacts and socioeconomic determinants of HIV and mainstream AIDS into PRSPs enhanced</p> <p><b>1.1. Development Planning and Mainstreaming</b></p> <ul style="list-style-type: none"> <li>Provide support to Joint PRSP Programme follow-up activities via Country Office Support Facility (COSF)</li> <li>Develop study on the costs, effectiveness and impact of programmes in the region</li> <li>Provide support to countries with the development of new UNDAFs and CPAPs</li> </ul> <p><b>1.2 HIV and MDGs</b></p> <ul style="list-style-type: none"> <li>Provide backstopping support to countries for MDG reporting</li> <li>Develop paper assessing progress to date on MDG 6 and key linkages with other MDGs</li> </ul> <p><b>1.3 Socioeconomic determinants and Impact mitigation</b></p> <ul style="list-style-type: none"> <li>Provide support to CO involvement in regional study via Country office Support</li> </ul>	<p><b>Lead:</b> Regional HIV/AIDS Team</p> <p><b>Key partners:</b> BDP HIV/AIDS group, BRC Gender and poverty groups, Asia Development Bank, UNICEF, Eurasian Economic Community (EurASec), Central Asian Regional Cooperation Programme (CAREC), UNAIDS Regional Support Team, The World Bank, select Country offices</p>	<ul style="list-style-type: none"> <li>International Consultant</li> <li>Local Consultant</li> <li>Travel</li> <li>Develop study/paper</li> <li>UNDP Staff time</li> <li>Miscellaneous</li> </ul> <p><b>182,000 USD</b></p> <p>173,000 USD (UBW) 9,000 USD (TRAC)</p>

<p>on the linkages with MDG 6 and across MDGs for integrated programming</p> <p><b>Indicator 1.2:</b> Number of countries MDGs reporting that analyze linkages with MDG 6 and across MDGs</p> <p><b>Baseline 1.3:</b> No comprehensive study of cost effectiveness and impact of programmes to inform country strategies and regional socioeconomic study conducted</p> <p><b>Indicator 1.3:</b> Number of KM products developed/adapted</p> <p><b>Output 2:</b> Sub-national and local capacities for effective governance of HIV responses enhanced, including strengthened Civil Society Organization (CSO) and PLHIV roles in advocacy and service delivery. <i>(ECIS HIV Outcome 10) 00073785/ RBEC RPD focus area 18c.</i></p> <p><b>Baseline 2.1:</b> Few countries with local/sub-national level HIV responses in place</p> <p><b>Indicators 2.1:</b> Number of local and sub-national level HIV responses supported and capacity building initiatives conducted</p> <p><b>Baseline 2.2:</b> Limited level of participation and engagement of</p>	<p>determinants of HIV</p> <p>2. Support 1-2 countries in the region with the development of new UNDAFs and CPAPs</p> <p>3. At least 1 knowledge product developed/supported</p>	<p>Facility (COSF)</p> <p>- Support development of study on the socioeconomic determinants of HIV in the region</p>	<p><b>Lead:</b> Regional HIV/AIDS Team</p> <p><b>Key partners:</b> Local stakeholders in Ukraine, Ukraine CO and other select countries/Country offices, UNAIDS, International AIDS Society (IAS)</p>	<p>- International Consultant - Local Consultant - Travel - Conduct assessment - Organize training/meeting - Printing - Rent - UNDP staff time - Miscellaneous</p> <p><b>135,000 USD</b></p> <p>105,000 USD (UBW) 30,000 USD (TRAC)</p>
<p><b>Activity result:</b> Supporting local authorities to better engage in the HIV response and conducting strategic regional interventions to promote the capacity of Civil Society Organizations</p> <p><b>2.1. CSO-Government partnerships and local HIV responses</b></p> <p>- Support Ukrainian CO to implement decentralized HIV responses and other country (TBC) via the Country Office Support Facility (COSF)</p> <p>- Conduct assessment of viable models for public financing of civil society action</p> <p><b>2.2. Leadership development and community capacity enhancement</b></p> <p>- Conduct backstopping and support country Leadership Development Programme (LDP) work with Positive Women Association also via Country</p>	<p><b>Target (year 1)</b></p> <p>1. At least 2 countries supported with local/sub-national level HIV responses</p> <p>2. At least 1 joint initiative strengthening the cooperation between state and non-state actors in the region</p> <p><b>Target (year 2)</b></p> <p>1. Support at least 1 country with local/sub-national level HIV response</p> <p>2. At least 1 follow-up activity to AIDS Conference in Vienna supporting civil society leaders and organizations</p>	<p>Facility (COSF)</p> <p>- Support development of study on the socioeconomic determinants of HIV in the region</p>	<p><b>Lead:</b> Regional HIV/AIDS Team</p> <p><b>Key partners:</b> Local stakeholders in Ukraine, Ukraine CO and other select countries/Country offices, UNAIDS, International AIDS Society (IAS)</p>	<p>- International Consultant - Local Consultant - Travel - Conduct assessment - Organize training/meeting - Printing - Rent - UNDP staff time - Miscellaneous</p> <p><b>135,000 USD</b></p> <p>105,000 USD (UBW) 30,000 USD (TRAC)</p>

<p>PLHIV communities and Civil Society Organizations in advocacy initiatives and events</p> <p><b>Indicator 2.2: Civil Society</b> Organizations supported with participating in Global AIDS conference and follow-up activities/initiatives</p> <p><b>Output 3:</b> Human rights based and gender sensitive AIDS responses addressing stigma and discrimination of key populations at risk (including women and sexual minorities) and people living with HIV supported, including Universal Access to essential services through trade-related aspects of intellectual property rights (TRIPS) flexibilities. <b>(ECIS HIV Outcome 11)</b> <b>00073786/ RBEC RPD focus area 18b.</b></p> <p><b>Baseline 3.1:</b> Limited data on the application of HIV legislation or monitoring of the rights of PLHIV</p> <p><b>Indicator 3.1:</b> Human rights monitoring of PLHIV improved</p> <p><b>Baseline 3.2:</b> Limited programme activities involving HIV transmission among women</p> <p><b>Indicator 3.2:</b> Number of COs supported with activities involving HIV transmission among women/gender sensitive HIV programmes</p>	<p>Office Support Facility</p> <ul style="list-style-type: none"> <li>- Activities related to the Vienna International AIDS conference, Besedka community activities, sponsoring the participation of community leaders from region, Community of Practice (CoP) meeting</li> </ul>	<p><b>Activity result:</b> Countries supported with human rights monitoring and implementation of HIV legislation, integration of gender and sexual diversity initiatives into AIDS responses and projects and ensuring the access to essential medicines for HIV treatment</p> <p><b>3.1 Rights, Law and stigma</b></p> <ul style="list-style-type: none"> <li>- Support legal review focusing on human rights monitoring and implementation of HIV legislation in Moldova and Ukraine</li> <li>- Support creation of database of laws and regulations on most at risk populations (MARPS) and criminalization of transmission</li> </ul> <p><b>3.2 Gender and Sexual diversity</b></p> <ul style="list-style-type: none"> <li>- Technical advisory and financial support to National Networks of Women living with HIV, MDG reporting and COs with HIV related CEDAW reporting</li> <li>- Conduct expert meeting on HIV transmission in intimate relationships</li> <li>- Develop Policy Brief on HIV in intimate relationships</li> <li>- Regional consultation to establish a multi-stakeholder coalition addressing HIV</li> </ul>	<p><b>Target (year 1)</b></p> <ol style="list-style-type: none"> <li>At least 2-3 countries supported with the strengthening of human rights monitoring and implementation/review of HIV legislation</li> <li>Organize/support at least 2 gender/sexual diversity related events</li> <li>At least 1 country supported with follow-up activities from regional consultation on access to essential medicines and IP rights</li> </ol> <p><b>Target (year 2)</b></p> <ol style="list-style-type: none"> <li>Organize/support at least 1 gender/sexual diversity related event</li> <li>At least 1 country supported with access to essential medicines and IP rights activity</li> </ol>	<p><b>Lead:</b> Regional HIV/AIDS team</p> <p><b>Key partners:</b> Select Country offices, BDP HIV/AIDS group, UNAIDS, National Networks of Women, WHO, MSM civil society groups at country and regional levels, Open Society Institute (OSI), USAID</p> <ul style="list-style-type: none"> <li>- International Consultant</li> <li>- Local Consultant</li> <li>- Travel</li> <li>- Printing</li> <li>- Create database</li> <li>- Organize meeting/regional consultation</li> <li>- Prepare policy briefs</li> <li>- Conduct review</li> <li>- Rent</li> <li>- UNDP Staff time</li> <li>- Miscellaneous</li> </ul> <p><b>337,000 USD</b></p> <p>312,000 USD (UBW) 18,000 USD (TRAC) 7,000 USD (RPF)</p>
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<p><b>Baseline 3.3:</b> Men who have sex with men (MSM) activities focused at country level with only ad hoc regional coordination</p> <p><b>Indicator 3.3:</b> Number and level of regional coordination activities among men who have sex with men (MSM)</p> <p><b>Baseline 3.4:</b> One national consultation on Intellectual Property (IP) and access to essential medicines has been conducted to date</p> <p><b>Indicator 3.4:</b> Number of national consultations conducted to address the implications of Intellectual Property (IP) upon access to essential medicines</p>	<p>among MSM</p> <ul style="list-style-type: none"> <li>- Finalize and distribute Regional Policy Brief on HIV among MSM</li> <li>- Develop Joint 27 country review of MSM epidemiology and policy context</li> </ul> <p><b>3.3 IP, innovation and Access to Treatment</b></p> <ul style="list-style-type: none"> <li>- Support national consultations on IP and access to HIV medicines via the Country Office Support Facility (COSF)</li> </ul>	<p><b>Activity result:</b> <i>Strategic advisory support provided to countries implementing multilateral programmes in the region</i></p> <p><b>4.1 Collaboration for enhanced Capacity Development for and through multilateral programme implementation.</b></p> <ul style="list-style-type: none"> <li>- joint support missions with BDP Global Fund Support Unit to COs involved in Global Fund implementation</li> <li>- Collaboration with BDP Global Fund Support Unit in producing a Capacity</li> </ul>	<p><b>Lead:</b> Regional HIV/AIDS team, Global Fund unit at BDP HIV/AIDS group</p> <p><b>Key partner:</b> GFATM, Select country offices implementing or supporting Global Fund grants, World Bank and Regional Project Management Unit, Central Asia AIDS Project (RPMU)</p>	<p>- UNDP staff time</p> <p>- Missions</p> <p>- Travel</p> <p><b>20,000 USD</b></p> <p>\$20,000 USD (UBW)</p>
<p><b>Baseline 3.3:</b> Men who have sex with men (MSM) activities focused at country level with only ad hoc regional coordination</p> <p><b>Indicator 3.3:</b> Number and level of regional coordination activities among men who have sex with men (MSM)</p> <p><b>Baseline 3.4:</b> One national consultation on Intellectual Property (IP) and access to essential medicines has been conducted to date</p> <p><b>Indicator 3.4:</b> Number of national consultations conducted to address the implications of Intellectual Property (IP) upon access to essential medicines</p>	<p>among MSM</p> <ul style="list-style-type: none"> <li>- Finalize and distribute Regional Policy Brief on HIV among MSM</li> <li>- Develop Joint 27 country review of MSM epidemiology and policy context</li> </ul> <p><b>3.3 IP, innovation and Access to Treatment</b></p> <ul style="list-style-type: none"> <li>- Support national consultations on IP and access to HIV medicines via the Country Office Support Facility (COSF)</li> </ul>	<p><b>Activity result:</b> <i>Strategic advisory support provided to countries implementing multilateral programmes in the region</i></p> <p><b>4.1 Collaboration for enhanced Capacity Development for and through multilateral programme implementation.</b></p> <ul style="list-style-type: none"> <li>- joint support missions with BDP Global Fund Support Unit to COs involved in Global Fund implementation</li> <li>- Collaboration with BDP Global Fund Support Unit in producing a Capacity</li> </ul>	<p><b>Lead:</b> Regional HIV/AIDS team, Global Fund unit at BDP HIV/AIDS group</p> <p><b>Key partner:</b> GFATM, Select country offices implementing or supporting Global Fund grants, World Bank and Regional Project Management Unit, Central Asia AIDS Project (RPMU)</p>	<p>- UNDP staff time</p> <p>- Missions</p> <p>- Travel</p> <p><b>20,000 USD</b></p> <p>\$20,000 USD (UBW)</p>
<p><b>Output 4:</b> Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). <b>(ECIS HIV Outcome 12) 00073787/ RBEC RPD focus area 18d.</b></p> <p><b>Baseline 4.1:</b> Limited number of regional knowledge products and learning events to enhance capacity development via Global Fund grant implementation</p>	<p><b>Target (year 1)</b></p> <ol style="list-style-type: none"> <li>At least 1 regional knowledge product and/or learning event for capacity development via Global Fund implementation</li> </ol> <p><b>Target (year 2)</b></p> <ol style="list-style-type: none"> <li>At least one stand-alone pilot Capacity Development proposal formulated for submission</li> </ol>	<p><b>Activity result:</b> <i>Strategic advisory support provided to countries implementing multilateral programmes in the region</i></p> <p><b>4.1 Collaboration for enhanced Capacity Development for and through multilateral programme implementation.</b></p> <ul style="list-style-type: none"> <li>- joint support missions with BDP Global Fund Support Unit to COs involved in Global Fund implementation</li> <li>- Collaboration with BDP Global Fund Support Unit in producing a Capacity</li> </ul>	<p><b>Lead:</b> Regional HIV/AIDS team, Global Fund unit at BDP HIV/AIDS group</p> <p><b>Key partner:</b> GFATM, Select country offices implementing or supporting Global Fund grants, World Bank and Regional Project Management Unit, Central Asia AIDS Project (RPMU)</p>	<p>- UNDP staff time</p> <p>- Missions</p> <p>- Travel</p> <p><b>20,000 USD</b></p> <p>\$20,000 USD (UBW)</p>
<p><b>Output 4:</b> Strengthened CO and national partner capacity for implementation of programmes financed through multilateral initiatives, including Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). <b>(ECIS HIV Outcome 12) 00073787/ RBEC RPD focus area 18d.</b></p> <p><b>Baseline 4.1:</b> Limited number of regional knowledge products and learning events to enhance capacity development via Global Fund grant implementation</p>	<p><b>Target (year 1)</b></p> <ol style="list-style-type: none"> <li>At least 1 regional knowledge product and/or learning event for capacity development via Global Fund implementation</li> </ol> <p><b>Target (year 2)</b></p> <ol style="list-style-type: none"> <li>At least one stand-alone pilot Capacity Development proposal formulated for submission</li> </ol>	<p><b>Activity result:</b> <i>Strategic advisory support provided to countries implementing multilateral programmes in the region</i></p> <p><b>4.1 Collaboration for enhanced Capacity Development for and through multilateral programme implementation.</b></p> <ul style="list-style-type: none"> <li>- joint support missions with BDP Global Fund Support Unit to COs involved in Global Fund implementation</li> <li>- Collaboration with BDP Global Fund Support Unit in producing a Capacity</li> </ul>	<p><b>Lead:</b> Regional HIV/AIDS team, Global Fund unit at BDP HIV/AIDS group</p> <p><b>Key partner:</b> GFATM, Select country offices implementing or supporting Global Fund grants, World Bank and Regional Project Management Unit, Central Asia AIDS Project (RPMU)</p>	<p>- UNDP staff time</p> <p>- Missions</p> <p>- Travel</p> <p><b>20,000 USD</b></p> <p>\$20,000 USD (UBW)</p>

<p><b>Indicator 4.1:</b> Number of regional knowledge products and learning events to enhance capacity development via Global Fund grant implementation</p>	<p>to the Global Fund</p>	<p>Development knowledge product and regional meeting for UNDP COs engaged with Global Fund implementation. Explore possibility for pilot stand alone project proposal to Global Fund. - joint support missions with the World Bank for Central Asia AIDS Project (CAAP) implementation supervision.</p>	
		<p>Administrative costs including rent, IT equipment and support, administrative services provided by UNDP Russia</p>	<p>UNAIDS, BDP HIV/AIDS group 190,000,- (UBW)</p>

<b>Total – UBW</b>	<b>800,000, - USD</b>
<b>Total – TRAC</b>	<b>57,000, - USD</b>
<b>Total – Other</b>	<b>7,000, - USD</b>

#### IV. ANNUAL WORK PLAN

Year: 2010

EXPECTED OUTPUTS <i>And baseline, indicators including annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
<p><b>Output 1:</b> Enhanced capacities of countries in the region to mitigate socio-economic determinants and impact of HIV through multi-sectoral mainstreaming, including better understanding of linkages between MDG 6 and related MDGs. <b>(ECIS HIV Outcome 9)</b></p>	<p><b>1.1. Development Planning and Mainstreaming</b> - Provide support to Joint PRSP Programme follow-up activities via COSF - Develop study on the costs, effectiveness and impact of programmes in the region - Provide support to countries with the development of new</p>	X	X	X	X	Regional HIV/AIDS Team, BDP HIV/AIDS group, UNAIDS Regional Support Team, The World Bank, select Country offices	UBW (37,000)	International consultant, Local Consultant, Travel	37,000

00073784/RBEC RPD focus area 18a/c	UNDAFs and CPAPs									
<p><b>Baseline 1.1:</b> Currently the number of countries with integrated HIV into Poverty Reduction Strategy (PRS) processes, United Nations Development Assistance Frameworks (UNDAFs), Country Programme Action Plans (CPAPs) is limited</p> <p><b>Indicator 1.1:</b> Number of countries supported to integrate HIV into PRS processes, UNDAFs and CPAPs</p> <p><b>Baseline 1.2:</b> Lack of information on the linkages with MDG 6 and across MDGs for integrated programming</p> <p><b>Indicator 1.2:</b> Number of countries supported with MDG reporting that analyze linkages with MDG 6 and across MDGs</p> <p><b>Baseline 1.3:</b> No comprehensive study of cost effectiveness and impact of programmes to inform country strategies and regional socioeconomic study conducted</p> <p><b>Indicator 1.3:</b> Number of KM products developed/adapted and events organized</p> <p><b>Targets (year 1)</b></p> <p>1. At least 1 country (Tajikistan) supported with the completion of activities set out in Country Action Plan (CAP) based on concluded</p>	<p><b>1.2 HIV and MDGs</b></p> <ul style="list-style-type: none"> <li>- Provide backstopping support to countries for MDG reporting</li> <li>- Develop paper assessing progress to date on MDG 6 and key linkages with other MDGs</li> </ul>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Regional HIV/AIDS Team, BDP HIV/AIDS group, BRC Gender and poverty groups, select Country offices</p>	<p>UBW (12,000) TRAC (5,000)</p>	<p>International consultant, Local Consultant, Travel, Miscellaneous</p>	<p>17,000</p>
<p><b>1.3 Socioeconomic determinants and Impact mitigation</b></p> <ul style="list-style-type: none"> <li>- Provide support to CO involvement in regional study via COSF</li> <li>- Support development of study on the socioeconomic determinants of HIV in the region</li> </ul>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Regional HIV/AIDS Team, BDP HIV/AIDS group, Asian Development Bank (ABD), Eurasian Economic Community (EurASec), Central Asian Regional Cooperation Programme (CAREC), UNICEF, select Country offices</p>	<p>UBW (15,000)</p>	<p>International consultant, Local Consultant, Travel</p>	<p>15,000</p>

<p>Joint PRSP Programme</p> <p>2. Support 2-3 countries with the development of new UNDAFs and CPAPS</p> <p>3. At least 2-3 countries supported with MDG reporting</p> <p>4. At least 1 country supported with assessing the impacts and socioeconomic determinants of HIV</p> <p>5. At least 1 knowledge product developed/supported</p>	<p><b>2.1. CSO-Government partnerships and local HIV responses</b></p> <ul style="list-style-type: none"> <li>- Conduct assessment of viable models for public financing of civil society action</li> <li>- Support Ukrainian CO to implement decentralized HIV responses and other country (TBC) via the COSF</li> </ul>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Regional HIV/AIDS Team, Local stakeholders in Ukraine, Ukraine CO and other select country offices, UNAIDS</p>	<p>UBW (39,000) TRAC (5,000)</p>	<p>International consultant, Local Consultant, Travel, Miscellaneous</p>	<p>44,000</p>
<p><b>Baseline 2.1:</b> Few countries with local/sub-national level HIV responses in place</p> <p><b>Indicators 2.1:</b> Number of local and sub-national level HIV responses supported and capacity building initiatives conducted</p> <p><b>Baseline 2.2:</b> Limited level of participation and engagement of PLHIV communities and Civil Society Organizations in advocacy initiatives and events</p> <p><b>Indicator 2.2:</b> Civil Society Organizations supported with participation in Global AIDS conference and follow-up activities/initiatives</p>	<p><b>2.2. Leadership development and community capacity enhancement</b></p> <ul style="list-style-type: none"> <li>- Conduct backstopping and support country LDP work with Positive Women Association also via COSF</li> <li>- Activities related to the Vienna International AIDS conference, Besedka community activities, sponsoring the participation of community leaders from region, CoP meeting</li> </ul>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Regional HIV/AIDS Team, select countries/Country offices, UNAIDS, International AIDS Society (IAS)</p>	<p>UBW (60,000) TRAC (12,000)</p>	<p>International consultant, Local Consultant, Rent Travel, Printing, Miscellaneous</p>	<p>72,000</p>