

EXECUTIVE SUMMARY

UNAIDS 2020 PERFORMANCE

MONITORING REPORTS

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2020: Strategy Result Area and Indicator Report (*UNAIDS/PCB (48)/20.9*)
- ii. UNAIDS Performance Monitoring Report 2020: Regional and Country Report (*UNAIDS/PCB (48)/20.10*)
- iii. UNAIDS Performance Monitoring Report 2020: Organizational Report (*UNAIDS/PCB (48)/20.11*)

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

take note with appreciation of the 2020 Performance Monitoring Report including its scope and depth;

welcome the accomplishments of the Joint Programme in support of the multisectoral HIV response, including for people living with HIV, communities and key populations, and especially to address the intersecting HIV and COVID-19 pandemics through strengthened joint and collaborative action at country level;

appreciate further improvements in the qualitative and quantitative analytical performance reporting jointly developed and aligned to prioritized national targets, with a focus on impact and disaggregated results, emphasis on priority off-track areas and actions to address these, as well as wider links to the 2030 Agenda and UN reform;

encourage all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning.

Cost implications for implementation of decisions: none

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INTRODUCTION: AN UNPRECEDENTED YEAR IN THE HIV RESPONSE

1. The year 2020 held major significance in the global HIV response. It was the end year for the 10 Fast-Track targets set in the 2016 Political Declaration on Ending AIDS. It was also the year in which the COVID-19 pandemic changed the world.
2. In the four decades since the first cases of AIDS were reported, dozens of countries have reached or exceeded the global targets, demonstrating that they are achievable. However, within regions and countries, the progress has been uneven. While some of the most affected countries and regions in sub-Saharan Africa and the Caribbean have made the most progress, growing epidemics in parts of Latin America, eastern Europe and central Asia, and the Middle East and North Africa are behind those gains. These mixed outcomes are attributable to inadequate investment, disparate responses, and limited efforts to remove barriers such as stigma and discrimination and punitive legal environments.
3. The COVID-19 pandemic disrupted economic and social development, stretched national health and social protection capacities, exacerbated pre-existing vulnerabilities, and inflicted a setback to the global HIV response. However, the pandemic has also demonstrated the resilience of existing systems and created opportunities to strengthen the response to both COVID-19 and HIV and build back better for the HIV one.
4. Amidst the COVID-19 crisis, the Joint Programme has remained a central catalytic force within the HIV response and a strong, competent partner driving an inclusive, people-centred and multisectoral response to the new pandemic. The Joint Programme has leveraged global leadership and social mobilization, maintained a strong field presence, pursued strategic and inclusive partnerships, leveraged strategic information, and has integrated evidence-informed policy guidance and specialized expertise across its 11 Cosponsors and the Secretariat. As a multisectoral and innovative partnership, operating in the context of the integrated SDG agenda, the Joint Programme has provided leadership, advocacy, normative guidance, technical support, coordination, and accountability towards an effective response to the intersecting pandemics at global, regional and country levels.
5. Supporting countries and communities in protecting people living with, affected by and vulnerable to HIV from the adverse impact of the intersecting pandemics remained the Joint Programme's central focus in 2020. The Joint Programme strived to address gaps and achieve breakthroughs by concentrating on protecting and saving lives, reaching and including the most vulnerable, most excluded and furthest behind; focusing on areas where progress has been too slow, and devoting greater attention to social and structural determinants.
6. The Joint Programme led the development of a new evidence-informed Global AIDS Strategy 2021–2026 End Inequalities End AIDS¹ adopted by the UNAIDS Programme Coordinating Board (PCB) in March 2021. The Strategy follows a people-centred approach recognizing that inequalities continue to drive new HIV infections and limit access to life-saving HIV services. It was developed through an inclusive consultative process involving over 10 000 stakeholders around the world and brings together the global community to set the direction for the next phase of the response.
7. The Global AIDS Strategy includes the 2025 targets that are situated within the broader global health and development agenda. The Strategy introduces new 95–95–95 targets

¹ https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

for all sub-populations and age groups for 2025. It deepens the focus on women and children and all populations at risk of HIV and introduces 10–10–10 targets that seek to remove societal and legal barriers that stand in the way of an enabling environment for HIV services. The Joint Programme is committed and will support countries and communities in delivering on the commitments and targets of the Global AIDS Strategy.

8. The collective Joint Programme's efforts and achievements of 2020, along with the future action highlights, are presented in the four complementary documents of this year's UNAIDS Performance Monitoring Report (PMR) - a jointly developed multisectoral results package which includes: (i) this Executive Summary; (ii) a Regional and Country Report; (iii) a Strategy Result Area and Indicator Report; and (iv) an Organizational Report (see Appendix).
9. The PMR is supplemented by information from UNAIDS Results and Transparency Portal (<https://open.unaids.org>), particularly the reports from the 96 countries where functional Joint UN Teams on AIDS operate. Twelve of those country reports are featured in this year's PMR. They highlight the wide, multisectoral scope of work and tailored support which the Joint Programme provides to countries and communities in diverse epidemic contexts.
10. Regional and country responses in 2020 included a strong focus on addressing the intersections between COVID-19 and HIV, specifically ensuring health and rights protections for people living with and affected by HIV. Emphasis remained on attaining the Fast-Track targets at country level including ensuring access to combination prevention, access to treatment, and a focus on gender equality, human rights and supporting key populations and other people left behind.
11. Regional and country teams maintained their focus on intensifying HIV response, including in the COVID-19 context. In Asia and the Pacific and in eastern and southern Africa, multi-month dispensing (MMD) of antiretroviral medicines and other HIV commodities including opioid substitution therapy (OST) were scaled up to ensure sustained health and minimize new HIV infections. Community responses and best practices were mapped and documented in the Middle East and North Africa and pre-exposure prophylaxis (PrEP) was scaled up for key populations. In Latin America and the Caribbean, access to services was strengthened through capacity building of community-based organisations, and advocacy supported the inclusion of displaced populations in health service access. In West and Central Africa, point-of-care technologies for HIV early infant diagnosis, and innovative approaches were followed through integrated family HIV testing to increase the identification of undiagnosed children. In Eastern Europe and Central Asia and Latin America and the Caribbean, health systems were strengthened, external resources mobilized, and engagement increased with networks of key populations and people living with HIV.

RESPONDING TO THE INTERSECTING HIV AND COVID-19 PANDEMICS

12. The COVID-19 pandemic has spread rapidly and has had far-reaching effects on societies and health systems. More than 162 million cases and over 3 million deaths had occurred by mid-May 2021 and new daily infections were exceeding the previous highest levels. Many countries have experienced repeated waves of high incidence driven by inadequacies in prevention responses and complacency, which were aggravated by the circulation of more transmissible virus variants and worsening socio-political and economic conditions. Most countries have experienced economic downturns, with devastating consequences for hundreds of millions of people who struggle to meet their basic needs, and poverty, food insecurity and marginalization has increased.

13. Inequalities and inequities within and between countries have deepened as a result of COVID-19, including diverse impacts on people living with and vulnerable to HIV and tuberculosis (TB), key populations including their partners and clients, girls and women (particularly adolescent girls and young women), children, prisoners, migrants, homeless people, and people living in slums and other areas of high population density. Key populations in many countries with major COVID-19 epidemics, including middle- and high-income countries outside sub-Saharan Africa, are considerably exposed to the intersections between HIV and COVID-19. Socioeconomic impacts have affected women and girls particularly hard, in turn increasing their vulnerability to HIV. Even in countries where COVID-19 has been relatively well-controlled, public health measures have seriously affected communities that tend not to be protected by social safety nets.
14. The COVID-19 pandemic impacted the HIV response. HIV services were disrupted, supply chains for key commodities were stretched, and essential programmes for HIV prevention, testing, treatment and care slowed. The second round of the WHO “Pulse Survey” found that 94% of countries experienced disruption to essential health services in the first quarter of 2021². Over 40% of countries reported disruptions to primary and other health care and 20% to potentially life-saving emergency and critical care. The most frequently reported disruptions for communicable diseases were TB diagnosis and treatment (51%), HIV services (49%) and HIV testing services (46%). In 66% of countries, health workforce-related disruptions were the most common cause of service disruptions, with community fear and mistrust affecting service demand in 57% of countries. One-third of 29 HIV priority countries responding to a United Nations Children’s Fund (UNICEF) survey³ stated that PMTCT service coverage for women, children and adolescents living with HIV had declined by at least 10% compared with before the COVID-19 pandemic. Most countries (87%) have implemented policies and plans for continuity of essential health services in the COVID-19 context, and through effective strategies, the magnitude and extent of disruptions were reduced.
15. In the context of the COVID-19 crisis, the Joint Programme has confirmed its agility, capacity to respond to evolving needs, and ability to adapt quickly to ensure continuity of its services. UNAIDS was instrumental in keeping HIV response on the agenda and supporting HIV-sensitive COVID-19 responses, protecting people and ensuring continuity of essential HIV services. The Joint Programme played a prominent role in developing and operationalising the *United Nations Comprehensive Response to COVID-19*; engaged effectively in addressing regional challenges and specificities; and made a significant contribution to inclusive, human rights-based, people-centred action in countries.
16. The Joint Programme empowered the country-level Joint UN Teams on AIDS to reprogramme up to US\$ 12.5 million for COVID-19 related activities, while up to US\$ 9.5 million was also committed from the Secretariat’s core activity budget. 66 out of 86 country-level teams reported on utilization of reprogrammed funds to respond to the colliding epidemics. By and large, reprogramming allowed for rapid responses to protect the rights and meet the diverse needs of people living with HIV, girls and women, key populations, and emerging vulnerable groups such as migrants, and support innovative approaches and differentiated models of care, including community-led approaches that reduce stress on health services and improve their efficiency.
17. The Joint Programme’s architecture, including its Cosponsors and partners, and its decades-long experience in the HIV response allowed for a rapid transfer of vital skills to

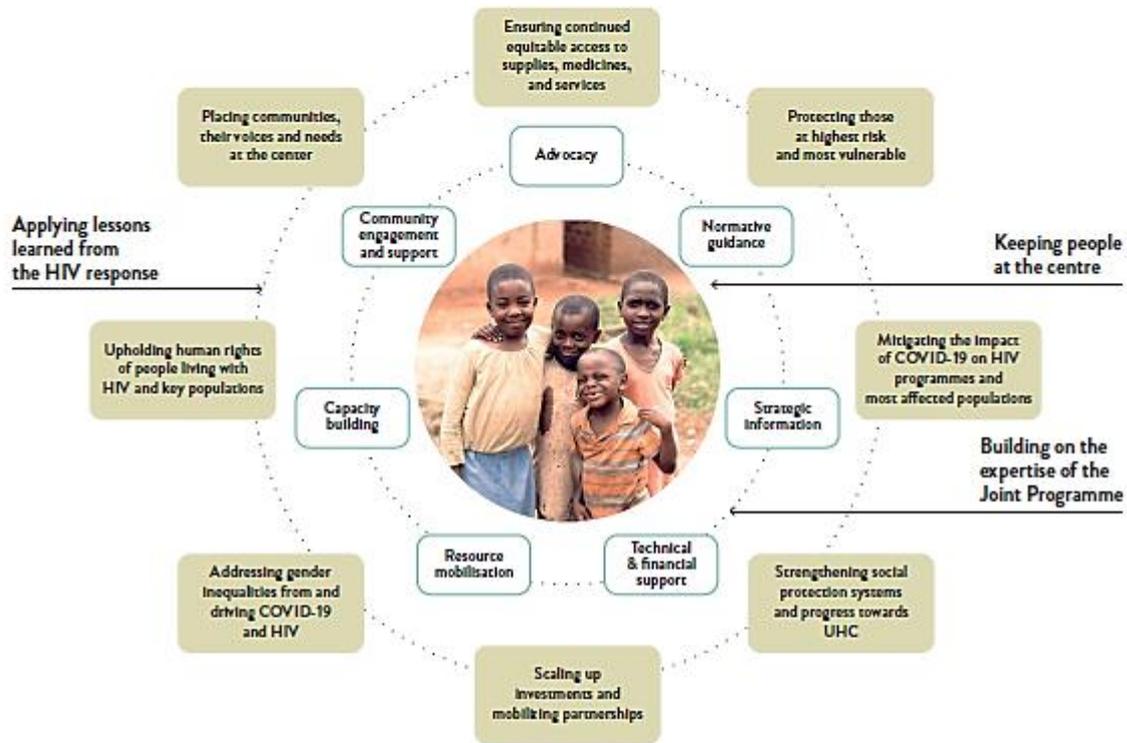
² <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>

³ <https://www.unicef.org/press-releases/320000-children-and-adolescents-newly-infected-hiv-2019-1-every-100-seconds-unicef>

address the COVID-19 pandemic. Comprehensive, people-centred, and inclusive services were sustained by adopting and accelerating innovative approaches, fast-tracking financing mechanisms, overcoming bottlenecks, promoting equitable access to COVID-19 vaccines, diagnostics, and therapeutics, and advancing community-led and human rights-based approaches.

18. Building on its 40-year experience, in the context of the pandemic the global HIV response has demonstrated resilience, agility and innovation, while contributing to shaping a robust response to COVID-19. Previous investments in HIV, health systems and community-led responses have proven vital for the response to COVID-19 and for sustaining the HIV response and protecting its gains. Close monitoring of the impacts of COVID-19 on HIV minimised and mitigated impacts and supported recovery and strengthening across the spectrum of HIV response at global, regional, national and community levels.
19. The unwavering commitment, consistent engagement and coherent, coordinated support from the Joint Programme at country, regional and global levels was instrumental to these results.

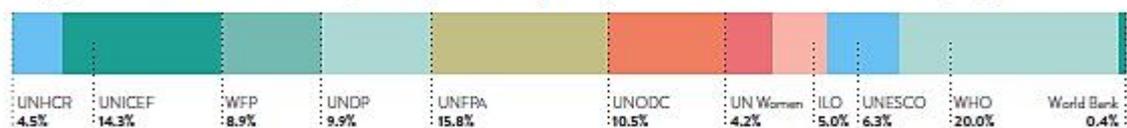
JOINT PROGRAMME RESPONSE TO THE INTERSECTING HIV AND COVID-19 PANDEMICS



Reprogramming of UNAIDS 2020 core resources to support the HIV and COVID-19 pandemics response:

A total of **US\$ 4 561 001** of country envelope allocation for 2020 were reprogrammed by 6 December 2020 by the Joint Programme in **66% of countries** benefiting from country envelope (36% of the total US\$ 12.5 million available for reprogramming).

Reprogrammed 2020 UNAIDS Country Envelope allocation per Cosponsor (% out of total US\$ 4.5 million reprogrammed)



US\$ 3 719 529 from UNAIDS Secretariat 2020 core budget at HQ, regional and country levels were reprogrammed by November 2020 to support the COVID-19 response. An additional **US\$ 803 800** was reprogrammed through a Special Fund for Headquarters COVID-19 activities.

COMPREHENSIVE, PEOPLE-CENTRED AND INCLUSIVE HIV SERVICES

20. Ensuring continued provision of and equitable access and use of HIV services remained a top priority for the Joint Programme in 2020. Through a collective and individual entity action, leveraging global, regional and country-level partnerships and resources, the Joint Programme supported countries and communities in developing and implementing people-centred strategies and plans; maintaining uninterrupted supply of medicines and commodities; adjusting institutional practices and adapting service delivery models to the COVID-19 context; and mobilising and building capacities for tailored, people-centred responses that leave no one behind. At the early stages of the COVID-19 crisis, the Joint Programme also worked to ensure that personal protective equipment is available to people living with and vulnerable to HIV, as well as to service providers, and supplied health facilities in the areas of greatest need with critical medical equipment.

Ensuring continued equitable access to supplies, medicines, and services

21. The Joint Programme worked with countries to track trends in HIV service utilization, assessing and responding to disruptions, providing normative guidance and hands-on support on the ground, and documenting and promoting innovations to save lives.
22. The continuity of HIV treatment and other critical services was supported by the scale-up of multi-month dispensing (MMD) of HIV medicines and implementation of differentiated, people-centred and local-context specific approaches, including self-testing and provision of cash, food and shelter assistance to key populations and other marginalized and higher risk groups. The WHO guidelines for maintaining essential services in the context of COVID-19 helped implement coherent action in 129 countries that have adopted the guidelines. Out of 129 countries that adopted the guidelines, 85 implemented the guidelines by December 2020.
23. The Joint Programme worked to ensure that countries have access to prevention technologies, therapeutics and logistical support as key elements of efficient response to COVID-19. The United Nations Development Programme (UNDP) and WHO worked with other UN partners on the Tech Access Partnership to increase local production of essential health technologies, including masks and ventilators, in developing countries. Support to countries included the provision of lifesaving supplies, medicines, logistics and supply chain expertise through the Joint Programme. The support enabled countries to better assess current stocks of medications and other health commodities, improve their storage arrangements and identify future needs. The United Nations Population Fund (UNFPA) supported the provision of emergency kits to fragile and humanitarian contexts and the World Food Programme (WFP) supported supply chain logistics for the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) to deliver HIV, tuberculosis (TB) and malaria commodities via over 7,000 delivery points across four regions. The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) empowered women living with HIV to access and disseminate personal protective equipment (PPE) and receive reliable and accurate information about COVID-19.
24. As seen in early days of roll-out of HIV treatment, high-income countries have benefited most from access to vaccines and therapeutics for COVID-19. Current intellectual property rules result in supply constraints for vaccines and affect their affordability, thus limiting an effective global effort to prevent new cases of infection and reduce the severity of illness. UNAIDS has joined other lead organizations in the People's Vaccine Alliance⁴

⁴ <https://peoplesvaccine.org/>

to promote the sharing of information and intellectual property in order to ensure equitable access for all countries. The COVAX initiative, coordinated by WHO, GAVI and the Coalition for Epidemic preparedness, includes a facility to secure donations of vaccines for wider distribution, while the WHO COVID-19 Technology Access Pool facilitates sharing scientific knowledge based on the right to health.

Supporting strategies and leadership

25. The Joint Programme played a critical role in leveraging the global, regional and country-level platforms, partnerships and resources for collective leadership and alignment of actions and resources that can advance equitable policies and programmes and tailored responses that reach those furthest behind first.
26. In 2020, the Joint Programme played an important role in optimizing the Global Fund's investments through its engagements and contributions to Country Coordination Mechanisms in about 70 countries, supporting them to develop quality funding requests and to monitor grant implementation. At the beginning of the first wave of the COVID-19 pandemic, the Secretariat and Cosponsors, still managed to support 21 of 23 Global Fund funding requests for HIV during Window 1 (91%) and 29 of 38 during Window 2. For Window 1, 96% of funding (US\$ 2.01 billion of US\$ 2.1 billion) went to countries that received support from the Joint Programme.
27. UNICEF advanced national evidence-informed commitments and people-centred programmes in 24 priority countries, by mobilizing, leveraging and incentivizing political leadership to translate global strategies for the paediatric and adolescent HIV testing and treatment, as well as prevention, including prevention of vertical transmission of HIV. The activities boosted synergies across SDG goals and addressed multiple overlapping vulnerabilities within communities. They were further supported by UNICEF's in-country presence and convening capacity for peer-mediated programmes for children and adolescents, which have helped strengthen the resilience of communities and networks of girls and young women living with HIV.
28. The Global Prevention Coalition (GPC), co-convened by UNFPA and the UNAIDS Secretariat, has reframed the HIV prevention response around priority populations and higher impact interventions and has brought HIV prevention back to the global agenda. This shift is reflected in the prioritisation of HIV prevention by the Global Fund and the political commitment of 28 coalition countries that carry more than 75% of the new HIV infections burden globally. An external review commissioned by the GPC Secretariat in 2020 confirmed that the GPC has succeeded in elevating primary HIV prevention (PHP) at the global level—including among international donors and in strengthening PHP leadership and management at country level.
29. To support the meaningful engagement of women living with HIV, and ensure evidence-based community-led initiatives to prevent HIV and violence against women, UN Women supported 13 national AIDS coordinating bodies to integrate gender equality in strategic planning, monitoring frameworks and budgets.
30. The distinctive and extensive contributions of faith-based organizations and faith communities in providing HIV services, care and support to the most marginalized sections of society (including children, migrants and displaced populations, and members of key population groups) have increased globally and at country level through partnership initiatives such as the 2020 HIV Interfaith Conference on Resilience and

Renewal, UNAIDS-PEPFAR Faith Initiative, and the Rome Action Plan⁵ on paediatric HIV, among others.

31. Advocacy to increase demand for HIV services and remove hindrances has included global and local faith leaders, with a stand also being taken against stigma and discrimination. This was supported through the Secretariat-led establishment of the Inter-Faith Health Platform—a global multireligious network for capacity-building, awareness-raising and joint advocacy among faith groups, organizations and communities engaged in HIV work. The platform offers access to best practices and resources developed by faith groups and is also intended to document the impact of faith models and share them for a more effective HIV response. Focus countries include Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Kenya, Nigeria, Uganda, United Republic of Tanzania and Zambia.

Key populations

32. The Joint Programme continued to partner with key donors, including the Global Fund on ensuring that key populations remained prioritized. It supported the Global Fund's focus on key population engagement in governance and programme design (e.g. in national strategic plans) and in the implementation and monitoring of programmes. Within that partnership, UNDP supported countries in reaching key populations with tailored combination prevention packages, including 162 000 people who use drugs (in 5 countries), 352 500 gay men and other men who have sex with men (in 22 countries), 272 600 sex workers (in 22 countries) and 5 900 transgender people (in 13 countries).
33. Approaches to supporting people who use drugs have included innovations. WHO, UNAIDS Secretariat and civil society organizations developed and disseminated technical guidance to support the continuity and sustainability of harm reduction services. They also promoted and guided MMD of opioid substitution therapy (OST) during the COVID-19 pandemic, with expected benefits extending well into the future. The United Nations Office on Drugs and Crime (UNODC) held regional webinars in partnership with WHO and the UNAIDS Secretariat to provide decision-makers and stakeholders with the opportunity to share their experiences and best practices in providing continued access to life-saving HIV services for people who use drugs and people in prison, while also implementing COVID-19 prevention and control measures. Webinars were also organized on prevention and control of HIV, TB, viral hepatitis, and COVID-19 in prison settings.
34. UNODC and the UNAIDS Secretariat jointly provided policy advocacy and technical support in Viet Nam for the introduction of take-home doses of methadone in the context of COVID-19. UNODC contributed to the development of the Secretariat-led guidance, Rights in the time of COVID-19—Lessons from HIV for an effective, community-led response. UNODC, WHO, the UNAIDS Secretariat and the Office of the High Commissioner for Human Rights (OHCHR), issued a Joint Statement on COVID-19 in prisons and other closed settings, which calls on Member States to ensure the security as well as the health, safety and human dignity of people working in places of detention.
35. To ensure continuity of care despite pandemic constraints, in 2020, UNODC supported activities related to drug use and HIV in 25 high-priority countries and activities related to HIV and prison populations in 35 high-priority countries. Member States received technical guidance and support related to HIV service provision for people who use drugs in the context of COVID-19 and on the prevention, treatment, and control of HIV, TB, and

⁵ <https://www.paediatrichivactionplan.org/>

COVID-19 in prison settings. This was done through the dissemination of technical guidance documents, online training opportunities, and the implementation of innovative alternatives to traditional harm reduction services. For instance, UNODC supported the implementation of Kenya's first prison-based OST dispensary, as part of a combined response to HIV and COVID-19 amid chronic overcrowding at the only other community-based OST clinic in Mombasa County. In Egypt and Pakistan, UNODC advocacy with government agencies led to the approval of OST implementation in 2020 and to the development of an action plan and the design of OST pilot interventions.

Eliminating vertical transmission of HIV

36. In less than two decades, an estimated 2 million new HIV infections in children have been averted by providing antiretroviral medicines to pregnant and breastfeeding women living with HIV. The Joint Programme continued to work to address elimination of vertical transmission gaps and improve the health and HIV outcomes for pregnant women living with HIV and children exposed to HIV. Collectively UNICEF, WHO, the UNAIDS Secretariat and other partners, through the Three Frees—Start Free Stay Free AIDS Free⁶ partnership, continued to prioritize necessary actions in the 21 countries where more than 80% of pregnant women and children living with HIV reside.
37. WHO convened partners including UNICEF, to develop normative guidance to assist countries in revising their existing guidelines for HIV testing services and the use of antiretroviral therapy in women prior to pregnancy, during pregnancy and in the postpartum period. Of 195 reporting countries, 78 have already adopted the revised guidelines and 32 are in the process of doing so. Recommendations for infant testing, prophylaxis and treatment were revised using new evidence to improve programme performance and patient outcomes. In 2020, UNICEF, WHO and the UNAIDS Secretariat also supported efforts towards validation and prevalidation of elimination of vertical transmission of HIV, syphilis and hepatitis B in Botswana, Dominica, Namibia, Rwanda, Uzbekistan and Zimbabwe.

Integrated health services

38. The need for greater integration of HIV and STI services within contraception programmes was identified through the Evidence for Contraceptive Options and HIV Outcomes trial. WHO and the UNAIDS Secretariat have developed integration guidance to support countries and donors, including ongoing support to 12 countries in eastern and southern Africa.
39. In western and central Africa, UNICEF and WHO worked with partners to improve access to integrated service delivery models to improve outcomes for children, including integrated testing and treatment in settings such as adult ART clinics, immunization clinics and community care points.
40. TB disproportionately affects people living with HIV, and HIV increases the risk of TB progression from latent infection to active disease. WHO continued to lead in the development of policy guidance to reduce gaps in detection, co-management and prevention of HIV-associated TB and to strengthen integration. The WHO consolidated guidelines on TB prevention and operational handbook were published to guide and support increased access to TB preventive treatment. In collaboration with the Joint Programme, WHO provided technical assistance to 16 countries with high burdens of HIV

⁶ <https://free.unaids.org/>

and TB to develop joint TB and HIV concept notes for the Global Fund and national strategic plans.

41. HIV and cervical cancer are closely linked. Women living with HIV have a six-fold higher risk of cervical cancer and are more likely to develop it at a younger age than women without HIV. More than 300 000 cervical cancer-related deaths occur annually, with almost 90% of those deaths occurring in low- and middle-income countries. The goal of cervical cancer elimination is within reach of countries as demonstrated through modelling the impact of scaling up of HPV vaccination and cervical cancer screening and treatment globally. UNFPA, UN Women and WHO supported cervical cancer services in several countries, and the UNAIDS Secretariat supported advocacy for integrated strategies and programmes, community engagement and policy and strategy reviews for integrating HIV-cervical cancer services in eastern, southern, western and central African countries, including 12 eastern and southern African countries through the Go Further partnership. UNAIDS Secretariat, UNDP, UNFPA and WHO supported the 47th PCB thematic report and discussion on the interlinkages of cervical cancer and HIV, fostering high-level global engagement, stimulating further global focus on this important issue and building on the WHO Cervical Cancer Elimination Strategy.
42. As a result of UNAIDS's direct advocacy and technical support to countries, together with communities and other partners, 10 eastern and southern African countries have successfully mobilized US\$ 9.6 million from the Global Fund for the next three years for cervical cancer-HIV service integration activities for women and adolescent girls living with and affected by HIV and community engagement and support.
43. The prevention of vertical transmission of HIV and other prevention concerns for women in key populations require emphasis. UNODC, WHO and partners developed a technical brief on "Prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs". A preview of the technical brief was provided at a webinar commemorating World AIDS Day 2020. In addition, UNODC hosted a global expert group meeting for the development of monitoring tools for preventing vertical transmission of HIV in prison, which brought together 55 experts from 22 countries.

Integrating health and education

44. Ensuring that adolescent girls and young women have equal opportunities to access quality secondary education, alongside key education and health services and other support for their economic autonomy and empowerment is linked to improved HIV outcomes. In an average week in 2019, approximately 5,500 young women aged 15–24 years newly acquired HIV. In sub-Saharan Africa, 5 in 6 new infections among adolescents aged 15–19 years are among girls. In 2020, the Joint Programme worked to develop the inception phase and partnerships for the Education Plus Initiative for the Empowerment of Adolescent Girls and Young Women in sub-Saharan Africa.⁷ This initiative, first announced by the UNAIDS Executive Director at the Nairobi Summit in November 2019, is spearheaded by the UNAIDS Secretariat and UNESCO, UNFPA, UNICEF and UN Women. It promotes a rights-based, gender-responsive action agenda to address the alarming numbers of adolescent girls and young women who are acquiring HIV and dying from AIDS-related causes, among other threats to their survival, well-being, human rights, and fundamental freedoms.
45. UNESCO and WHO partnered on the "Make every school a health promoting school" initiative, developing the Global Standards for Health Promoting Schools and

⁷ https://www.unaids.org/sites/default/files/media_asset/JC3016_EducationPlusBrochure_En.pdf

implementation guidance. An evidence review and eight country case studies were completed. Three early adopter countries, Botswana, Egypt, and Paraguay, will pilot the process.

46. UNESCO developed a capacity building plan for the rollout of the School Health programme in India, covering 1.5 million schools. UNESCO also convened a new partnership on effective school health and nutrition with the Food and Agriculture Organization, Global Partnership for Education, UNICEF, the World Bank, WFP and WHO. This new partnership aims to improve the health and nutrition of school-aged children and adolescents through a more integrated, systems approach and coordinated action to bring effective, multicomponent policies and programmes to scale.

BREAKING DOWN BARRIERS BY REMOVING SOCIETAL AND LEGAL IMPEDIMENTS TO AN EFFECTIVE HIV RESPONSE

47. HIV transmission persists in many settings due to social and legal impediments that diminish access to HIV resources and services for people living with HIV, key populations, girls and women, and other vulnerable populations. While rights-based approaches and commitments generally inform HIV policies and strategies, they are not consistently evident in laws, nor are they sufficiently entrenched socially and structurally. The social exclusion experienced by key populations is often compounded by criminalization, stigma and discrimination that is linked to gender inequalities, sexual orientation, gender identity, sex work and drug use, among other factors.
48. The COVID-19 pandemic exacerbated stigma, discrimination, human rights violations, marginalisation and exclusion facing people living with, affected by and vulnerable to HIV. In 2020, the Joint Programme has supported countries and communities in removing the human rights barriers and promoting equality and inclusion of key populations, young people, girls and women, and other vulnerable groups in the context of the intersecting HIV and COVID-19 pandemics.

Human right, stigma and discrimination

49. The Joint Programme remained a leading voice for the HIV and COVID-19 responses grounded in principles of human rights and gender equality. With upstream advocacy, policy advice and normative guidance, expertise to review laws and policies, the Joint Programme supported countries and communities to monitor and address human rights violations, with a particular attention to those related to COVID-19 measures.
50. The Global Partnership to Eliminate all forms of HIV-related stigma and discrimination (which is co-convened by the UNAIDS Secretariat, UN Women, UNDP, and GNP+) boosted efforts to end stigma and discrimination in 19 countries. This was done through extended technical support, the development of evidence-based programmatic guidance for reducing stigma and discrimination and increasing access to justice, and a global campaign for ending stigma and discrimination in six settings. Resources were also developed for countries to apply lessons from the HIV response to COVID-19 response measures taken by governments. The UNAIDS Secretariat, in collaboration with GNP+, ICW and Johns Hopkins University, supported more than 25 countries in the process of implementation of HIV Stigma Index 2.0 in 2020.⁸
51. UNDP, other Cosponsors and the UNAIDS Secretariat worked with civil society organizations and communities of people living with HIV and key populations to challenge

⁸ <https://www.stigmaindex.org/>

the overly broad use of criminal law. Activities included raising awareness among judges, parliamentarians and civil society, support for law reforms and litigation, the development of guidance (e.g. draft guidance for prosecutors on HIV-related criminal cases), and sharing good practices and enhancing partnerships on strategic litigation for law reform. The UNAIDS Secretariat also provided in-depth technical support for law reform efforts and responded to human rights crises, including through an emergency support fund to respond to critical needs arising from COVID-19 and HIV-related human rights violations that are not covered by existing funds.

52. WHO, working other Cosponsors and the UNAIDS Secretariat, supported countries across all Windows of the Global Fund funding cycles to mainstream human rights and gender equality programmes in their funding requests, multiyear plans and baseline assessments.
53. UNDP, in collaboration with other Cosponsors and the UNAIDS Secretariat, provided policy and programme support for the implementation of the Global Fund strategy objective on removing human rights barriers, including through the Breaking Down Barriers initiative.⁹ This involved supporting country-led Legal Environment Assessments of laws and policies related to HIV and TB, audits, national dialogues, research, ongoing monitoring, and policy papers and guidance notes for rights-based HIV and TB programmes. WHO, with other Cosponsors and the UNAIDS Secretariat, provided support to countries in Windows 2 and 3 of the Global Fund funding cycles to mainstream human rights and gender equality programmes in their funding requests, multiyear plans and baseline assessments.
54. UNDP, WHO, the UNAIDS Secretariat and the O'Neill Institute for National and Global Health Law at Georgetown University launched the COVID-19 Law Lab¹⁰ to gather and share relevant legal and policy documents from 190 countries to support evidence- and rights-based legal frameworks for COVID-19 responses.
55. UNDP, UN Women, the UNAIDS Secretariat, and the Global Network of People Living with HIV (GNP+), working with other Cosponsors and civil society organizations, developed an evidence review that included resources for applying lessons learned from the HIV response to COVID 19 which focus on stigma and discrimination and rights in the time of COVID-19. WHO also partnered with GNP+ through the gathering and synthesis of survey data from 37 countries to guide decision-making and action on the impact of COVID-19 on diverse communities of people living with HIV.

Gender equality, response to gender-based violence, and women empowerment

56. Gender inequalities received particular attention in 2020, in the context of the intersecting pandemics. The Joint Programme encouraged and facilitated action to respond to the challenges brought forth by COVID-19 and continued to support the systemic change and assist countries and communities in recognising and reducing gender inequalities and addressing gender-based violence.
57. At the onset of the COVID-19 crisis, UN Women called for responses to urgently take gender considerations into account—especially addressing a surge in gender-based violence, which increases women's risk of acquiring HIV. In partnership with the European Union (EU) / UN Spotlight Initiative, and the UN Trust Fund to End Violence Against Women, US\$ 9 million was allocated for immediate support to women's

⁹ https://www.theglobalfund.org/media/1213/crg_breakingdownbarriers_qa_en.pdf

¹⁰ <https://covidlawlab.org/>

organizations in sub-Saharan Africa with a primary focus on the institutional response, risk mitigation and recovery in the COVID-19 context.

58. The International Labour Organization (ILO) advocated for employment policies (including macroeconomic, sectoral, and labour market policies) to put gender equality at the core of the COVID-19 emergency and recovery efforts in order to avoid long-term negative impact on women's employability that can further exacerbate their risk of HIV. With the view to eliminating violence and harassment in the world of work, many countries ratified the C190 - Violence and Harassment Convention, 2019 (No. 190) to inform legislation to criminalize violence and harassment in the world of work.
59. The UNAIDS Secretariat issued a guide, *Six concrete measures to support women and girls in all their diversity in the context of the Covid 19 pandemic*,¹¹ which provides recommendations to governments to confront the gendered and discriminatory impact of COVID-19, with immediate and forward-looking recommendations for crisis responses, policy development, investment and action.
60. Improving gender equality, addressing gender-based violence and empowering women and girls in the context of HIV and health was supported by UNDP in 71 countries. This ranged from challenging human rights barriers and social norms that hinder equal access to quality health care, to improving support for survivors of gender-based violence. Through the UNDP/Global Fund partnership, peer educators reached more than 90 000 young women with HIV prevention services in Angola. UNDP also supported the creation of the Network of Vulnerable Women in the Middle East and North Africa.
61. UN Women empowered young women and men to lead peer-to-peer counselling to prevent HIV and improve their sexual and reproductive health. In Mozambique, almost 700 000 girls and young women (10–24 years) strengthened their SRHR knowledge, including HIV prevention, within the RAPARIGA BIZ Joint Programme, which is led by UNESCO, UNFPA, UNICEF and UN Women. In South Africa, young women living with HIV and survivors of violence, with support from UN Women, organized themselves into the Young Women for Life Movement,¹² which has grown to over 2,000 members and which reached out to thousands of other young women. The programme focuses on rape survivors' access to justice, HIV services, education, and economic empowerment. In Uganda, together with the Uganda Network of Young People Living with HIV & AIDS, UN Women launched a new SRHR app to spread accurate HIV and sexual and reproductive health information and provide access to HIV prevention commodities for young people.
62. Through the EU/UN Spotlight Initiative, the ILO, UNDP, UNFPA, UNICEF and UN Women enabled 17 countries to establish frameworks to prevent and respond to gender-based violence and to mitigate HIV risk for women. UNFPA, UN Women, WHO and other partners used the protocols and lessons from the implementation of the Essential Services Package across 60 countries to maintain, adapt and improve services for gender-based violence survivors, including access to post-exposure prophylaxis, through virtual referral, multidisciplinary mobile teams, tele-health, and remote services.
63. Harmful masculinities negatively affect men's health-seeking and risk-taking behaviours, exacerbating HIV risks for both men and women. The Joint Programme invested in scaling up evidence-based interventions to transform unequal gender norms and promote improved health outcomes for people living and affected by HIV.

¹¹ https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf

¹² <https://youngwomenforlife.org.za/>

64. UN Women's HeForShe community-based initiative engaged 115 000 women and men in South Africa in dialogues on unequal gender norms, gender-based violence, and HIV prevention. In two years, 62% of the people engaged in those dialogues were also tested for HIV, and those who tested HIV-positive were linked to HIV treatment and care. As part of the EU/UN Spotlight Initiative to eliminate all forms of violence against women and girls, UNFPA, UNICEF, UN Women and other agencies scaled up the evidence-based community initiative SASA! in eastern and southern Africa to prevent gender-based violence and HIV infection. SASA! Faith, which was piloted in Kenya with support from the UN Trust Fund to End Violence Against Women, resulted in improved access to HIV testing and couple's counselling, and enhanced access to HIV treatment and care.
65. The UNAIDS Secretariat increased the availability and use of analysis to promote gender equality in national HIV responses and increase investments in this area, through the application of the Gender Assessment Tool, which was implemented in 12 countries.
66. Violence against women and girls and key populations violates rights and exacerbates vulnerability to HIV in many countries. The UNAIDS Secretariat commissioned an Independent Evaluation of the Work of the Joint Programme on HIV/AIDS on Preventing and Responding to Violence against Women. The report is expected to inform how best to seize opportunities and address gaps regarding violence against women and girls in the context of the new Global AIDS Strategy.

Young people

67. The COVID-19 pandemic has had an unprecedented impact on adolescent and young people's right to education, and on their sexual and reproductive health. Lockdowns and school closures left millions of young people without the protective effects of schools, rendering many vulnerable to early and unintended pregnancy, HIV and other STIs, child marriage, gender-based violence, and food insecurity. The Joint Programme rallied to leverage its multisectoral experience to advocate for young people's continued access to HIV and sexual and reproductive health services and accurate information on sexuality and health, helping young people transition to adulthood and supporting the health and rights of young workers.
68. Schooling has been interrupted at some point for most children calling for diverse alternative support. UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UN Women and UNFPA promoted and supported digital technologies to reach young people in their homes during COVID-19 lockdowns, employing multimedia approaches, radio, text messaging, online social media platforms, peer educational talks and community theatre. Comprehensive sexuality education in the COVID-19 context was also jointly supported through digital technologies.
69. The Joint Programme has maintained focus on ensuring access to vital HIV prevention commodities. UNFPA allocated about US\$ 21 million to procure and distribute 724.6 million male condoms, 5.5 million female condoms and 69.53 million lubricants. Those actions potentially averted about 3.6 million new STIs, over 82 000 new HIV infections and over 2.3 million unintended pregnancies.
70. Young people living with HIV require additional support. The Joint Programme, in partnership with the Global Network of Young People Living with HIV (Y+Global), launched the Y+ Social Aid Fund for young people living with HIV. The Y+ Social Aid Fund was piloted in Malawi and Nigeria, where Y+ Global, with the support of national networks of young people living with HIV, offer financial support to young people living with HIV who have been affected by COVID-19-related restrictions.

71. The ILO forged an alliance with the African Union's New Partnership for Africa Development to review existing programmes for infrastructure development in Africa to optimize job creation opportunities for young people, including young people living with HIV.
72. Recognizing that inequalities, social and structural barriers, and underlying weaknesses of systems affect HIV prevention outcomes, UNICEF's specific efforts to reinforce and strengthen national capacities for second-decade programming in 2020 led to improved coordination among the health, education, and social service sectors. This resulted in increased community support for adolescents, girls and young women, and young key populations, thereby improving access to combination prevention and the empowerment of adolescent and young people, while keeping girls in school.
73. To better understand challenges, gaps, and barriers among youth communities during the COVID-19 pandemic and to develop recommendations for mitigation, UNICEF, UNDP, UN Women, the UNAIDS Secretariat and others, in partnership with the Inter-Agency Task Team on Young Key Populations in Asia Pacific, led a rapid assessment in collaboration with the Asia-Pacific Council of AIDS Service organizations and "Youth Lead". Assessment themes were shared between UN agencies, with UNICEF leading the mental health component.
74. Comprehensive sexuality education equips young people with the knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity. In 2020, over 80 countries were supported to scale-up good-quality comprehensive sexuality education, in line with the UN International Technical Guidelines on Sexuality Education, produced by UNESCO, with UNFPA, UNICEF, WHO, the UNAIDS Secretariat and UN Women in 2018. UNFPA, working with UNESCO, UNICEF, WHO and the UNAIDS Secretariat, developed and published an international technical and programmatic guidance on out-of-school comprehensive sexuality education¹³ to build on and complement the UN International Technical Guidance on Sexuality Education.

Key populations

75. The Joint Programme provided direct support to countries to strengthen key population programming, focusing on reducing legal and policy barriers, enhancing access to services, and ending stigma and discrimination.
76. UNDP supported 89 countries, in partnership with UN partners and civil society, on law and policy reforms, including the decriminalization of HIV transmission, exposure and nondisclosure, and the creation of enabling legal and policy environments for key populations.
77. UNFPA continued working closely with global key population networks including the Global Network of Sex Worker Projects, Global Action for Gay Men's Health and Rights, and the Innovative Response Globally for Trans Women and HIV. Collaboration included support to further advocate for sex workers' rights, conducting sexual health and wellbeing webinars, and the HIV2020 and AIDS 2020 international online conferences.

¹³ <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>

78. UNDP broadened its approach to lesbian, gay, bisexual and transgender plus (LGBT+) work in Africa. It launched the Inclusive Governance Initiative¹⁴ to support countries in that region to improve accountability and inclusion of their entire populations, including sexual and gender minorities. The initiative contributed to improved laws and more responsive public sector services, including the advancement of health and social norms that affirm rights and inclusion for all. It is based on African values of dignity, fairness, acceptance of diversity, and respect for privacy, and is underpinned by the ethics of ubuntu.
79. The Economic Community of West African States launched a regional strategy on HIV, TB, viral hepatitis and SRHR for key populations in the region. The strategy was developed with support from UNDP, WHO, the UNAIDS Secretariat and members of the UNDP-supported Africa Key Populations Expert Group. UNDP and UNFPA continued to support implementation of the Southern African Development Community Regional Strategy for Key Populations. The Joint Programme also provided support for legal recognition and access to social welfare in countries in Asia and the Pacific.
80. UNFPA published, for the first time, global data pertaining to SDG 5.6.2: number of countries with laws and regulations that guarantee full and equal access to sexual and reproductive healthcare, information and education. The UNAIDS Secretariat published the bimonthly newsletter Equal eyes, showcasing the stories and events affecting lesbian, gay, bisexual, transgender, nonbinary, queer, and intersex people around the world, and connecting the health and equality agendas.
81. Civil society and community-based organizations in several countries were instrumental in the development and implementation of HIV services for people who use drugs and people in prison. UNODC continued to support the UNODC civil society group on drug use and HIV and established the first-ever informal network of 26 civil society organizations responding to the diverse health needs of prison populations. In addition, UNODC initiated a grants programme for nine organizations in Africa, South-East Asia, eastern Europe and central Asia in 2020 to strengthen the capacities of civil society organizations to ensure that people who use drugs and people in prison receive quality HIV services that are tailored to their needs.
82. Working with national and international partners, UNODC supported Member States to address HIV at the sixty-third sessions of the Commission on Narcotic Drugs and at the twenty-ninth session of the Commission on Crime Prevention and Criminal Justice. At those sessions and intersessional meetings, proceedings were focused on removing legal and COVID-19-related barriers that hinder access to key HIV harm reduction services—particularly needle and syringe programmes and OST, as well as condom programmes in prisons.

ROBUST, INCLUSIVE AND RESILIENT SYSTEMS TO MEET PEOPLE'S NEEDS

83. Ending AIDS requires systems and services that are resilient and responsive to the needs of people who are at risk of, living with and affected by HIV. However, stretched enormously by the challenges of the COVID-19 pandemic, health and other systems are fragile, under stress or are on the verge of collapsing in a number of countries. The Joint Programme continued to contribute to building the resilience of systems, communities and people, including in humanitarian settings, to bolster sustainability, institutional and

¹⁴ <https://www.africa.undp.org/content/rba/en/home/projects-and-initiatives/WeBelongAfrica-TheInclusiveGovernanceInitiative.html>

human capacity to overcome adverse circumstances that increase HIV-related vulnerabilities.

Scaling up investments

84. The Joint Programme was instrumental in the rapid scale-up in investments to address COVID-19 and HIV together, harnessing the capacities and the resources of the individual Cosponsors and the Secretariat and leveraging domestic and donor investments. The resources made available to the countries through reprogramming of the Joint Programme funding not only enabled rapid responses in the emerging COVID-19 crisis but helped catalyse larger funds from bilateral and multilateral donors for a longer-term, larger-scale, more systemic action.
85. The Global Fund committed around US\$1 billion to more than 100 countries using redeployed internal funds and contributions from key donors to mitigate the pandemic's impact on HIV, TB, and malaria programmes. The Joint Programme played a critical role by providing vital technical support for strategic information and, through Country Coordinating Mechanisms (CCMs), for identifying funding needs and opportunities within existing grant arrangements. It also supported the development of new COVID-19 Response Mechanism requests to mitigate the impact of COVID-19 on HIV and TB programmes, and to initiate urgent improvements in health and community systems.
86. The World Bank Group committed to make available up to US\$ 160 billion in financing over 18 months for emergency response and recovery, beginning with an initial US\$ 14 billion in emergency funding for health systems. This was later supplemented with US\$ 12 billion to help countries acquire and distribute COVID-19 vaccines. Additional support was provided in numerous countries for social protection interventions for vulnerable communities.
87. Debt service suspension can open fiscal space for essential health and social spending. To help tackle the fiscal impact of COVID-19, the World Bank and International Monetary Fund urged G20 countries to establish the Debt Service Suspension Initiative. Established in May 2020, the latter Initiative has delivered almost US\$ 5 billion in relief to over 40 countries, helping them preserve resources to safeguard the lives and livelihoods of millions of vulnerable people.

Investing in integration

88. The Joint Programme's commitment to supporting the provision of access to quality, integrated, and people-centred health services is embodied in its commitment to UHC—offering an unprecedented opportunity to expand, personalize and improve the efficiency and effectiveness of all health services, including HIV services.
89. The World Bank's flagship global Human Capital Project emerges from the understanding that investing in people's health and nutrition is a highly effective way to end extreme poverty and boost prosperity for all. With over 80 countries participating, the Human Capital Project provides a powerful rallying point for health interventions, including HIV and its integration in UHC and health system strengthening. At the same time, the World Bank's Africa Human Capital Plan supports a strong set of targets by 2023. The targets include drastically reducing child mortality to save 4 million lives; enhancing learning outcomes by 20%; providing social protection to 13 million more people; and reducing adolescent fertility rates by empowering women.

90. The Global Fund and the World Bank launched the first project under their co-financing framework—a joint-investment in Laos to advance UHC by increasing access to integrated essential services, including HIV and TB programmes. The two groups are also involved in a five-year commitment to contribute US\$ 24 billion for UHC in Africa. The World Bank–managed Advance UHC Multi-Donor Trust Fund, with Global Fund support, assisted lower-middle income countries on UHC and in transitioning to greater domestic funding.
91. Work continued on multiple fronts to bolster sustainability of financing and enhance the effective and efficient use of resources. Activities included more than 20 efficiency and effectiveness studies and health financing systems assessments (including HIV-related services), and the finalization of NGO social contracting guidelines and technical support to community-based partners. Additional work provided technical and advocacy support to advance taxation of health-harming projects in 34 countries and the advancement of related work through the Global Plan for Healthy Lives and Well-being for All. Work also supported country data collection, analysis and forecasting to help countries and partners better understand the implications of COVID-19 for HIV-related spending. Joint Programme actors included the UNAIDS Secretariat, UNDP, WHO and the World Bank, among others.

Strengthening social protection systems

92. The Joint Programme contributed to strengthening the social protection schemes in response to the COVID-19 pandemic and continued to work for the inclusion of HIV in social protection programmes in all settings.
93. The social protection needs generated by the COVID-19 pandemic, coupled with socioeconomic downturns and strained health infrastructure, have compounded the impact of the crisis on vulnerable populations. The ILO, UNESCO, UNHCR, UNICEF, UNODC, UN Women, WFP and the UNAIDS Secretariat jointly called on governments to strengthen HIV-sensitive social protection in response to COVID-19. The call urged countries to enhance and progressively improve the responsiveness of their social protection systems to people's basic and changing needs and vulnerabilities, with specific mention of people living with, at risk of and affected by HIV, and other key and vulnerable populations.
94. COVID-19 has exposed intersecting health and socioeconomic inequalities and highlighted their effects on people, including people living with and affected by TB and HIV. WFP strengthened its efforts in 18 countries in various regions by providing in-kind/cash or voucher transfers to people living with and affected by HIV/TB.
95. To safeguard education from the impact of COVID-19, UNESCO, UNICEF, WFP and WHO signed a joint statement calling for investments in school health and nutrition. The ILO, the UNAIDS Secretariat and WFP completed a mapping exercise in 17 countries in eastern and southern Africa to assess the status of their HIV-sensitive social protection programmes. The survey highlighted gaps in existing social protection programmes in relation to people living with, at risk of and affected by HIV.
96. Social protection schemes reduce gender and income inequalities and social exclusion, thereby reducing the risk of contracting HIV. UNICEF provided normative support to HIV-sensitive social protection, including through the "Cash and Care" or "Cash Plus" programming approach, which involves an inclusive HIV-sensitive model for social protection. By strengthening linkages between national cash transfer programmes and other HIV services, the "plus" programmes ensure that more vulnerable children and

adolescents can access and use health, child protection and other social services. This programme has been successfully implemented in Angola, Lesotho, and the United Republic of Tanzania.

97. HIV-sensitive social protection, including in the context of the COVID-19 response and recovery, allows for the inclusion of key populations in social safety net programmes. UNDP, working with the UNAIDS Secretariat and other agencies, supported 38 countries towards HIV-sensitive social protection. In Cambodia, for example, transgender people are now included in "Poor ID", a national initiative to identify poor households and determine their eligibility for social protection programmes. Communities' voices, needs and creative initiatives of solidarity and resilience in the Asia and Pacific, Latin America and the Caribbean regions were actively promoted and supported by UNAIDS.
98. Access to cash and vouchers helps displaced people meet a variety of essential needs, such as access to food, water, healthcare, and shelter, enabling them to repair and support livelihoods. UNHCR used cash-based interventions to provide protection, assistance, and services to highly vulnerable communities. In some contexts, UNHCR provided cash-based interventions for health programmes, such as conditional cash transfers in order to improve demand for health and sexual and reproductive health services. This has been found to improve both access and adherence to treatment for a number of health conditions, including HIV.
99. WFP provided safety nets transfers (either as in-kind support, cash or vouchers) to support people living with HIV. WFP reached more than 400 000 people living with HIV and/or TB and their families with HIV-sensitive and specific safety nets in 22 countries in several regions. The World Bank reached vulnerable populations, including individuals affected by and vulnerable to HIV, via its portfolio that included over 100 active social protection and labour projects, representing investments of US\$ 20 billion.
100. A capacity development programme on HIV-sensitive social protection (jointly organized by the UNAIDS Secretariat, ILO, UNICEF, WFP, and the World Bank) was delivered through a series of webinars. Participants included 240 national partners from diverse groups, including civil society, academia, networks of people living with HIV and international development partners. As a direct result of the tailored webinars, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Nigeria, Senegal, and Togo were prioritized for focused action in 2021.

Humanitarian settings

101. In humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can increase vulnerability to HIV infection and interrupt treatment. In 2020, 239 million people in 57 countries required humanitarian assistance. The Inter-Agency Task Team on HIV in Humanitarian Emergencies, co-convened by UNHCR and WFP, and with support from the UNAIDS Secretariat, rallied its members to collectively develop guidance on preparedness and response to HIV in humanitarian settings.
102. The UN Refugee Agency (UNHCR) provided vital support in more than 50 countries for the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. This included protecting refugees from exposure to COVID-19, the provision of multi-month refills of ART for people living with HIV and adapting delivery mechanisms for essential HIV services. Programmes also focused on the provision of HIV services for key populations in humanitarian settings, including support for the expansion of health and protection services for people who

sell or exchange sex, gay men and other men who have sex with men, and people who use drugs. For example, in Ecuador, UNHCR implemented an HIV programme in border areas focused on provision of support to community-based organizations of sex workers, LGBT+ and youth to strengthen their HIV prevention and treatment capacities, while promoting the economic inclusion of key populations. More than 3 500 refugees were reached with services, including sensitization on HIV prevention, access to condoms and lubricants and community-based support. UNFPA procured and delivered supplies worth US\$ 19.4 million to 53 countries to support life-saving emergency obstetric and newborn-care, clinical management of rape, voluntary family planning, and the prevention of HIV and treatment of STIs. WFP also provided transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV and TB and their families in 13 humanitarian contexts, including refugee settings.

LOOKING AHEAD

103. The Joint Programme looks forward to the implementation of the newly-adopted Global AIDS Strategy 2021–2026, a bold new approach to use an inequalities lens to close the gaps that are preventing progress towards ending AIDS. The Global AIDS Strategy aims to reduce the inequalities that drive the HIV epidemic and prioritize people who are not yet accessing life-saving HIV services. The Joint Programme will provide leadership and accelerate action to ensure equitable distribution of global public goods that are crucial for ending AIDS as a public health threat. UNAIDS will continue to support countries and communities to use an inequalities lens to identify people who are being left behind in the HIV response.
104. The Joint Programme will build on the achievements and lessons from the 40 years of the HIV response and its 25 years of existence. The evidence review of the implementation of the current UNAIDS Strategy, which informed the development of the 2021–2026 Global AIDS Strategy, highlighted evidence-based approaches that remain valid for addressing prevention, testing and treatment challenges, as well as the social and structural environments. The process for the development of the Global AIDS Strategy included consultations with over 10,000 stakeholders worldwide, bringing together the global community to set the direction for the next phase of the response.
105. The COVID-19 pandemic is highlighting existing inequalities and threatens to reverse major advances made in the past decade. Communities bear the brunt of the health and socioeconomic impacts of COVID-19; they are also vital actors in the response and recovery. Many of the diverse mechanisms of support identified through the Joint Programme's response to COVID-19 and HIV have evolved into good practice models for ongoing and wider implementation.
106. COVID-19 poses new challenges for increasing HIV investments and efficiencies. It also offers opportunities to show the value of investing in HIV-related infrastructure, health workers and community capacities, capitalize on increased connectivity, re-examine the impact of debilitating debt on fiscal space, and leverage big data analytics to reach people and communities who are most vulnerable and who are left furthest behind. The Joint Programme has focused on the financial sustainability of HIV interventions in the context of UHC and COVID-19; that work will continue in the next phase of the pandemic.
107. Although good progress has been made in the integration of services, including health and social protection, implementation has been uneven. Ongoing monitoring will

contribute to ensuring the right mix and balance of HIV and other services, including refinements that address the unmet needs of individuals and populations, while building the sustainability of national HIV responses.

108. Discriminatory and punitive laws are a major barrier to the HIV response. Removing them requires continued political and policy engagement with country legal systems through current Joint Programme initiatives. Social and structural barriers, including gender inequality and gender-based violence, have been highlighted as a core focus of the Global AIDS Strategy 2021–2026.
109. The Joint Programme will scale-up advocacy and support to law reforms and human rights programmes to end stigma and discrimination in countries. Particular emphasis will be placed on expanding the group of countries that signed up to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination and that committed to act to end stigma and discrimination in six priority settings, and to perform related monitoring.
110. The Joint Programme will work with national stakeholders to strengthen the ethical and rights-based use of digital technologies in HIV and health programmes, advance access to information and services for people living with HIV and key populations, strengthen accountability and guard against human rights violations.
111. To support the continued scale-up of access to high-quality comprehensive sexuality education in and out of schools, the Joint Programme will publish the 2020 Global Review on comprehensive sexuality education in the summer of 2021. This will provide a crucial update on progress in countries. UNESCO and UNFPA will also continue to lead the newly launched CSE Global Partnership Forum, and UNESCO will continue to support strengthened comprehensive sexuality education in sub-Saharan Africa through the “Our Rights, Our Lives, Our Future” programme.¹⁵
112. Integrating HIV into preparedness and emergency responses remains a challenge in many contexts. Competing funding priorities, data collection systems that do not include HIV and gender equality indicators, a disconnect between people in affected areas and decision-makers, a lack of agreed thresholds or action triggers, and challenges relating to coordination and human resources still represent significant obstacles. The scale of the humanitarian challenges faced in 2020 and anticipated in 2021 are massive. But years of investment and experience of the Joint Programme in addressing HIV and in protecting populations from HIV in emergency settings have and will continue to make a difference for the most vulnerable populations.

¹⁵ http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Harare/pdf/Unesco_O3_Brochure.pdf

APPENDIX

Figure 1: The Joint Programme’s 2020 Performance Monitoring Report: A joint and multisectoral results package presented from different perspectives.

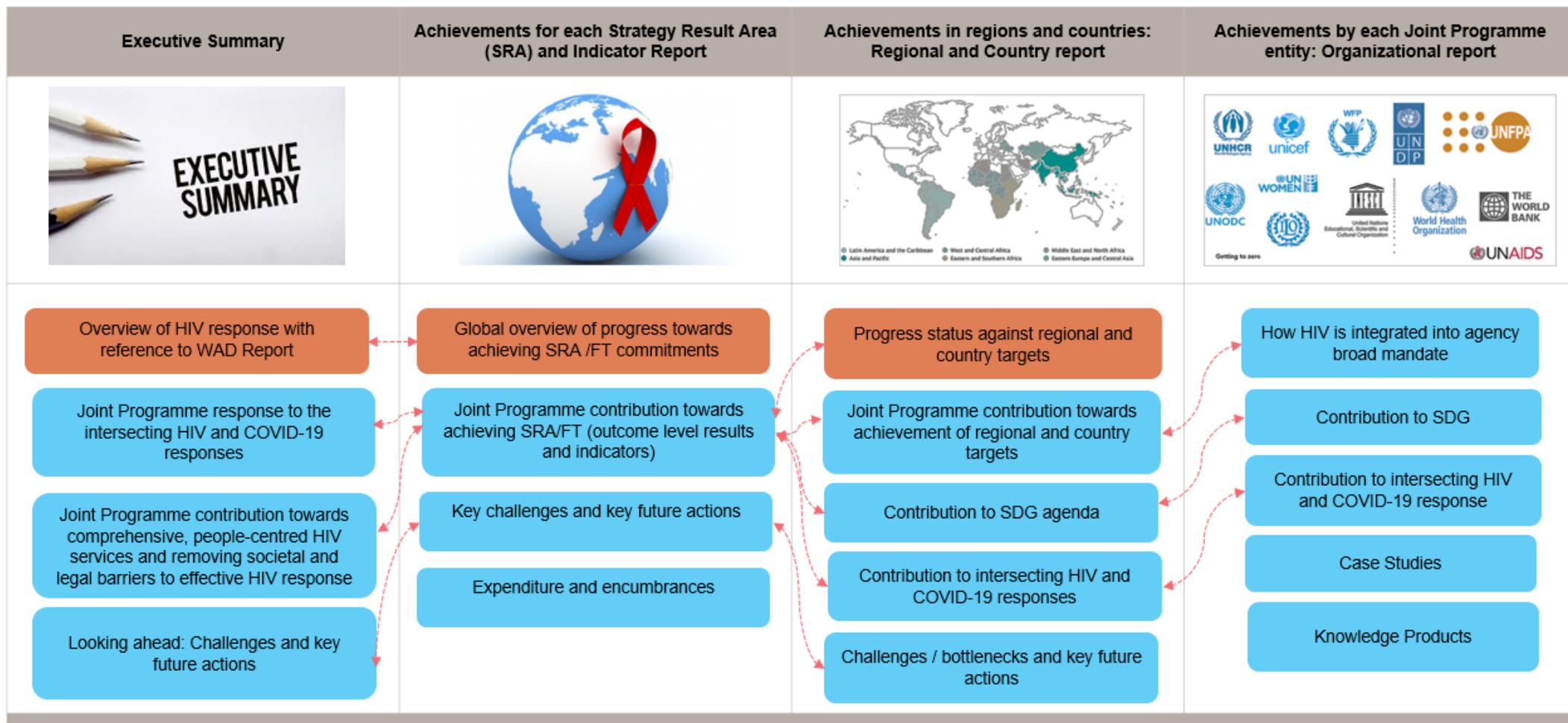
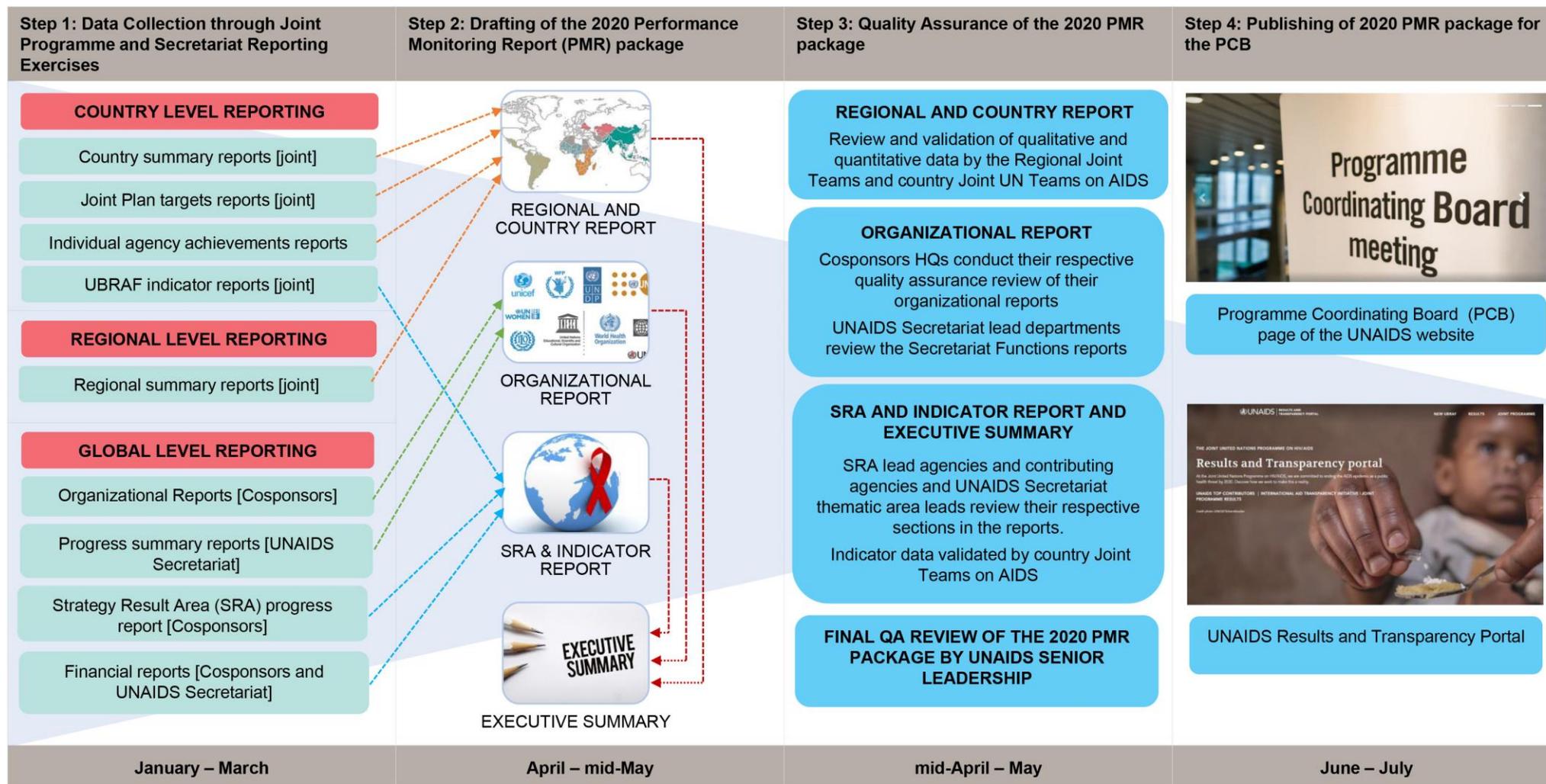


Figure 2: Development of the 2020 Performance Monitoring Report package



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