



Investing for results

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

UNAIDS unites the efforts of 11 UN organizations - UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank - and a Secretariat. UNAIDS works closely with global and national partners to maximize results for the AIDS response.

The portal aims to increase transparency and accountability around the work we do, the results we achieve and UNAIDS financing. It will be updated regularly and where relevant provide the latest programme, financial and operational information. The portal was last updated on 30 September 2014.

Discover what we do



How do we support country results?

Find out how the Joint Programme works at country level, in particular in high impact countries.



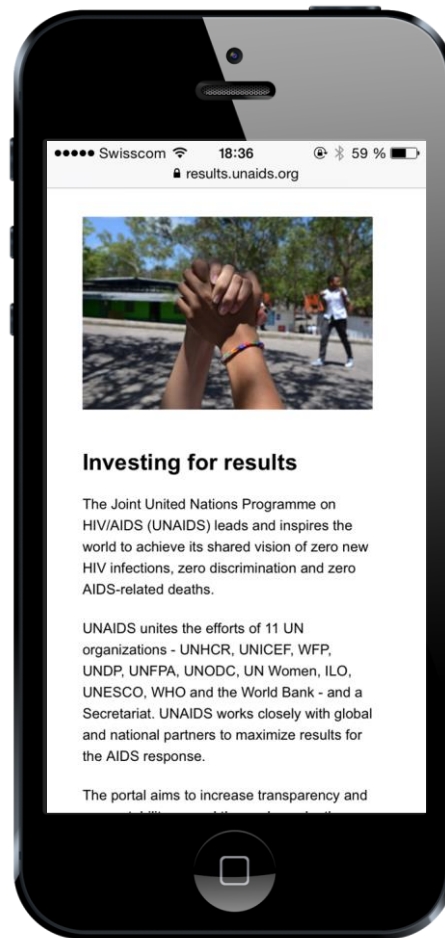
How do we support the achievement of the global AIDS targets?

Find out about the contributions of the Joint Programme to support the achievement of the goals in the UNAIDS Strategy and the targets in the 2011 General Assembly Political Declaration on HIV/AIDS.



How do we raise and spend our resources?

Find out about the Unified Budget Results and Accountability Framework (UBRAF) and how it serves as UNAIDS' instrument for results-based planning and management, how UNAIDS is financed, revenue and expenditures trends as well as information about cost savings and efficiency gains.



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Uganda

Making HIV prevention the cornerstone of the AIDS response

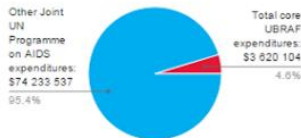
Scaling-up voluntary male medical circumcision. The Joint Programme has supported Uganda's pledge to scale-up voluntary male medical circumcision in the formal health sector and among district health systems. About 1.2 million men were circumcised by September 2013 and Uganda hopes to reach the 4.2 million target by 2016. Capacity for programming and service delivery to key populations at higher risk has been expanded by training 300 health workers. The Joint Programme has also helped deliver services to some 5000 sex workers and 800 men who have sex with men annually since 2011. Other UNAIDS-assisted policy and planning frameworks include the *National Most At Risk Populations Programming Framework*, an approved reproductive health/HIV linkages and integration strategy, an action plan for sexual and reproductive health/HIV in sex-work settings and a school health policy.

Strengthen HIV monitoring and evaluation. After dramatically reducing HIV prevalence following a comprehensive HIV prevention campaign in the 1990s, there are signs the number of people living with HIV in Uganda may be increasing. Experts believe complacency and the normalization of AIDS may be increasing risky behaviour. Uganda has made HIV prevention the cornerstone of its response, linking sexual and reproductive health services and HIV, and focusing on reducing HIV incidence by 30% by 2015. UNAIDS input is crucial to this HIV prevention response and to efforts to strengthen HIV monitoring and evaluation systems.

Rolling out a national plan for the elimination of new HIV infections in children. Uganda has invested in a scale-up for the elimination of new HIV infections in children. High-level advocacy by the Joint Programme has mobilized political leadership and, as a result, the President has recommitted to enhance the Ugandan AIDS response. Uganda has the third-highest number of women needing prevention of mother-to-child transmission services globally. However, 75% currently receive these services, compared with a 68% average among the 21 countries with the highest levels of HIV and reporting on the implementation of the Global Plan towards eliminating new HIV infections among children and keeping their mothers alive. With the support of the Joint Programme, which provided strategic information, tools, guidance and operational research, a national plan for the elimination of new HIV infections among children, incorporating Option B+, was rolled out. Uganda's progress towards eliminating new HIV infections among children can be further advanced if it increases the uptake of antiretroviral treatment during breastfeeding, reduces the number of new HIV infections among women and improves access to family planning services. UNAIDS is also

Uganda

UN expenditure on AIDS 2012-2013



Main modes of transmission

[Multiple heterosexual partners](#)

[Heterosexual transmission within stable partnerships](#)

UN priority areas of work



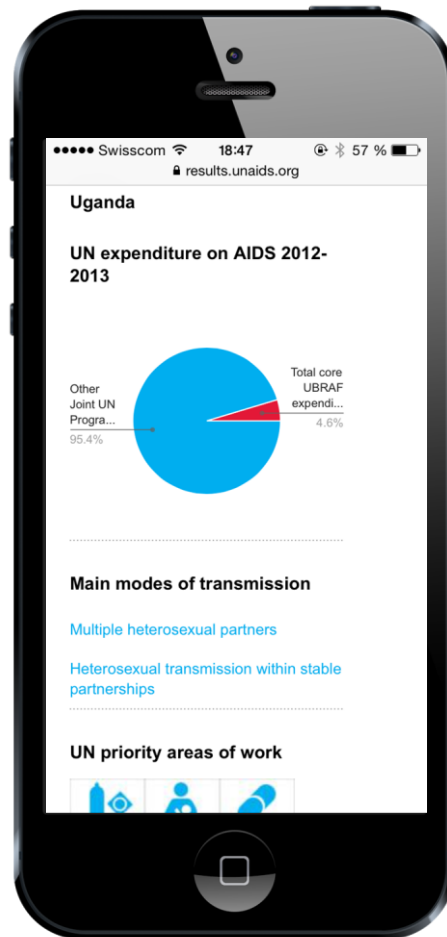
Case studies

[PCB case study 2013 - Uganda](#)

Related links

[Uganda on UNAIDS website](#)

[Uganda on Global Fund website](#)



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Reducing sexual transmission of HIV

Working towards the UNAIDS vision of zero new infections is critical to ending AIDS by 2030. By providing global leadership, UNAIDS actions have focused on programming for young people, key populations at higher risk, combination prevention and prevention technologies.

Male and female condoms remain the most effective tools to stop HIV transmission. In 2012–2013, the Joint Programme (through UNFPA) was the largest supplier of female condoms (41 million) and the third largest of male condoms (1.75 billion).

New infections remain high among men who have sex with men and female sex workers. While prevalence among young people is generally declining, young people aged 15–24 still account for 42% of new infections in people aged 15 and older. An important area for future interventions includes the scaling up of HIV service models, which improve reach and coverage of key populations and have proven high impact.

Goals

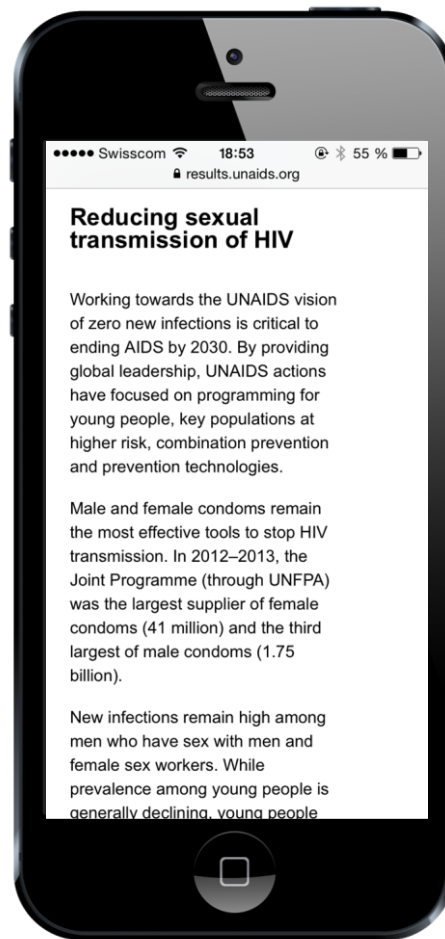
Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work.

Outcomes 2012 - 2015

A1.1	Evidenced-informed combination prevention policies and programmes for young people prioritized to specific localities and contexts
A1.2	Evidenced-informed combination prevention policies and programmes prioritized to specific localities, contexts and key populations including, men who have sex with men, sex workers, transgender people and migrants at risk of HIV are implemented
A1.3	Combination prevention programming meeting needs of individuals and communities scaled up, and integrating most effective new and emerging prevention technologies (e.g. male circumcision, microbicides, PREP, HIV vaccines)

Reports

[UBRAF thematic report: reducing sexual transmission](#)



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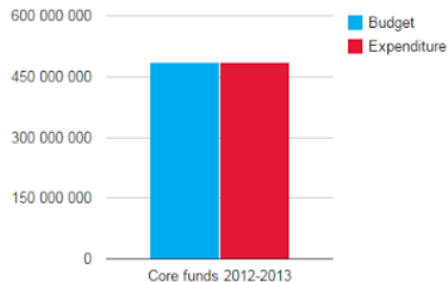
2012 - 2013 budget and expenditure

Financial overview

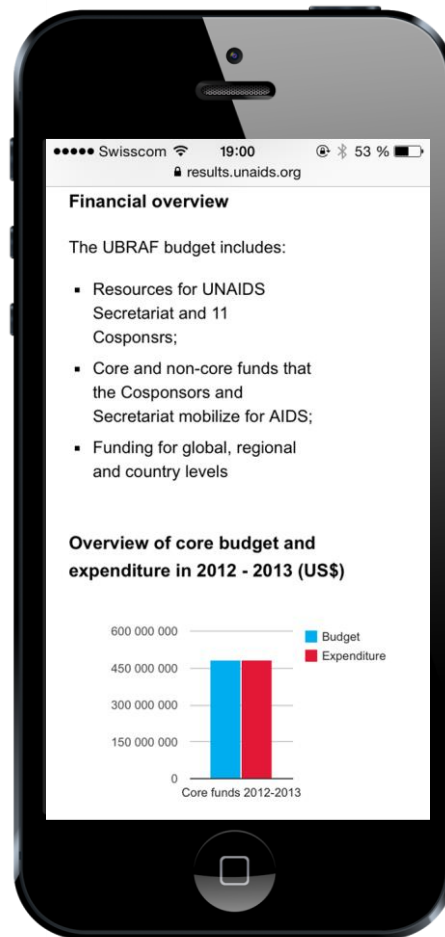
The UBRAF budget includes:

- Resources for UNAIDS Secretariat and 11 Cosponsors;
- Core and non-core funds that the Cosponsors and Secretariat mobilize for AIDS;
- Funding for global, regional and country levels

Overview of core budget and expenditure in 2012 - 2013 (US\$)



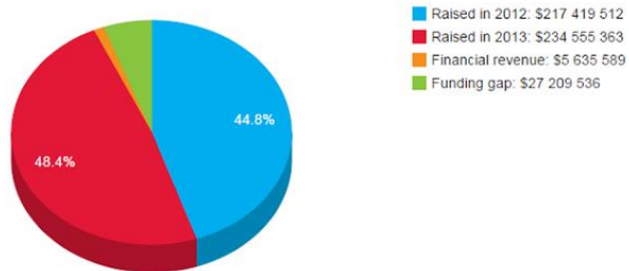
Core funds: resources which UNAIDS Secretariat traditionally raises intended to provide catalytic funding for the AIDS work of 11 Cosponsors as well as the functions of the Secretariat.



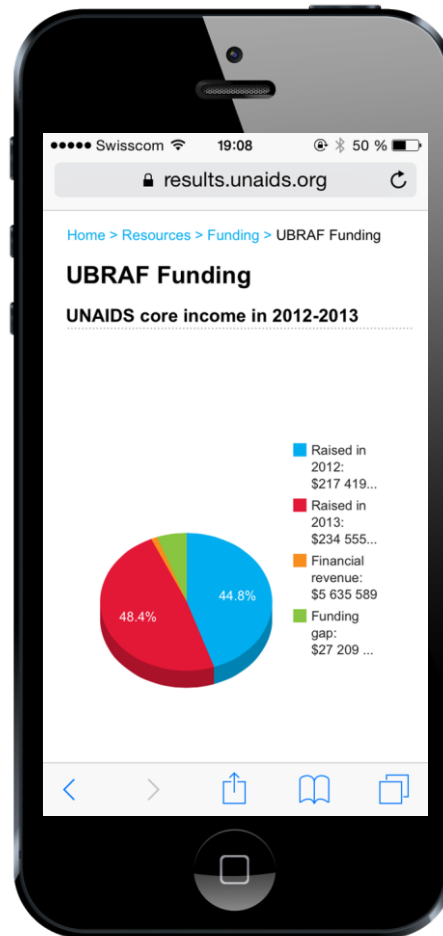
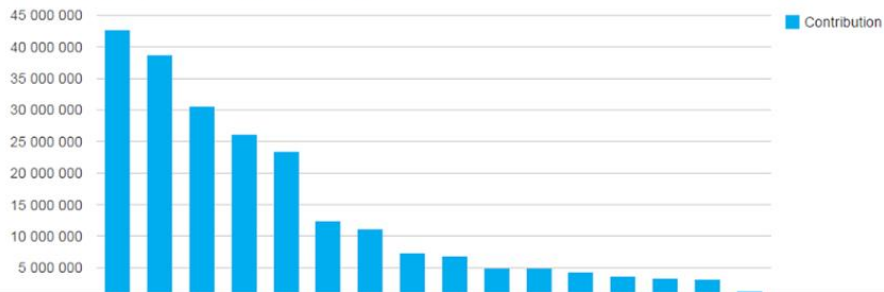
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UBRAF Funding

UNAIDS core income in 2012-2013



UNAIDS core contributions for 2013 - main donors (US\$)



Funding trends

Funds mobilized in the last two biennia (US\$)

- In 2010-2011 core funding totalling US\$ 477.2 million was mobilized; US\$ 7.6 million less than the approved budget.
- In 2012-2013 core funding totalling US\$ 457.6 million was mobilized; US\$ 27.2 million less than the approved budget, covered from the fund balance.
- Non-core funding amounting to US\$ 59.4 million was mobilized in 2012-2013 compared to US\$ 58.1 million in 2010-2011.
- UBRAF fund balance stands at US\$ 140.2 million which is within the approved maximum level of 35% (US\$ 170 million).



Income trends from 2008 - 2013 (US\$)

