

Table 3 The six health and population joint programme components, their envisaged outcomes and the UN agencies participating in their implementation

Health and population joint programme components	
Joint programme component 1: maternal, neonatal and child health including reproductive health/family planning	
Outcome 1: (UNICEF, WHO, UNFPA)	Infant and maternal mortalities reduced and integrated maternal, neonatal and child health, including reproductive health family planning and services, implemented
Outcome 2: (UNICEF, WHO, UNFPA)	Community demand and participation and intersectoral linkages for maternal, neonatal, and child health and reproductive health/family planning services are improved
Outcome 3: (UNICEF, WHO, UNFPA, WFP)	Nutrition status especially of infants, young children and child-bearing women is improved
Joint programme component 2: communicable diseases control	
Outcome 1: (WHO, UNICEF, UNHCR)	Morbidity and mortality due to vaccine-preventable diseases reduced; polio eradication and measles elimination programmes have achieved their targets
Outcome 2: (WHO, UNHCR, WFP, IOM)	Tuberculosis and other priority endemic communicable diseases controlled
Outcome 3: (WHO, UNICEF, UNHCR, FAO)	Malaria incidence reduced and an integrated national programme for zoonotic and other vector-borne diseases launched to mitigate burden
Outcome 4: (WHO, UNICEF)	Hepatitis B and C are prevented and disease burden controlled
Outcome 5: (WHO, UNICEF)	National integrated communicable disease surveillance and outbreak response system made operational
Joint programme component 3: health promotion and nutrition	
Outcome 1: (WHO, UNICEF, WFP, UNFPA, UNESCO)	Knowledge and practices for health promotion (attitudes, behaviour/lifestyle) and avoidance of health risks and disease prevention are improved (including school health)
Outcome 2: (UNICEF, WHO, WFP, UNHCR)	Nutritional status of the population is improved
Joint programme component 4: health system development	
Outcome 1: (WHO, UNHCR, UNICEF, ILO, UNIFEM, UNFPA)	An effective system of human resource development for health and population is adopted
Outcome 2: (ILO, WHO, UNICEF, UNFPA)	An equitable, effective health and population financing system is in place
Outcome 3: (WHO, UNHCR, UNICEF, UNFPA)	Policy and management decisions by federal, provincial and district governments on health and population issues are evidence-based using research and improved information system
Outcome 4: (WHO, UNHCR, UNICEF, UNFPA)	Effective systems for management of medical technologies are used
Outcome 5: (WHO, UNDP, ILO, UNICEF, UNFPA)	Quality assurance and regulation systems of public and private providers of essential health services delivery are fully attained
Outcome 6: (UNDP, UNFPA, UNHCR, UNICEF, WHO)	Governance in health and population systems is significantly improved
Joint programme component 5: HIV and AIDS	
Outcome 1: (UNODC, UNAIDS, UNFPA, UNICEF, ILO, UNESCO, WHO)	HIV transmission is contained in the vulnerable groups by contributing 10% towards national strategic targets
Outcome 2: (UNDP, UNAIDS, ILO, UNESCO, UNICEF, IOM)	Multisectoral opinion leaders take up and integrate HIV, AIDS issues in their programme portfolios and policies (representatives from government, religious leaders, media, parliamentarians, employers, workers, educators and agriculture extension workers)
Outcome 3: (UNICEF, WHO, WFP, ILO, UNAIDS, UNIFEM, UNFPA, UNDP, UNODC, UNHCR)	Accessibility and use of quality treatment by all people living with HIV is improved (focus: women and children). Support for all persons infected and affected by HIV is increased through strengthening civil society organizations working with people living with HIV (focus: women and children) (support: social, spiritual, and economic)
Joint programme component 6: population census	
Outcome 1: (ILO, UNDP, UNESCO, UNFPA, UNICEF, UN-HABITAT, UNIFEM)	Pakistan census organization to adopt modern technology and approaches to conduct accurate housing and population census