

# **STRATEGY RESULT AREA AND INDICATOR REPORT**

## **UNAIDS 2020 PERFORMANCE MONITORING REPORT**

**Additional document for this item:** UNAIDS Performance Monitoring Report 2020: Executive Summary (UNAIDS/PCB (48)/20.8); UNAIDS Performance Monitoring Report 2020: Regional and Country Report (UNAIDS/PCB (48)/20.10); 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 to the multisectoral HIV/AIDS response including people living with HIV, communities and key populations especially to address the intersecting HIV and COVID-19 pandemics through strengthened joint and collaborative action at country level;

*Appreciate* the 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 including on addressing COVID-19, emphasis on priority off-track areas and actions to address these, and wider links to the 2030 Agenda and the 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

## CONTENTS

INTRODUCTION.....	4
SRA 1: HIV TESTING AND TREATMENT.....	5
SRA 2: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION .....	15
SRA 3: HIV PREVENTION AND YOUNG PEOPLE .....	18
SRA 4: HIV PREVENTION AND KEY POPULATIONS .....	24
SRA 5: GENDER INEQUALITIES AND GENDER-BASED VIOLENCE .....	31
SRA 6: STIGMA AND DISCRIMINATION AND HUMAN RIGHTS .....	37
SRA 7: INVESTMENT AND EFFICIENCY.....	42
SRA 8: HIV AND HEALTH SERVICES INTEGRATION.....	48
FINANCIAL INFORMATION.....	55
ANNEX: INDICATOR SCORECARD.....	60

## INTRODUCTION

1. The Strategy Result Area and Indicator Report, the second document in the UNAIDS Performance Monitoring Report (PMR) package presents the accomplishments of the Joint Programme against the eight result areas in the UNAIDS 2016-2021 UNAIDS Strategy.
2. Each SRA part begins with a global overview of the HIV response in each result area, followed by the Joint Programme's achievements towards achieving the UBRAF targets and the related Fast-Track commitments. The paper also presents the challenges that hindered the implementation of the Joint Programme's plans for the year as well as its key future actions to address these challenges and the new initiatives in the coming year. Each section of this report was prepared by the SRA lead agencies in collaboration with their respective agency partners based on the 2018 UNAIDS Division of Labour.
3. For each SRA section, qualitative reports are complemented by quantitative information coming from the indicator tables that show data from 87 countries with functional Joint Teams on AIDS that consistently reported against these indicators throughout the five years (2016-2020) of implementing the current Unified Budget, Results and Accountability Framework (UBRAF). These indicators, collected through an online tool, Joint Programme Monitoring System (JPMS), are used to monitor the performance of the Joint Programme and contributions to results. They capture progress at country level that are plausible results of the actions of the Joint Programme.
4. Every indicator has a baseline, milestones for each biennium of the current UBRAF (for 2017 and 2019) and targets for 2021) which were established in 2016 and approved by the PCB. Since this year's PMR is the first report in 2020-2021, the last biennium of the UBRAF, indicators are measured against the 2021 targets.
5. Indicators are measured using a traffic light system with the following rating:

Legend *					
	<b>On track</b> (% progress is equal or greater than 75% of 2021 targets)		<b>Slow progress</b> (% progress is between 75% - 50% of 2021 targets)		<b>Not on track</b> (% progress is less than 50% of 2021 targets)

6. UBRAF indicators are limited to capturing the work of the Joint Programme. These data do not measure the global HIV response which are within the purview of the Global AIDS Monitoring exercise. Thus, the traffic lights status of each indicator should not be construed as the status of each area of the global HIV response, for example, the HIV prevention among key populations, young people and gender and human rights.

## SRA 1: HIV TESTING AND TREATMENT

**Fast-Track commitment:** Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets:

- By 2020, 90% of all people living with HIV will know their HIV status.
- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

**SRA 1:** Children, adolescents, and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

### Global overview

8. There were an estimated 38.0 million people living with HIV at the end of 2019. An estimated 81% of people living with HIV knew their status, 67% were receiving ART, and 59% had achieved HIV viral suppression with no risk of infecting others. From 2010 to 2019, new HIV infections fell by 23% and HIV-related deaths by 39%, with an estimated 12.1 million lives being saved due to ART.
9. In 2019, 25.4 million people were accessing antiretroviral therapy up from 6.4 million in 2009, with 68% of adults and 53% of children living with HIV receiving antiretroviral therapy (ART). Most pregnant and breastfeeding women living with HIV (85%) also received ART, protecting their health, and preventing HIV transmission to their young children during pregnancy, delivery and breastfeeding. In Eastern and Southern Africa, the most impacted region, 95% of pregnant women received ART. By June 2020, 26 million people were accessing ART, an increase of 2.4% since December 2019. Despite this good progress, many people remain left behind, including key populations, children, adolescents and young people and men.
10. The number of people living with HIV initiating treatment in 2020 fell below projections due to disruptions of HIV testing and ART services due to the COVID-19 pandemic. While rates of testing and treatment bounced back in the latter half of 2020, recovery was uneven.
11. In 2019, every week, around 5 500 young women aged 15-24 years become infected with HIV. In sub-Saharan Africa adolescent girls and young women are at heightened risk of HIV compared to their peers. Five in six new infections among adolescents aged 15-19 years are among girls. The decline in the number of new infections among girls and young women has been slow and structural gender inequalities, discrimination, violence against women and girls, and unequal gender norms continue to undermine HIV prevention and access to HIV services. The scale-up of effective HIV prevention strategies has been limited and AIDS continues to be a leading cause of death among girls and women aged 15-49 years globally.

### Joint Programme contribution towards achieving Fast-Track and UBRAF targets

#### *HIV Testing*

Indicator: Percentage of countries with selected HIV testing services in place	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—90%	54%	61%	59%	64%	68%
Status*					

Measurements <sup>1</sup>					
The country offers targeted testing services	97%	95%	97%	99%	98%
The country offers lay providers testing	86%	86%	86%	84%	87%
Quality assurance (laboratory) of testing and re-testing before ART initiation	92%	97%	94%	95%	92%
The country offers HIV partner notification services	64%	70%	69%	78%	82%

12. Following the launch of its new consolidated HIV testing service (HTS) guidelines at the end of 2019, the World Health Organisation (WHO), together with UNAIDS Secretariat and other partners worked with the Ministries of Health, community groups and technical partners to support the scale-up through a mix of evidence-based approaches and related monitoring. In 2020, WHO delivered hands-on country support on implementation of these guidelines in over 30 low and middle-income countries. As of July 2020, 89% of countries reporting fully or partially adopting WHO HIV testing guidelines in 2019. Most countries were routinely offering HIV testing in antenatal care (97%) and delivering provider-initiated testing and counselling (96%). Fewer countries were implementing community-based testing (78%) and just over half (57%) were implementing lay provider testing marking need for further policy support. Uptake of provider assisted referral (often called index of partner notification) has increased with 73% of countries reporting policies, however newer social network approaches which expanded services to key populations were less widely offered or in policies with only 20% reporting this approach was in place.
13. WHO's HIV self-testing (HIVST) work continued through the expanded Self-testing Africa (STAR) initiative in Africa and Asia—together with the International Labour Organisation (ILO), Population Services International (PSI), Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego) and PATH now covers 13 countries with direct implementation. In 2013 only 3 countries had national policies for HIV self-testing and as of July 2020, 88 countries now have HIVST policies. Overall, 63% of low-and-middle income countries (LMICs) had either implemented or were developing a policy on HIV self-testing. In 2015 there were no WHO prequalified products and pricing for LMIC was US\$3.50. As of end-2020, there were 4 WHO prequalified self-test kits, with a strong pipeline and products through WHO and ERPD for US\$1.50. Due to this policy change, and with WHO and Unitaid/STAR support, in coordination with Global Fund and PEPFAR, more than 10 million HIVST kits were procured in 2020. Many countries opted for this approach to adapt service delivery under COVID-19 restrictions and are continuing to expand implementation. Procurement is increasing with a volume of 21 million HIVST kits confirmed for procurement and in the 2021 – 2023, funding pipeline. This is the strongest pipeline of funding for HIVST to date, and WHO's global forecast projects the total LMIC HIVST Demand to reach 29 million tests by 2025.
9. Dual HIV-syphilis testing is also now increasingly carried out in antenatal care settings to prevent perinatal transmission of both infections. In 2019, WHO recommended dual tests be offered as first test in antenatal care and has included implementation considerations for key populations to further work toward dual elimination goals. Since the guidelines, at least 20 countries have adopted dual testing in ANC and 7 countries have pilots on use among key populations. There are now 3 WHO prequalified dual test available and pricing has decreased by 15% to US\$1.15 which will support greater implementation.

<sup>1</sup> Multiple measurements for each indicator allow for disaggregated analysis, which can help with comparing data and relationships for components of the indicator; and revising components, if necessary, to ensure the relevance of the indicator over time.

10. Guidelines drafted by the ILO and WHO have been developed to enhance the appeal of HIV testing in the workplace following an integrated approach. The VCT@WORK Initiative has been implemented in 25 high burden countries in partnership with National AIDS Authorities, Ministries of Labour, employers' organizations, workers' organizations, civil society organizations (CSOs) and United Nations (UN) agencies. VCT@WORK provides the overarching framework for the ILO's focus on promoting HIV testing. Innovations continue to be explored in the COVID-19 context. In 2020, 190 467 people were tested for HIV and 33 611 self-test kits were distributed. WHO and ILO also developed two policy briefs on men and HIV testing. The policy brief on *Improving men's uptake of HIV testing and linkage to services for men* includes good practices from the ILO's work on integrating COVID-19 concerns into the HIV self-testing response. WHO and ILO also coordinated to develop financing approaches for workplace insurance schemes for LMIC programmes to increase access to testing and self-testing.
11. The World Bank's programming emphasizes integration of HIV testing. For example, in Nigeria by late 2020, under the Saving One Million Lives Initiative, supported with US\$ 500 million in financing, 11 122 179 people had received essential health, nutrition, and population services. Support to maintaining essential services was included through a \$6 billion fast-track facility for COVID-19 emergency responses at country-level.
12. In 2020, across its operations, the UN Refugee Agency (UNHCR) provided HIV testing and counselling and testing (HTC) to more than 500 000 people, including over 150 000 pregnant women. High reach was achieved in Uganda and South Sudan, and capacity building was provided to community health workers.
13. Through the "HeForShe" community-based initiative in 2019-2020, UN Women engaged 115 000 participants of both sexes in a series of dialogues across South Africa to address gender-based violence (GBV) and HIV. Among other outcomes, the initiative increased the uptake of HIV testing, particularly among men, with 62% of participants undergoing HTC and being linked to care where needed. More than a third (36%) of participants who had interrupted or discontinued their treatment prior to the initiative, reported returning and adhering to ART.

#### Access to treatment

14. The Joint Programme enabled almost all reporting countries to adopt the WHO Treat All policy in 2020. By June 2020, 96% of 137 low- and middle-income countries (LMICs) followed HIV treat-all guidance. Dolutegravir was included in 78% of first-line ART combinations, 72% of in LMICs had fully implemented routine viral load testing. Rapid ART initiation (on the day of diagnosis) was adopted at the policy level by 70 LMICs, and around half had implemented it countrywide. In November 2020, the new paediatric dolutegravir (DTG) 10 mg formulation for younger children was approved for clinical use, followed by a global price agreement that reduced the cost of HIV treatment by 75% for children in LMICs.

Indicator: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—80%	Status 	38%	53%	54%	61%	66%
<b>Measurements</b>						
Treat All policy is adopted		64%	80%	94%	93%	99%

The country has adopted task shifting or task sharing in provision of ART	65%	69%	70%	76%	76%
Policies/strategies for ART retention and adherence in place	91%	94%	90%	95%	97%
A programme for nutritional support to people on ART is in place	74%	75%	69%	76%	83%

15. WHO provided monitoring for major HIV clinical trials and observational studies across age groups and organized regular consultations to guide research priorities to ensure that data on the safety and efficacy of new antiretrovirals were generated in LMICs for patients with co-morbidities, adolescents, children, pregnant and lactating women. National action plans for HIV drug resistance were supported, as was the implementation of HIV drug resistance surveillance. By December 2020, 57 countries had implemented surveys of HIV drug resistance using WHO-recommended standard methods and 17 countries plan to conduct surveys in 2021-2022. WHO expanded its Network of HIV Drug Resistance laboratories to support the global HIV drug resistance (HIVDR) surveillance programme. By December 2020, the network had 34 laboratories in 24 countries
16. The Interagency Task Team (IATT) on young key populations in Asia and the Pacific—a regional platform composed of civil society and UN agencies and supported by the Joint Programme—conducted a survey to assess the needs and ability of young key populations for accessing information, medication and other HIV services during the COVID-19 pandemic. The findings supported contingency planning for HIV and other service access for vulnerable and key populations in the COVID-19 context.
17. Jointly with WHO, UN Women strengthened the uptake of services related to cervical cancer for rural women living with HIV. Community volunteers mobilized by the network of women living with HIV increased awareness and knowledge among rural women for regular cervical cancer screenings in the Kagera Region of Tanzania.
18. Knowing that PLHIV in many marginalized communities have defaulted their treatment in fear of stigma, as they were often made to disclose the reasons to travel to clinics during the COVID-19-related lockdowns, UN Women procured bicycles for the networks of women living with HIV and young people living with HIV in Malawi and Uganda, who helped to deliver life-saving HIV treatment to the most affected remote communities.
19. In 2020, through its role as Principal Recipient of Global Fund grants, UNDP supported 26 countries to scale up access to HIV testing, treatment, and care services. UNDP is currently providing 1.4 million people with ART for HIV. Five million people received HIV counselling and testing for HIV, including key population. In addition to the role of Principal Recipient, UNDP managed Global Fund resources for Country Coordinating Mechanisms (CCMs) in 16 countries, for a total of US\$ 4 million in signed agreements.

*Adolescents and children*

Indicator: Percentage of countries adopting quality health-care services for children and adolescents		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—90%	Status 	51%	55%	55%	56%	59%
<b>Measurements</b>						
A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place		74%	78%	79%	82%	80%
Provider-initiated testing and counselling is available in all services for children under five <sup>2</sup>		78%	79%	80%	86%	87%
Strategies for identification of older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place		61%	62%	64%	63%	66%

20. In the context of 95% maternal ART coverage in eastern and southern Africa at the end of 2019, there was a more than 50% decline in new ART initiations among pregnant and breastfeeding women due to COVID-19 in the second quarter of 2020. To mitigate impacts on paediatric HIV testing and treatment targets, UNICEF, together with other UN partners, adopted a range of digital technology solutions and innovative programme approaches in Botswana, Kenya and Namibia. In Botswana UNICEF and MTV Staying Alive Foundation adapted peer education sessions into audio visual materials for use through WhatsApp groups and Facebook and together with UNFPA and the UNAIDS Secretariat amplified messaging among young people on COVID-19, HIV and ARV access via radio, TV, as well as social media including the UNICEF-supported U-Report platform. Botswana also introduced rapid multi-month dispensing (MMD) of ARVs to ensure continuity of treatment during lockdowns. In Namibia UNICEF worked with UNFPA to decongest ART facilities through fast-tracking differentiated service delivery models and expanding essential services beyond maternal and neonatal health, to include nutrition, elimination of mother-to-child transmission (EMTCT), school health services, as well as immunization to promote safe access.

21. Evidence generation to guide programming for/with networks of adolescents living with HIV was prioritized in Uganda. This UNICEF/UNAIDS Secretariat joint action provided strategic information regarding key gaps in access to ARVs and other psychosocial support and sexual and reproductive health (SRH) commodities. UNICEF's collaborations in Tanzania with WHO and UNAIDS Secretariat reinforced health systems support for the rapid modification of the interim guidance on HIV prevention, care and treatment services in the context of the COVID-19 outbreak. ARV stock assessment carried out in Tanzania led to changes in importation procedures making it easier for neighbouring countries to "loan" ARVs when stocks are low.

22. UNICEF, in partnership with WHO, the UNAIDS Secretariat and GNP Plus in western, central and eastern and southern Africa, helped strengthen laboratory systems by introducing and scaling up point-of-care tests for integrated testing for HIV, tuberculosis (TB), COVID-19 and Ebola. Early Infant Diagnosis (EID) was fast-tracked in many testing

<sup>2</sup> "Not Applicable" is a response option for this indicator measurement. "Not applicable" can be chosen by country respondents if the epidemic is not generalised in their country. "Not applicable" responses are included in the numerator (with "yes" responses) as defined in the UBRAF Indicator Guidance.

sites in 10 countries<sup>3</sup> in Africa. In Nigeria UNICEF's partnership with many private sector programme partners as well as with UNFPA, UN Women, ILO, UNESCO, WHO, and the UNAIDS Secretariat advanced HIV testing for infants by rolling out POC in two implementation states, Kaduna and Anambra. Family-centred index case testing as a high yield strategy to identify older children was adopted in Central African Republic, Chad, Guinea, Guinea-Bissau, Togo, Ghana, Cote d'Ivoire, Cameroon, Benin, Niger, Burkina Faso, Sierra Leone. A global dashboard indicating national roll out of this initiative in 2020 in, collaboration with WHO, indicates 68% coverage rate of the initiative and 83% acceptability. Close to 4% of children tested using family-centred index testing were found to be HIV-positive and 98% of these children were initiated on treatment in those countries.

23. To address the needs of children and adolescents living with HIV due to COVID-19, UNICEF and partners have designed and developed a consensus-based service delivery framework. This was rolled out in Mozambique, Nigeria and Uganda in 2020 and supports programme quality in paediatric HIV. The process will help UNICEF, WHO and UNAIDS identify ways to decentralize and differentiate HIV services for children. UNICEF continues its technical and advocacy support to the Global Accelerator for Paediatric Formulations and the Rome Action Plan in close collaboration with other partners.
24. UNICEF, WHO and civil society co-led the adolescent service delivery working group—a standing group organized to advise and support the normative work on service delivery for adolescents living with HIV, as well as its implementation and scale-up. The group provided strategic advice to WHO in the development of updated normative guidelines on HIV prevention, infant diagnosis, ART initiation and monitoring. The guidelines have now been finalised, released and widely disseminated including with a specific recommendation on providing psychosocial interventions to adolescents and young people.
25. WHO provided support to paediatric and adolescent programmes in 21 priority countries by developing derivative products to support the implementation of Advanced HIV Disease (AHD) package in children, and the updated AIDS FREE toolkit was launched in July 2020.

#### *Access to medicines and commodities*

26. WHO developed guidance for countries on how to safely maintain access to essential health services during the COVID-19 pandemic, including for all people living with or affected by HIV, with guidance for multi-month dispensing (MMD) which the Secretariat also actively promoted and provide countries support for. To date, 129 countries have adopted this policy. Countries also mitigated the impact of the disruptions by working to maintain flights and supply chains, engaging communities in the delivery of HIV medicines, and working with manufacturers to overcome logistics challenges. WHO, UNAIDS Secretariat and other Cosponsors partnered with the Global Network of People Living with HIV (GNP+) and other global, regional and national community networks (e.g. sex workers, transgender, LGBTI people) to support evidence gathering, sharing information and advocacy on COVID-19 and its impact on diverse communities of people living with HIV and key populations.
27. UNDP continued to work in close coordination with the UNAIDS Secretariat and WHO, providing strategic and technical support on strategies to increase access to medicines. UNDP also supported a project coordinated by WHO Iran to evaluate the country's legal and policy framework related to technology transfer and intellectual property. To support

---

<sup>3</sup> Cameroon, Chad, Democratic Republic of Congo, Gabon, Nigeria, Guinea Bissau, Kenya, Mozambique, Malawi and Zimbabwe.

local production of COVID-19 health technologies, UNDP and WHO partnered with the United Nations Technology Bank and the United Nations Conference on Trade and Development on the Tech Access Partnership (TAP) to increase local production of essential health technologies in developing countries, such as masks and ventilators. In October 2020, the government of South Africa and TAP partners organized a multi-stakeholder consultation to discuss turning COVID-19 into opportunities to drive economic transformation in the country, given that 85% of medical devices and diagnostics are being imported at exorbitant prices.

28. The Joint Programme provided logistics and supply chain expertise as well as procurement and shipping of male and female condoms and lubricants and supported innovative distribution channels. UNFPA's operations and supply chain also provided emergency kits to fragile and humanitarian contexts. WFP provided enhanced supply chain and logistics support on behalf of the Global Fund in 2020 in response to COVID-19—including over 7 000 delivery points—many in emergency settings.

#### *HIV in humanitarian settings*

Indicator: Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan		2016 [N=N/A]	2017 [N=59]	2018 [N=67]	2019 [N=68]	2020 [N=68]
2021 target—90%	Status 	N/A	66%	66%	68%	72%
Measurements						
The country has a national emergency preparedness and response plan		N/A	68%	77%	78%	78%
- HIV is integrated in the country's national emergency preparedness and response plans		N/A	66%	66%	68%	72%

29. In 2020, 239 million people in 57 countries required humanitarian assistance. 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. Meeting the needs of the many HIV-vulnerable people in these situations is critical to ending AIDS as a public health threat. In 2020, the Joint Programme quickly mobilized to support people affected by humanitarian emergencies and COVID-19 to provide guidance, programmatic support and thought leadership.
30. The Inter-Agency Task Team (IATT) on HIV in Humanitarian Emergencies, co-convened by UNHCR and WFP, canvassed its wide membership across a diverse range of organizations—including UNDP, UNFPA, UNODC, WHO, IOM, UNICEF and UNAIDS Secretariat—to develop guidance on considerations for preparedness and response to HIV in humanitarian settings. Led by WFP and UNHCR, the integration of HIV in the Cluster Response was finalized in 2020 and was disseminated in different platforms—including key considerations and actions that are required for a minimum initial response for the health, protection, nutrition, and food security clusters. The IATT developed and presented a minimum humanitarian checklist to key stakeholders from the Global Fund. This checklist was served as guide to ensure HIV in humanitarian setting is positioned as the central element in COVID-19 related funding proposal for Windows 1 and 2 of the Global Fund funding process. The Joint Programme developed a government-focused social protection call to action and a subsequent global webinar, highlighting the urgent

need to support refugees, asylum seekers, and migrants with social protection systems. The IATT also launched a website for HIV in emergencies in 2020<sup>4</sup>.

31. Over the course of 2020, UNHCR supported HIV-related activities in humanitarian settings in more than 50 countries, providing critical support to enable the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. This included prevention, MMD for HIV, and adapting delivery mechanisms for essential HIV services. UNHCR worked with humanitarian partners to ensure the inclusion of HIV in the Global Humanitarian Response Plan for COVID-19.
32. UNHCR worked to scale up and mainstream regional and country-level responses to addressing HIV and, for example, continued as the sub-recipient of a 21-month US\$ 2.8 million regional grant with the Intergovernmental Authority for Development (IGAD) on HIV and TB in 13 refugee camps in Djibouti, Sudan, South Sudan and Uganda. This seven-country grant focused on scaling up HIV and TB services, including for populations moving across borders. Coordination mechanisms with refugee stakeholders were improved, as were linkages with national HIV and TB programmes and supply chain management. Training was also provided to more than 1 000 health workers and 1 750 community health workers to improve the provision of sexual and reproductive health (SRH) and HIV services for refugees.
33. In 2020, WFP 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, refugee, and other fragile contexts. In South Sudan, where the secondary effects of the COVID-19 pandemic are causing food insecurity and declined crop production resulting from extreme seasonal flooding, WFP supported approximately 70 000 malnourished people living with HIV and TB and their families were provided with counselling, food, and nutrition support. The programme was implemented at 73 health and nutrition facilities for refugee communities.

Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]	2020 [N=48]
2021 target—90%	Status 	People affected by humanitarian emergencies				
		73%	78%	72%	74%	79%
People affected by emergencies are relevant in the context of the country epidemic		46% [N= 40/87]	43% [N=37/87]	49% [N=43/87]	53% [N=46/87]	55% [N=48/87]
- Food and nutrition support (this may include cash transfers) is accessible to this key population		73%	78%	72%	74%	79%
Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies <sup>5</sup>		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]	2020 [N=61]
2021 target—90%	Status 	Refugees and asylum seekers				
		85%	89%	80%	90%	93%
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N= 48/87]	53% [N=46/87]	59% [N=51/87]	68% [N=59/87]	70% [N=61/87]
- HIV services for key populations		90%	93%	86%	93%	98%

<sup>4</sup> <https://hivinemergencies.org/>

<sup>5</sup> “Not applicable” is a response option for this indicator measurement. ““Not applicable” refers to the relevance of the population group for the epidemic in the country and to the entire package of services ,as defined in the UBRAF Indicator Guidance. “Not applicable” responses were excluded from the calculation.

- Services (including PEP) for survivors of sexual and gender-based violence	90%	91%	90%	98%	95%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)	92%	98%	98%	98%	100%
<b>Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies</b>	<b>2016</b> [N=40]	<b>2017</b> [N=38]	<b>2018</b> [N=42]	<b>2019</b> [N=48]	<b>2020</b> [N=51]
<b>2021 target—90%</b>	<b>Status</b> 	<b>Internally displaced persons</b>			
		78%	84%	79%	88%
Internally displaced persons are relevant in the context of the country epidemic	46% [N= 40/87]	44% [N=38/87]	48% [N=42/87]	55% [N=48/87]	59% [N=51/87]
- HIV services for key populations	93%	97%	86%	96%	94%
- Services (including PEP) for survivors of sexual and gender-based violence	88%	89%	93%	94%	98%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)	95%	97%	95%	96%	92%

34. As part of the continued response to remaining needs in the aftermath of Tropical Cyclone Idai in Mozambique, together with the NGO North Star Alliance and UNAIDS Secretariat, WFP helped to support people living with and vulnerable to HIV. The project was initiated in the Beira Transport Corridor, with roadside HIV and TB services provided to truck drivers, adolescent girls and young women, and vulnerable groups and communities through a roadside wellness clinic, referred to as the “blue box”. Health counselling and HIV testing, enrolment, and treatment support, screenings for TB and COVID-19 testing were provided.

### **Key challenges and future actions**

#### *COVID-19 and other challenges exposed inequalities in access to HIV testing and treatment*

35. The COVID-19 pandemic exposed stark inequalities, in HIV testing and treatment access during 2020. COVID-19 also highlighted gender inequalities in the context of declining service uptake. Data submitted by countries to the UNAIDS Secretariat showed that in six of 13 countries reporting, there were decreases of 25% or greater in the number of pregnant women accessing HIV testing and treatment services due to COVID-19 mitigation efforts. Healthcare for refugees and other populations in humanitarian settings was impacted by COVID-19, exposing service barriers and highlighting the need to leverage social protection to address shocks and support the most vulnerable.
36. The world did not reach the Fast-Track target of HIV treatment for 1.6 million children in 2020, and five countries alone—South Africa, Nigeria, Mozambique, the Democratic Republic of the Congo and Kenya—accounted for more than half of children in need of treatment. Early infant diagnosis (EID) has not expanded sufficiently due to laboratory-related logistics. To further reduce AIDS mortality, countries need to adapt and expand access to the advanced HIV disease (AHD) packages, and implement same-day ART start policy, TB prevention among People living with HIV (PLHIV) and enhanced community support—including clarifying requirements for specific subpopulations like children for whom the AHD package has not yet been widely considered.
37. Integrating HIV into preparedness and emergency responses remains a challenge. Competing funding priorities and data collection systems do not include HIV and gender indicators and disconnects between people on the ground and decision-makers remain. There is a lack of agreed thresholds or action triggers, and coordination and human

resources remain challenging. Some countries with refugee populations living with HIV are unable or unwilling to provide the same level of care to refugees as is provided to nationals and improving care must be more widely prioritized. Proven instruments should be integrated in humanitarian settings to support broader programme and policy coherence and impact.

*Improving access and reducing inequalities despite the challenging times: at the heart of future actions by the Joint Programme.*

38. The Joint Programme, in line with its Division of labour will continue to support the scale up of access to HIV testing, prevention, treatment, and care services, including innovative approaches introduced in the context of COVID-19 such as MMD and virtual support system for adherence combined with work to protecting rights, advancing gender equality and remove barriers to access and to develop capacity of national programmes and systems. This will have an explicit focus on key populations and other vulnerable populations and strengthening systems including for vaccine equity
39. WHO will launch the updated version of the global consolidated HIV guidelines in mid-2021, with incorporation of important treatment and care guidance established since 2018 (review of preferred 1st and 2nd line ARV regimens, active toxicity monitoring and HIVDR monitoring packages, TB preventive therapies) and expansion of key sections of the guidelines (new service delivery recommendations and optimization of treatment failure management algorithms). These consolidated guidelines will be translated and disseminated in a series of webinars and virtual events.
40. The ongoing transition to DTG-containing ART regimens as a preferred 1st line option and access to viral load monitoring needs to be further consolidated globally and accelerated in some countries in the context of COVID-19. This is particularly important for children for whom suitable formulations of DTG are now available.
41. UNICEF and partners designed and developed a consensus-based service delivery framework that draws on field-based and published evidence of what works. With programme quality being a major concern in paediatric HIV, further roll out of the service delivery framework can help UNICEF, WHO and the UNAIDS Secretariat to identify ways to decentralize and differentiate HIV services for children. Although still too limited, the roll out of new treatment regimens and formulations for children can transform treatment uptake and continuation. For an effective roll out, UNICEF will continue its technical and advocacy support to the Global Accelerator for Paediatric Formulations as well as the Rome Action Plan. This work is in close collaboration with PEPFAR, Caritas Internationalis, the World Council of Churches-Ecumenical Advocacy Alliance, the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), WHO and the UNAIDS Secretariat to ensure that implementation perspectives are maintained on the agenda as new drugs and formulations roll out and countries transition to adopt them.
42. Between 2021-2030 UNFPA will lead the UNFPA Supplies Partnership, which represents a new decade of commitment to advancing family planning and maternal health and accelerating progress towards the Sustainable Development Goals. Furthermore, to meet the rising humanitarian needs caused by the COVID-19 pandemic, UNFPA launched an appeal of \$818 million in December 2020, its largest ever, to meet the needs of approximately 54 million women, girls and young people, in 2021.
43. The World Bank will continue evidence-building, technical assistance, and financing operations that support HIV testing and treatment including service delivery and support to strengthen the underlying health systems.

44. WHO, ILO, UNAIDS Secretariat and partners will focus on supporting countries to scale up the various evidence-based approaches for testing including the implementation of self-testing and related monitoring and support the leverage of related resources from the Global Fund and other sources.

## SRA 2: ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION

**Fast-Track commitment:** Eliminate new infections among children by 2020, while ensuring that 1.4 million children have access to HIV treatment by 2020

**SRA 2:** New HIV infections among children eliminated and their mother's health and well-being is sustained.

### Global overview

45. In less than two decades, an estimated 1.9 million new HIV infections in children have been averted by providing antiretroviral medicines to pregnant and breastfeeding women living with HIV. Just over half of these infections were averted between 2010 and 2015. In that timeframe, global coverage of effective maternal antiretroviral treatments to prevent vertical transmission of HIV almost doubled from 45% in 2010 to 82% in 2015. Since then, however, global progress has stalled with slow increases. Coverage has increased by only 1-2 percentage points each year.
46. In 2019, there were 150 000 children newly infected with HIV—far short of the 20,000 global target for new infections for 2020. Whereas eastern and southern Africa had already achieved the 2020 target of 95% maternal antiretroviral treatment coverage in 2019, four regions—eastern Europe and central Asia, Middle East and North Africa, Asia and the Pacific, and western and central Africa—were at less than 60%.
47. COVID-19 exacerbated challenges. Mothers and children were unable to access care due to the initial lockdowns and curfews, and there was limited availability of personal protective equipment (PPE). Other concerns included supply chain disruptions, redeployment of healthcare workers to the COVID-19 response and fear of acquiring COVID-19. The number of children, adolescents and pregnant women attending HIV services declined in many countries in 2020. Even when they bounced back, service coverage was below pre-COVID 19 levels. One-third of 29 HIV priority countries responding to a UNICEF survey in October 2020 acknowledged that service coverage for women, children and adolescents living with HIV was lower by 10% or more than in the pre-COVID-19 period.

### Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Indicator: Percentage of countries implementing latest EMTCT guidance		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—100%	Status 	64%	67%	63%	67%	68%
<b>Measurements</b>						
Lifelong treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%	100%
Repeat testing of HIV-negative pregnant and breastfeeding women is offered <sup>6</sup>		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]	90% [N=40]

<sup>6</sup> This indicator measurement is only applicable to generalised epidemic with HIV prevalence of higher than 1% (female adults).

Partner testing of HIV-positive pregnant women in antenatal care settings is offered	91%	89%	87%	92%	91%
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation	76%	76%	74%	74%	74%

48. The Joint Programme addressed the elimination of vertical transmission gaps and improved the health and HIV outcomes for pregnant women living with HIV and children exposed to HIV globally. Collectively UNICEF, WHO, the UNAIDS Secretariat and other partners, through the Three Frees - Start Free, Stay Free, AIDS Free- Framework partnership, continued to prioritize necessary actions in the 21 countries where more than 80% of pregnant women and children living with HIV reside. Digital technologies were used to reach out to pregnant women living with HIV for tele-case management, tele-counselling, psychosocial support and health education in the COVID-19 context. Countries were supported to shift to multi-month prescribing of medications and to maintain communication with clients. Virtual platforms, community networks and tele-peer support groups were promoted to reduce service disruptions.
49. 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 ART in women prior to pregnancy, during pregnancy and in the postpartum period. Out of 195 reporting countries, 78 have already adapted the revised guidelines and 32 are currently undergoing this revision. Recommendations for infant testing, prophylaxis and treatment were revised using new evidence to improve programme performance and patient outcomes. In 2020, WHO UNICEF and the UNAIDS Secretariat also supported efforts towards validation and pre-validation of vertical transmission of HIV, syphilis and more recently, hepatitis B in Botswana, Namibia, Rwanda, Zimbabwe, Uzbekistan and Dominica.
50. Women represent about one-third of the estimated 271 million people who use drugs and 20% of the global estimated 11 million people who inject drugs. Women in prisons represent around 7% of the total prison population Led by UNODC—and in collaboration with WHO, UNICEF, UNFPA, UN Women, the UNAIDS Secretariat, and International Network of people who use drugs—a technical brief on prevention of vertical transmission of HIV, hepatitis B and C and syphilis among women who use drugs was developed to support country efforts (Technical Brief on “Prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs”). To address the specific needs of women in prisons, a series of consultations with a global expert group initiated by UNODC led to the development of a monitoring tool on the prevention of vertical transmission of HIV in prisons.
51. WFP provided food and nutrition support to vulnerable pregnant and breastfeeding women living with HIV, and TB patients in humanitarian, refugee and other food insecure contexts. In Tanzania, Malawi, Kenya, and Uganda, WFP provided technical support to integrate activities to prevent vertical transmission as part of maternal and child health and nutrition services, including growth monitoring, vaccinations, and micronutrient supplementation, nutrition assessment, education and counselling. To mitigate the impact of the COVID-19 pandemic, WFP provided pregnant and lactating women with fortified nutritional supplements, cash transfers and COVID-19 hygiene and prevention kits combined with sensitization on COVID-19. UNHCR supported HIV services for refugees and other displaced populations affected by humanitarian emergencies, providing HTC to more than 150,000 pregnant women across Africa, Asia and the Middle East and rolling out prevention of vertical transmission training tools to enhance capacities of managers and clinicians in risk-prone, emergency-affected and fragile settings.

52. With the onset of the COVID-19 pandemic, the Global Financing Facility for Women, Children and Adolescents (GFF) focused on ensuring continued access to essential services for vulnerable women and children, including nutrition and HIV-related services. The World Bank continued to support women and children's health and HIV needs through operational projects and financing, including bonds and the work of the GFF. For example, a project in Central African Republic in collaboration with UNICEF provided PMTCT and other essential services recorded 312 063 having received health services free of charge as of December 2020. In 2020, UNFPA continued to lead the procurement and distribution of reproductive health commodities, including male and female condoms, lubricants, contraceptives, HIV test kits and STI supplies, worth approximately US\$ 115 million. These efforts were supplemented by a GFF additional grant financing and technical assistance that helped partner countries to prioritize and plan for the continuation of SRH services as well as strengthening frontline delivery and addressing commodity constraints.

### **Key challenges and future actions**

53. Within this Strategy Result Area (SRA), three important challenges persist that have prevented the global community from realizing the super-fast target to reduce new infections to less than 20,000 globally: a) recently acquired HIV infection in pregnant and breastfeeding women who were HIV-negative when first tested in antenatal care (ANC); b) women who still do not have access to ART, particularly in high-prevalence and populous countries, and; c) poor retention of pregnant women on ART during pregnancy and the breastfeeding period with poor adherence to medication resulting in viral rebound. These challenges have been compounded by the COVID-19 pandemic, which caused significant disruption in HIV services for women and children.
54. There are multiple factors contributing to many pregnant and breastfeeding women not receiving ART. Discriminatory laws, user fees, long and costly travel to health services, and stigma and discrimination negatively impact uptake even where maternal child health services are available. Even in countries with high coverage of the first antenatal care visit, there are poor support systems to maintain high retention for antenatal and postnatal visits. Better analyses of data are needed to identify where these gaps are to introduce innovative strategies such as community support approaches to improve the testing, treatment and retention cascade.
55. Pregnant adolescents have lower adherence and retention in care and higher vertical transmission rates. Women in prison are especially vulnerable to infection with HIV and other communicable diseases. HIV prevention, diagnosis, treatment and care services are often poor and not gender-responsive, and babies born in prisons are at high risk of vertical transmission. The rate of unintended or unplanned pregnancies is generally high in women who use drugs, making them and their children vulnerable to HIV.
56. Future actions include analysis of the source of new child infections using the stack bar analytical framework, to efficiently allocate resources. Specifically, These include: a) retesting previously negative pregnant and lactating women and providing them prevention interventions including pre-exposure prophylaxis (PrEP) to keep them negative; b) targeting geographies where the majority of women have no access to maternal antiretroviral treatment; c) making sure women on antiretroviral treatment are maintained in care and adherent to medications during pregnancy and the breastfeeding period; and d) promote HIV testing as part of the health services provided to pregnant and lactating women (PLW) and children, including increase referral system between nutrition programme and HIV testing.

57. More efforts are needed in low and concentrated epidemic regions, and UNICEF, WHO, and UNAIDS Secretariat are reviewing best practices to inform future operational guidance and tools that will be finalized and disseminated in 2021. Efforts will be made to better engage the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) fraternity to effectively integrate HIV services with the maternal, newborn, child and adolescent health platforms, with additional focus on adolescent girls and young women.
58. Drug optimization will continue to be an important area of work with a strong focus on introduction of Dolutegravir for women, including pregnant women and children. Prevention of vertical transmission of HIV will be prioritized in actions targeting key populations and the training packages for women who use drugs as well as monitoring and evaluation tools for HIV services in prison settings will be rolled out.
59. In the context of humanitarian settings, increased attention will be given to the supply of commodities to avert disruption and stock-outs in countries experiencing emergencies. The Joint Programme will continue to support comprehensive, effective programming that addresses critical components of prevention of vertical transmission of HIV and integrates them into broader health and sectors such as nutrition, immunization, early childhood development and social protection systems.
60. The Joint Programme will include project lending and support, innovative financing, and leveraging the power of the private sector through partnerships and International Finance Corporation (IFC) investments. To close critical gaps and accelerate progress a new framework to drive renewed global commitment and support and maintain UN collective technical capacity to prevent vertical transmission agendas will be prioritized.

### SRA 3: HIV PREVENTION AND YOUNG PEOPLE

**Fast-Track commitment:** Ensure that 90% of young people have the skills, knowledge, and capacity to protect themselves from HIV and have access to SRH services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

**SRA 3:** Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.

#### **Global overview**

61. Globally, an estimated 1.7 million adolescents (10–19 years) were living with HIV in 2019, an increase from 1.6 million the year before. This young generation, born in the new millennium, entered a world where the knowledge and tools to prevent HIV and end AIDS as a public health threat existed. Yet today, 20 years later, we are still failing to prevent HIV amongst young people due to persistent inequalities and a failure to truly address their multifaceted, multisectoral needs
62. HIV knowledge among young women is low and remains a significant bottleneck in preventing HIV—particularly in sub-Saharan Africa where adolescent girls and young women (aged 15-24 years) accounted for 24% of HIV infections in 2019, more than double their 10% share of the populations. Education in general, and good-quality comprehensive sexuality education (CSE) that incorporates discussions around power dynamics and unequal gender norms, is vital for HIV and COVID-19 response. CSE equips young people with the knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity. Sustained efforts are needed to ensure that policies translate into quality education and CSE for learners. This requires

redoubling efforts around teacher training, curriculum review, and expansion of out-of-school CSE programmes and improving linkages to youth-friendly SRH services.

63. The COVID-19 pandemic has had unprecedented impact on adolescent and young people's right to education, as well as on their SRH. Lockdowns and school closures across several countries left millions of young people without the protective effects of schools, with many young girls vulnerable to early and unintended pregnancy, HIV and other STIs, child marriage and gender-based violence, and food insecurity. Young people are suffering disproportionately from the COVID-19 crisis, with approximately one in six young people having stopped working since the onset of the crisis and those still in employment working reduced hours according to the ILO. The likelihood of young people finding new jobs has become more difficult and worse of all, young people working are often more likely to lose their jobs.
64. Prevention interventions need to be better targeted towards adolescents and young people in all their diversity, and sound data is needed. Insufficient and inefficient targeting of geographies and the right "at risk" adolescent segments led to those most-in-need being left behind. Efforts to reach the male partners of adolescent girls and young women have stalled and need better targeting.

### **Joint Programme contribution towards Fast-Track and UBRAF targets**

Indicator: Percentage of countries with combination prevention programmes in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>2021 target—70%</b>	<b>Status</b> 	31%	38%	38%	38%	39%
<b>Measurements</b>						
Quality-assured male and female condoms are readily available universally, either free or at low cost		80%	86%	80%	78%	77%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	49%	51%	54%	55%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools		63%	70%	68%	71%	72%
Young women are engaged in HIV prevention strategy development and service implementation		66%	78%	77%	79%	78%

65. In 2020, the Joint Programme has – more than ever before – recognized the crucial intersections of education, health, and gender equality and taken action to respond to young people's complex realities, including in the face of COVID-19, through a combination of biomedical, behavioural and structural approaches.
66. This approach is epitomized by the new "Education Plus" initiative, co-convened by the executive leaders of the UNAIDS Secretariat, UNESCO, UNFPA, UNICEF and UN Women, addressing the urgent need to address the alarming and unacceptable numbers of adolescent girls and young women acquiring HIV and dying from AIDS, among other threats to their health, rights and wellbeing. Recognizing that secondary education has a proven protective factor against HIV risk and reaps multiple other benefits for young people and their communities, the initiative is a high-profile, high-level political advocacy drive to realize quality secondary for all young people, while also ensuring they have access to a "plus package" of interventions crucial for empowerment, equality and economic autonomy. It is a key pillar of the work of the Global HIV Prevention Coalition

(GPC) which includes technical support linked to Global Fund funding applications. 16 countries will champion the initiative, which will formally launch on the sidelines of the Generation Equality Forum in June 2021.

### *Comprehensive sexuality education*

67. In 2020, over 80 countries were supported to scale-up good-quality CSE, in line with the UN International Technical Guidelines on Sexuality Education (ITGSE) which were produced by UNESCO with UNICEF, UNFPA, UN Women, WHO, and the UNAIDS Secretariat in 2018. To complement the revised ITGSE, UNFPA led the development of UN international technical guidance on out-of-school CSE, which was co-published with UNICEF, UNESCO, WHO, and the UNAIDS Secretariat. The guidelines address considerations for girls and boys separately as well as diversity including disability, humanitarian settings, indigenous settings, sexual orientation and gender identity, living with HIV, drug use, transactional sex and sex work, and incarceration. With support from Norway, UNFPA rolled out the guidelines, reaching those left behind in Ghana, Ethiopia, Iran, Colombia and Malawi including a strong digital and research component. The ITGSE partners developed a milestone 2020 CSE global review. The World Bank also supported country specific programming such as a project in the Tigray region of Ethiopia that reached 24 000 girls and young women through 600 girls clubs to empower members through life skills, health and nutrition interventions.
68. Dialogues with religious leaders can support empowerment of girls and young women. A World Bank-supported project in the Sahel engaged over 2 000 religious leaders in dialogues to advance girls' education and family planning.
69. To enhance coordination and advocacy around CSE globally, UNESCO and UNFPA have launched a Global Partnership Forum to support country uptake of the ITGSE. A range of tools have been produced including a UNESCO online toolkit on CSE programme implementation, a regional CSE Learning Platform to facilitate knowledge exchange and learning across countries in Africa, and an updated version of the Sexuality Education Review and Analysis Tool. The activities support UNESCO's landmark "Our Rights, Our Lives, Our Future" (O3) programme, which reached over 28 million learners since 2018.
70. An international symposium exploring sexuality education in the digital space entitled "Switched On", was organized by UNESCO and UNFPA in Istanbul in 2020, in partnership with the IPPF and the Federal Centre for Health Education. Through this and other pioneering work on Information and Communications Technology (ICT) and CSE, the Joint Programme was uniquely positioned to help young people maintain access to crucial health information during school closures.
71. UNICEF, UNFPA, and UNESCO made use of digital technologies to reach young people in their homes during COVID-19 lockdowns, including through multi-modal approaches using radio, SMS-based or online social media platforms, peer and student-led educational talks or community-based theatre. In western and central Africa, UNESCO and partners launched the 'Hello Ado' app in 2020 sharing information on health and listing health services available to young people that are closest to their location.
72. About 2 million young people in eastern Europe and central Asia improved their knowledge on HIV and SRH issues through various digital platforms, including through a new artificial intelligence (AI)-powered chatbot "ELI". UNESCO and the UNAIDS Secretariat developed a series of infographic information cards on COVID-19 which were viewed over a million times in the region, with translation and dissemination extending to other regions. UNFPA has developed and published series of technical briefs to support ASRH reprogramming throughout the pandemic - My Body, My Life, My World Through a

COVID-19 Lens. As part of the series, a specific resource on CSE reprogramming in times of COVID-19 focuses on integrating digital technologies and out-of-school CSE solutions – “Beyond the classroom – CSE reprogramming in times of COVID-19”.

73. School closures left an estimated 370 million children and young people without school meals in many of the poorest countries. To address this gap, governments and WFP provided take-home rations, vouchers or cash transfers to children in 68 countries. In Myanmar, WFP together with other partners, developed and disseminated preventive messages through various programmes, including general food distribution, food for assets activity, school meals programme, and nutrition programmes. In Rwanda, WFP supported the government to develop national nutrition guidelines for people living with HIV, taking a lifecycle approach that focuses on adolescents. In Mozambique, WFP supported a Roadside Wellness Clinic aimed at reaching the most vulnerable populations, including adolescent girls. In Eswatini, Guatemala, Lesotho and Niger, WFP promoted the empowerment of girls, particularly those living with HIV, through awareness-raising actions for nutrition, SRH and life-skills.

Indicator: Percentage of Fast-Track countries that are monitoring the education sector response to HIV		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]
2021 target—70%	Status 	58%	61%	61%	61%	64%
<b>Measurements</b>						
The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of the IATT on education		58%	61%	61%	61%	64%

#### *Sexual and reproductive health services*

Indicator: Percentage of Fast-Track countries with supportive adolescent and youth SRH policies in place		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]
2021 target—90%	Status 	91%	91%	91%	88%	88%
<b>Measurements</b>						
Supportive adolescent and youth SRH policies are in place		91%	91%	91%	88%	88%

74. The Joint Programme rallied to leverage its multisectoral experience to ensure the continued access by young people to HIV and SRH services and information including related to COVID-19.
75. While girls and young women continue to be at risk due to gender discrimination including violence, reaching all young people with HIV prevention and SRH services that are tailored to their needs and contexts is equally important. WHO and the UNAIDS Secretariat have set up a technical working group and developed a policy brief with guidance on reaching young men. Updated guidance on Voluntary Medical Male circumcision (VMMC) by WHO includes two systematic reviews on service delivery and economic compensation and work also continues to advance knowledge on VMMC safety issues and services through market research. WHO leads efforts to expand knowledge and evidence on PrEP for adolescents and young people and guidance is

being developed to simplify and differentiate PrEP service delivery. UNICEF worked with partners in Thailand and Cote d'Ivoire to support multiple strategies to make PrEP and self-testing available for adolescents and young people.

76. As a key prevention commodity, condom procurement, distribution and promotion are central to accelerating prevention for young people. To address declining condom use among young people, UNFPA conducted a systematic review of global condom programs in 2020 to understand interventions that work. In Torit, South Sudan, 105 Boma Health Initiative workers distributed nearly 185 000 male and female condoms house-to-house to adolescents and young people, and the CONDOMIZE campaign installed condom dispensers in community settings to improve distribution during COVID-19 restrictions. In Tanzania, the National AIDS Control Programme developed a draft Total Market Approach guideline for service providers and in Lesotho, the Ministry of Health developed new condom branding and packaging. UNHCR distributed over 5 million condoms to refugees and other displaced populations, including in Uganda and Rwanda.
77. UNDP and UNFPA partnered with the Global Fund and Ajuda de Desenvolvimento de Povo para Povo in Angola to reach adolescent girls and young women with comprehensive HIV prevention information. This was achieved through welcoming spaces for young women and girls called *bancadas femininas* where they can host discussions and social activities and use theatre, music and other creative methods to educate and inform. From January 2019 to June 2020, peer educators reached over 90 000 young women with HIV prevention services.
78. UNHCR supports the implementation of guidelines for HIV services for adolescents in refugee settings. In Uganda, for example, a program was implemented with Save the Children on strengthening SRHR in Bidibidi refugee settlement—including training health providers and establishing youth friendly spaces.
79. In eastern and southern Africa, UNICEF provided technical assistance to accelerate the implementation of the Global Fund catalytic initiative for HIV prevention among adolescent girls and young women in eight countries. Key contributions by UNICEF, WHO and UNAIDS Secretariat supported the translation of guidance and data into multisectoral action and programming at scale through technical support, proof-of-concept initiatives, and leveraging broader adolescent programmes and platforms. In Mozambique, nearly 700 000 girls and young women strengthened their knowledge around Sexual and Reproductive Health Rights (SRHR), including HIV prevention, within the RAPARIGA BIZ Joint Programme led by UNFPA, UNESCO, UN Women and UNICEF. Over 440 000 girls and young women received their birth certificates or identity cards, thereby being able to access vital health services.

#### *Social and structural interventions*

80. Social and structural interventions have a demonstrated impact on both HIV and broader health, education and development outcomes Through the UK Research and Innovation Council-Global Challenges Research Fund's (UKRI-GCRF) "Accelerating Achievements for Africa's Adolescents" (Accelerate) Hub, UNDP, UNICEF, WHO, UN Women and other cosponsors are uniting with academic, government, bilateral and civil society partners to engage adolescents and young people as leaders in the HIV response and identify which combination of policies and services will deliver the greatest impact for adolescents, including cash transfers, malaria prophylaxis, parenting programmes, business skills and violence prevention. The hub leverages development synergies for HIV and is expected to improve outcomes for 20 million adolescents and children in 34 countries across Africa. UNDP supported a partnership between the Hub and UNDP-led accelerator labs to integrate data, analysis, monitoring and evaluation, including for adolescent girls and young women and HIV, into the labs. The labs support 115 countries to map and test

solutions and scale those that are most impactful and sustainable. In South Sudan, the partnership delivered jointly funded vocational and financial literacy training to out-of-school adolescents and caregivers.

81. A World Bank-supported trial in Eswatini shows that keeping adolescent girls and young women in some form of education significantly reduces HIV incidence—at an effect comparable to biomedical interventions. The Sitakhela Likusasa found that girls who received the education grant incentive had 23% lower odds of acquiring HIV, while girls receiving two incentives were 37% less likely to become infected.
82. Helping young people transition to adulthood, and supporting the health and rights of young workers, is crucial for HIV prevention. The ILO forged a strategic alliance with the Africa Union's New Partnership for Africa Development (NEPAD) to review existing programmes dedicated to infrastructure development in Africa to optimize job creation opportunities for young people, including young people living with HIV. Indeed, the workplace is a major opportunity to provide information and services for the majority of people living with HIV who are in the workforce including young workers.
83. The Joint Programme is supporting a strengthened response to HIV in institutions of higher education, to support future generations of leaders to realize their right to health. In Tanzania, the ILO, UNESCO and UNFPA built the capacity of Technical AIDS Committees made up of 30 participants from Higher Learning Institutions to monitor and implement Gender, HIV and Wellness programmes. The capacity strengthening resulted in the review and formulation of HIV and AIDS Policies and Wellness Prevention programmes in these Universities, together with their implementation strategies.

### **Key challenges and future actions**

84. The COVID-19 pandemic has halted and delayed activities across regions due to restrictions such as lockdowns, physical distancing, and the closure of schools, youth health programmes and youth responsive services. Digital solutions cannot replace in-person learning for young people, and the digital divide threatens to further entrench existing inequalities. As schools reopen, millions of young people—in particular, girls and young women—are at risk of not returning to schools or universities, thereby increasing the chances of child marriage, early pregnancies and HIV and structural interventions are needed.
85. Joint Programme activities outlined above will continue and be intensified, improving access to PrEP, access to SRH (including in humanitarian settings) and prevention programmes will be expanded. The VCT@WORK Initiative will continue to serve as an entry point to both HIV prevention and ART uptake for young people. UNDP will continue supporting the inclusion of adolescents and young people in SDG implementation, including through partnerships to develop and disseminate adolescent-sensitive policy and programming recommendations for HIV prevention. WFP will continue its school meals programming in many high prevalence contexts. The World Bank will continue to support youth access to the services they need to combat HIV and work to empower youth, and particularly girls and other vulnerable groups.
86. A number of actions are foreseen to support the continued scale-up of access to good quality comprehensive sexuality in and out of schools. UNESCO, UNFPA, UN Women, UNICEF, WHO and UNAIDS Secretariat will publish the 2020 Global Review on CSE in the summer of 2021, providing a crucial update on the progress of countries. UNESCO and UNFPA will also continue to lead the newly launched CSE Global Partnership Forum, which is built on four pillars to strengthen coordination, knowledge management and research, technical guidance and advocacy and communications. UNESCO will also continue to support strengthened CSE in sub-Saharan Africa through the "Our Rights,

Our Lives, Our Future” (O3) programme, with a specific focus on building momentum around two high-level political commitments to CSE in ESA and WCA.

87. WHO is developing guidance to simplify and differentiate PrEP service delivery which will allow easier, more effective and acceptable PrEP use, including for AGYW. WHO will work with partners and countries considering introducing the DVR and develop appropriate communication messages for AGYW, communities and providers. WHO will continue to lead the UN work on future long-acting PrEP products.

#### **SRA 4: HIV PREVENTION AND KEY POPULATIONS**

**Fast-Track commitment:** Ensure access to combination prevention options, including PrEP, VMMC, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.

**SRA 4:** Tailored HIV combination prevention services are accessible to key populations, including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants.

#### **Global overview**

88. Key populations and their sexual partners account for 62% of new adult HIV infections globally, including a high proportion of new HIV infections outside sub-Saharan Africa. They account for 99% of new HIV infections in eastern European and central Asia; 98% in Asia and the Pacific; 96% in western and central Europe and North America; and 97% the Middle East and North Africa.
89. Co-infections such as many STIs, TB and viral hepatitis are also higher among key populations. Key populations are disproportionately impacted by the COVID-19 pandemic including disruption of HIV prevention services and unfair or unjust treatment, including the fact that most of them work in the informal economy which makes them more vulnerable to COVID-19 shocks.
90. Despite some progress, legal and structural barriers, stigma, and discrimination still impede access of key populations to prevention, testing and treatment services. Nearly all countries criminalize or otherwise punish some aspect of sex work, and all but a handful of countries criminalize or otherwise punish drug use or possession. In 69 countries criminalize same-sex relations are criminalized, and at least 32 countries either formally criminalize or have prosecuted transgender people because of their gender identity and/or expression.
91. COVID-19 negatively impacted the access of key populations to HIV and TB services. Community organizations have also noted key populations have less access to social protection, including COVID-19 programmes. While condom use usually remains low, the number of people who received PrEP at least once in the previous year rose from fewer than 2 000 in 2016 to more than 590 000 in 2019. In places where PrEP has been scaled up such as Australia, countries in western and central Europe and North America, HIV incidence among gay men and men who have sex with men has declined.
92. Provision of comprehensive sexuality education and access to SRH services remains challenging for young and adult key populations, including in the COVID-19 context.

93. Despite some promising developments, access to prevention and especially harm reduction for people who use drugs, including in prisons, continue to be insufficient. According to UNAIDS Data 2020<sup>7</sup>, despite the fact that 2019 marked a 23% decline in new HIV infections in the general population since 2010, approximately 10% of new adult HIV infections worldwide were among people who inject drugs. This population made up almost half (48%) of new infections in eastern Europe and central Asia, 43% in the Middle East and North Africa, 17% in Asia and the Pacific, and 15% in western and central Europe and North America.
94. Out of 271 million people who use drugs worldwide, 11.3 million people inject drugs.<sup>8</sup> Needle-syringe programme and distribution and opioid agonist therapy coverage remain low in most of the countries that are reporting data to UNODC and the UNAIDS Secretariat. So far, just three high-income countries reported that they had achieved UN-recommended levels of coverage for these programmes. This affirms a recent systematic review of published harm reduction programme and survey data that yielded similar findings.<sup>9</sup> This low coverage is perpetuated by low investment.
95. Since 2000, the global prison population has increased by 24 per cent. The rise in the female prison population (53%) is more than twice that of the male prison population (20%). It is estimated that at any given time more than 11 million people are held in prisons and other closed settings, of whom more than a quarter are pretrial detainees. People in prison are 7 times more likely to be living with HIV than adults in the general population. Globally, it is estimated that 4.6% of people held in prison are living with HIV. Furthermore, it is estimated that 15.1% of the total prison population have hepatitis C (HCV), 4.8% have chronic hepatitis B (HBV) and 2.8% have active tuberculosis (TB). Access to HIV prevention, treatment and care programmes, however, is often lacking in prisons and other closed settings. Few countries implement comprehensive HIV programmes in prisons; many fail to link their prison programmes to the national AIDS, TB, public health or national occupational safety and health programmes, policies, guidelines or strategies.
96. Addressing HIV in prisons cannot be separated from broader questions of criminal justice laws, policies and practices. Reducing pretrial detention and increasing the use of alternatives to imprisonment and non-custodial measures for children and for minor non-violent offences are all essential for an effective response to HIV and other health issues within prisons and other closed settings.

### **Joint Programme contributions towards Fast-Track and UBRAF targets**

#### *Addressing the impact of COVID-19 on access to prevention for key populations*

97. In 2020, the Joint Programme continued to provide support to countries and communities, as well as led global policy and advocacy efforts to expand prevention among key populations including innovative approaches for outreach, strategic information and services provision in the evolving COVID-19 context. The Joint Programme focused on supporting more than 130 countries to overcome barriers in access to prevention and treatment services due to COVID-19 including reforms in service delivery, MMD of ART and opioid substitution therapy (OST), eliminating bureaucratic hindrances to service delivery, and greater reliance on and leveraging communities' knowledge and their organizations as effective outreach and service providers. UNDP In Panama, UNDP and the Global Fund worked with government and civil society to minimize the impact of COVID-19 on HIV prevention services for key

<sup>7</sup> [https://www.unaids.org/sites/default/files/media\\_asset/2020\\_aids-data-book\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf)

<sup>8</sup> World Drug Report 2020, <https://wdr.unodc.org/wdr2020/index.html>

<sup>9</sup> [https://www.unaids.org/en/resources/documents/2019/JC2954\\_UNAIDS\\_drugs\\_report\\_2019](https://www.unaids.org/en/resources/documents/2019/JC2954_UNAIDS_drugs_report_2019)

populations. By using social media platforms and various dating apps, partners delivered preventive health messages and offered follow-up services in the form of local meetings where condom distributions and HIV testing can take place.

98. To ensure no vulnerable or marginalised populations are left behind in the response to the COVID-19 pandemic, UNHCR, UNICEF, WFP, UNODC, UN Women, ILO, UNESCO, and the UNAIDS Secretariat issued a global Call to action on HIV-sensitive social protection calling on governments to strengthen protection for all, especially the populations left behind, including LGBTI people.

#### *Addressing legal and structural barriers and access to services*

99. UNODC continued to provide technical support to Member states and civil society in implementing comprehensive human rights based, public-health focused and gender-responsive HIV services for people who use drugs. In Pakistan and Egypt, through sustained UNODC advocacy with government agencies, implementation of opioid substitution therapy (OST) was approved in 2020, leading to the development of an implementing action plan and the design of OST pilot interventions. In Vietnam, UNODC in cooperation with UNAIDS Secretariat successfully advocated for the initiation of the 'take-home' OST programme (methadone) after securing the Government's approval 2020.
100. In 2020, 63% (26 out of 41) countries with functional Joint Team on AIDS that reported having significant epidemic among people who inject drugs (PWID), implemented the most essential interventions to reduce new HIV infections among PWID. While this indicates progress against the UBRAF target in selected countries where the Joint Programme works, as indicated above, major gaps remains in many other countries.

Indicator: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs		2016 [N=33]	2017 [N=35]	2018 [N=36]	2019 [N=41]	2020 [N=41]
Countries with epidemic among people who inject drugs, implementing interventions in combination						
<b>2021 target—60%</b>	<b>Status</b> 	64%	60%	61%	56%	63%
<b>Measurements</b>						
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%	47%
		<b>Countries with significant epidemics among people who inject drugs</b>				
		2016 [N=33/87]	2017 [N=35/87]	2018 [N=36/87]	2019 [N=41/87]	2020 [N=41/87]
Opioid substitution therapy		64%	63%	61%	56%	66%
Needle and syringe programmes		79%	74%	78%	76%	83%
HIV testing and counselling		85%	86%	92%	98%	100%
Antiretroviral therapy		88%	86%	94%	98%	100%

Gender-sensitive – people who inject drugs	2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
A gender-sensitive HIV needs assessment is available for people who inject drugs	20%	30%	29%	30%	29%

101. The Joint Programme provided direct support to countries to strengthen key population programming by reducing legal and policy barriers, enhancing access to services, and combating stigma and discrimination. UNDP supported 89 countries, in partnership with UNAIDS Secretariat, other UN partners and civil society organizations, on law and policy reform for the decriminalization of HIV transmission, exposure and non-disclosure, and creating enabling legal and policy environments for key populations.

102. The Economic Community of West African States (ECOWAS) launched a regional strategy on HIV, TB and SRH and rights for key populations in the region, developed with the support from UNDP, UNAIDS Secretariat, WHO, and members of the UNDP-supported Africa Key Populations Expert Group. UNDP and UNFPA continued support to the implementation of the SADC Regional Strategy for Key Populations. The Joint Programme also provided support for legal recognition and access to social welfare—for example, in India, Thailand, and Pakistan.

Indicator: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>Key population: gay men and other men who have sex with men, sex workers</b>						
<b>2021 target—90%</b>	<b>Status</b> 	66%	71%	67%	74%	74%
<b>Key population: prisons and closed settings</b>						
<b>2021 target—50%</b>	<b>Status</b> 	49%	49%	51%	55%	57%
<b>Measurements</b>						
The country has size and prevalence estimates for gay men and other men who have sex with men		80%	84%	82%	89%	86%
The country has size and prevalence estimates for sex workers		87%	87%	90%	95%	86%
The country has size and prevalence estimates for prisoners and closed settings		56%	57%	56%	60%	63%
Comprehensive packages of services for gay men and other men who have sex with men in line with international guidance defined and included in national strategies		75%	80%	82%	86%	91%
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies		84%	87%	91%	93%	90%
Comprehensive packages of services for prisoners and closed settings in line with international guidance defined and included in national strategies		55%	56%	60%	67%	69%
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery		89%	89%	89%	87%	89%
Sex workers are engaged in HIV strategy/programming and service delivery		90%	90%	89%	87%	90%

103. UNFPA and the UNAIDS Secretariat co-led several sessions within the Global Prevention Coalition's "Deep Dive" series on key populations, focusing on HIV prevention, delivery of integrated services and strengthening coordination and leadership of key population programmes. UNODC promoted the use of the WHO, UNODC and UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, as well as the UNODC, ILO, WHO, UNFPA, UNAIDS and UNDP update of the technical brief on HIV prevention, treatment, care and support in prisons and other closed settings – a comprehensive package of interventions.
104. The Joint Programme supported countries to tackle under-addressed, intersectional issues that impact the HIV responses in general, and specifically access of key populations to HIV services. For example, issues related to HIV and migration, women and girls and female key populations, youth, and LGBT+ people. UNHCR, in cooperation with other co-sponsors, supported HIV-related activities for key populations in humanitarian settings in more than 20 countries around the world, including critical support to enable the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. For example, in Ecuador, UNHCR implemented a HIV program in border areas in coordination with CARE and the Ministry of Public Health. The program focused on provision of support to community-based organizations of sex workers, LGBTIQ+ and youth to strengthen their organizational capacity in HIV prevention and treatment, while promoting the economic inclusion of key populations. In Asia and Latin America, ILO provided economic empowerment support for transgender people to close the unemployment gap. For example, in Indonesia, business coaching packages were organized for 100 female and male transgender people and people living with HIV, helping them to operate businesses during COVID-19. In Brazil, 220 trans people were supported to start their businesses through the "Kitchen and Voice" project.
105. UNICEF, UNDP, UNAIDS Secretariat, WHO and UNFPA supported countries on geo-localized and data-driven prioritization to improve HIV services access for adolescent and young at-risk and key populations in Cote d'Ivoire, Zimbabwe, and Botswana.
106. UN Women supported women who use drugs, prisoners and female sex workers in at least 16 countries to better access HIV information, testing, treatment and care services, legal aid and health and gender-based violence services, including through the UN Trust Fund to End Violence Against Women managed by UN Women. For example, in Cote D'Ivoire and Guatemala, UN Women's partnership with the national networks of women living with HIV resulted in ensuring female sex workers were able to access SRH and GBV services with links to HIV testing, treatment and care in the context of the COVID-19 lockdowns. The grantee of the UN Trust Fund in Egypt has been successful in negotiating three-month antiretroviral medicines supply for women who use drugs and female sex workers, who are also living with HIV, to minimize COVID-19 risk and strengthen adherence to HIV treatment.
107. There are more younger people living with HIV than in previous years, especially among key populations. The specific needs of young key populations are often inadequately addressed in services. Consequently the Joint Programme invested in efforts to support young key populations through: new out-of-school CSE guidance; focus group discussions on the needs of adolescent and young key populations; economic empowerment and peer support through the UNDP-supported Regional Youth Project on Leadership, Innovation and Entrepreneurship (Youth Co: Lab) in Asia and the Pacific; UNESCO-led global efforts against cyberbullying; and the Journey4Life peer education programmes for marginalized youth.

108. The Joint Programme has found that regional programming for key populations can be particularly powerful as a tool for LGBTIQ+ inclusion, facilitating learning across countries, with an emphasis on supporting and promoting good practice, including on HIV. For example, UNDP supported 72 countries in advancing LGBTIQ+ inclusion, UNHCR supported assessments of medical and psychosocial needs of LGBTIQ+ migrants, and ILO promoted LGBTIQ+ labour statistics.

*Service delivery support: Global Fund partnership*

109. The Joint Programme continued to partner with key donors, including the Global Fund. Under this partnership, in 2020, UNDP supported countries in reaching key populations with tailored combination prevention packages including 162 000 people who use drugs reached in five countries, 352 500 men who have sex with men reached in 22 countries; 272 600 sex workers reached in 22 countries and 5 900 transgender people reached in 13 countries.

*Capacity development knowledge*

110. The Joint Programme developed a policy brief on COVID-19 and human rights as well as a Joint Programme Call to Action on Social Protection in response to COVID-19 and a report on reaching people at-risk during the pandemic. Working closely with “Youth LEAD”—a regional organization working with adolescent and young key populations—UNICEF collaborated with UNDP, UNFPA, UNAIDS Secretariat and UN Women conducted a rapid response survey to reveal the impact of the pandemic on young people aged 18-29 who are at higher risk or are living with HIV in the Asia Pacific region.

111. WHO started to update the consolidated guidance for key populations which will integrate HIV with hepatitis and STIs including service delivery options and population-specific packages. WHO supported countries in all regions with their monitoring and elevation of PrEP programmes and has developed core PrEP indicators.

112. UNODC in consultation with WHO, UNAIDS Secretariat and civil society, developed and disseminated technical guidance on HIV service provision for people who use drugs in the context of COVID-19 and developed a virtual capacity building program for decision makers and service providers. UNODC also developed guidance on COVID-19 among people working and living in prison and hosted several regional webinars on prevention and control of HIV, TB, viral hepatitis, and COVID-19 in prison settings. UNDP, UNFPA and UNODC, together with WHO, the UNAIDS Secretariat and key population civil society organizations issued a joint statement on the constraints and the needs of key populations in the context of COVID-19 and access to services.

113. The Joint Programme continued to provide policy advice and technical assistance by disseminating guidance documents. For example, UNDP and UNFPA, together with WHO, UNODC and the UNAIDS Secretariat, continued efforts to roll out implementation tools for key population services and support community representatives to engage in implementation. This included a toolkit on HIV prevention for and with adolescent and young key populations. The toolkit, developed jointly by co-sponsors and youth civil society under the leadership of UNICEF, is a collection of resources to help plan and scale up HIV prevention programmes for these populations.

**Key challenges and future actions**

114. Ending AIDS among key populations will be the key to ending AIDS as a public health threat by 2030. Current epidemiological data demonstrate that the global response is off track vis-a-vis key populations. Stigma and discrimination, punitive legal and policy environments remain barriers for key populations to access services. There is need for

stronger political will and targeted investment for scaling HIV prevention, treatment, and care, and addressing social and structural barriers for key populations. Another major challenge is the need for differentiated responses for key populations. Countries which support and fund programming benefitting one or more key populations may simultaneously promote laws and policies that increase the HIV risk of other key populations.

115. The COVID-19 pandemic is having a disproportionate impact on key populations and LGBTIQ+ people. There are a growing number of reports about emergency powers being used to target key populations. This includes the misuse of digital technologies to monitor people's movements during lockdowns or curfews. Key populations are reporting an elevated risk of domestic and family violence, increased social isolation and anxiety as well as difficulties in accessing critical HIV treatment, harm reduction and gender-affirming health services. There is also a disproportionately negative economic impact on key populations, many of whom work in the informal sector or are unemployed and lack access to social safety nets.
116. Key populations acquire HIV at a younger age. Condom use among young people has decreased. Despite some promising programmes in the Global South, access to PrEP continues to be inadequate and there is no clear plan on how injectable PrEP will be made accessible. Age of consent laws hinder young people from accessing HIV services. Low investment in, or the ban of, SRHR and CSE programmes exacerbate the problem. Prevention programmes are rarely custom-tailored for young key populations and therefore miss critical needs. As many have been developed without the participation of YKP, they are often not widely acceptable.
117. To mitigate these challenges, the following key actions have been set in place:
- Increased support to key populations and people living with HIV in the context of COVID-19, through improved access to services but also equitable access to COVID testing, therapeutics and vaccines, social protection measures, and protection from violence.
  - Supporting countries in addressing social and structural barriers for key populations which requires increased investment, for example, in creating enabling legal and policy environments and addressing gender-based violence.
  - Support to the meaningful engagement of key populations in decision making and service delivery and official recognition and valorisation of their contribution (e.g., CCM representation, "social contracting"), enhancing the programmatic focus on addressing intersectional factors such as race and ethnicity, sex, gender, age, sexual orientation and gender identity and expression (SOGIE), disability, migratory status, etc.
  - Support to governments to mobilize and catalyse political will, develop and expand evidence-informed and rights-based key populations programming and adequately resource them.
  - Harm reduction services are essential public health interventions and pivotal in reaching key populations and must be maintained and scaled up.
  - COVID-19 adaptations in the delivery of harm reduction, particularly the expansion of take-home opioid agonist therapy and community-based, peer-supported treatment for HIV and hepatitis C are proven to increase the acceptability and uptake of services and should remain in place.
  - Greater involvement of the community of people who use drugs in the COVID-19 response planning is crucial to increase acceptability, access and retention in services. Adequate resources must be allocated to support peer-led interventions.

118. The ILO co-leads a time-bound Task Team together with OHCHR, UN Women, Department of Management Strategy, Policy and Compliance (DMSPC), High-Level Committee on Management / Human Resource Network (HLCM/HRN), and UNHCR to develop the *Secretary General's Strategy and Guidance on Countering Violence and Discrimination against LGBTIQ+ People*. The Strategy, which will outline the UN common vision and commitment to strengthen its capacity, will cover key areas such as leadership, capacity, participation, programming, coordination and internal policies on treatment of UN system personnel who are LGBTIQ+. A draft strategy is expected in June 2021.

## SRA 5: GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

**Fast-Track commitment:** Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.

**SRA 5:** Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate-partner violence to mitigate risk and impact of HIV.

### Global overview

119. No country has so far achieved gender equality, and gender equality issues are not sufficiently addressed in the HIV response. Medical breakthroughs and the activism of women and communities have saved and improved the lives of millions living with and affected by HIV but intersecting structural inequalities linked to age, gender identity or sexual orientation, income, class, ethnicity and many others combined with pervasive gender discrimination render women and girls, especially those belonging to key populations more vulnerable to HIV and its deleterious impacts. Violence against women -- at home and in public spaces -- continues to be a global pandemic. Gender norms also have negative impacts on men and boys, including adoption of poor health-seeking behaviours.

120. Too many girls are not accessing secondary education, while economic insecurity, including women's disproportionate reliance on informal sectors and the burdens of unpaid care and domestic work, increases their vulnerability to HIV and hamper their ability to mitigate the impact of the epidemic. The reduction in the number of new HIV infections among women and girls has been slow and uneven across regions and increasing in others. HIV continues to be a crisis amongst adolescent girls and young women in sub-Saharan Africa: five in six newly infected adolescents aged between 15 and 19 are among girls. The Political Declaration target on reducing the number of adolescent girls and young women aged 15 to 24 years newly infected with HIV globally each year to below 100 000 by 2020 will most likely be missed. Only about one third of young women in sub-Saharan Africa have accurate, comprehensive knowledge about HIV. AIDS remains one of the leading causes of death for women aged 15–49 years, with women and girls accounting for 48% of new HIV infections worldwide and 59% of new infections in sub-Saharan Africa.

121. National AIDS coordinating bodies are less likely to have gender expertise and resources for gender-responsive interventions. Some strides have been made towards meaningful involvement and leadership of networks of women and girls living with or at high risk of HIV, although this engagement remains inconsistent, insufficiently institutionalized, inadequately monitored and poorly funded.

122. National HIV strategies in at least 40 countries do not address the needs of women and girls in the context of HIV, and most countries lack a dedicated budget for activities to address women's HIV-related needs. Policy barriers, such as age-of-consent laws for

accessing HIV testing or sexual and reproductive health services, as well as the social stigma associated with accessing such services, limit the ability of women to make decisions about their own sexual and reproductive health across their life course.

123. The COVID-19 pandemic has exposed the fault lines of a gender unequal society. Although more men than women are dying of COVID-19, women dominate the jobs and sectors that have been hardest hit by the pandemic, with dramatically increased unpaid care burdens due to lockdowns, school closures, restrictions on movement and increased child and elder care demands. Even before COVID-19, one in three women reported experiencing sexual or physical violence. Under pandemic conditions, UN Women reports that 243 million women and girls (aged 15-49) across the world have been subjected to violence by an intimate partner. As the COVID-19 pandemic continues, this number is likely to grow with multiple impacts on women's wellbeing and their sexual and reproductive health, endangering the slim gains of the past decade.

### **Joint Programme contributions towards Fast-Track and UBRAF targets**

*Integrating gender equality into national HIV responses and promoting leadership of women living with HIV*

Indicator: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—70%	Status 	47%	60%	57%	68%	70%
<b>Measurements</b>						
Assessments of the social, economic, and legal factors that put women and girls at risk of HIV are available		74%	77%	75%	78%	78%
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting		85%	89%	91%	92%	93%
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys		62%	72%	71%	80%	80%

124. Report from Joint UN Teams on AIDS from 87 countries showed that in only 70% of countries, national HIV policies and strategies that promote gender equality and transform unequal gender norms were in place. Implementation is lagging and data on costing and financing interventions that address gender norms in national HIV responses are inadequate. In response, the Joint Programme increased the availability and use of knowledge and tools to promote gender equality in national HIV responses, such as through the Gender Assessment Tool – implemented in 8 countries and supported by the UNAIDS Secretariat and UN Women – which was effectively used to inform reviews and the design of new HIV strategies in Ethiopia, Morocco, South Africa, Tanzania, Tunisia and Uganda. UN Women strengthened the capacities of national AIDS coordinating bodies to better respond to gender inequality across 13 countries. Consequently, in Indonesia, the new National AIDS Strategy prioritizes actions to end discrimination against women living with HIV.

125. In collaboration with the Southern African Development Community (SADC), the UNAIDS Secretariat, UNFPA and UN Women piloted a gender-responsive oversight tool

in Angola, Lesotho, Malawi, Namibia and Zimbabwe to monitor the implementation of the UN Commission on the Status of Women Resolution 60/2 on Women, the Girl Child, and HIV and AIDS. UNDP, WHO, UN Women and the UNAIDS Secretariat helped national AIDS coordinating bodies design funding requests to the Global Fund prioritizing gender-responsive interventions in over 14 countries in eastern and southern Africa. In Zimbabwe, UN Women's support to women living with HIV resulted in US\$ 20 million allocated for programming to meet the needs of young women and girls in the context of HIV.

126. The Joint Programme promoted women's leadership in the HIV response. Across 30 countries, UN Women supported the engagement of women living with HIV in the design and review of the national HIV strategies. UNDP's partnership with the 'International Community of Women Living with HIV: Latina' empowered women living with and affected by HIV in Mexico to hold duty bearers accountable for providing HIV services free of stigma and discrimination.
127. Ensuring HIV policies and programmes properly integrate and track gender-related discrepancies is also critical. UN Women, in collaboration with UNAIDS Secretariat, supported 13 national AIDS coordinating bodies to address gender inequality within national HIV strategies, leading to gender inclusive HIV planning and integration of gender-responsive priorities and actions into national strategies, indicators, engagement of women living with HIV, and evidence-based community-led initiatives to prevent HIV and violence against women.

*Shifting unequal gender norms to improve access to HIV prevention, treatment and care*

128. Unequal power relations between women and men increase HIV risks for women—especially young women. Adolescent girls and young women acquire HIV at a rate of 4 500 cases per week in sub-Saharan Africa, and although more women are accessing life-saving HIV treatment globally, AIDS remains a leading cause of death for women.
129. The Joint Programme invested in multi-sectoral HIV prevention approaches that go beyond the health sector. UNESCO, UNICEF, the World Bank and others promoted access to secondary education for girls as an HIV-protective factor, including in the COVID-19 context. World Bank programmes in nine countries of western and central Africa reached over 2 million girls and ensured more than 160 000 girls accessed scholarships or other support in order to return to and stay in school. WFP increased girls' school enrolment and attendance rates by distributing monthly rations and nutritional commodities. ILO supported youth employment programmes, particularly targeted at young people in the informal economy.
130. UNFPA, UNESCO and UN Women supported efforts in sub-Saharan Africa and Asia and the Pacific to expand availability of comprehensive sexuality education programmes that include a focus on unequal power dynamics and gender norms, improving HIV-related knowledge, encouraging safer sexual behaviour and access to SRH services for young people. In western and central Africa, over 2 million girls and boys improved their HIV knowledge through these comprehensive programmes.
131. 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 better health outcomes for people living and affected by HIV. 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 those engaged in the dialogues who were living with HIV were linked to HIV treatment and care.

132. Through the European Union (EU) and UN Spotlight Initiative to eliminate all forms of violence against women and girls, UNFPA, UNICEF, UN Women, UNDP and others scaled up SASA!—an evidence-based community initiative—in eastern and southern Africa to prevent GBV and HIV. SASA! Faith, was piloted in Kenya with support from the UN Trust Fund to End Violence Against Women, improved health service uptake, including couple testing.
133. Women living with HIV benefitted from income-generating activities and improved their access to HIV services as a result with the support of ILO, UN Women, the UNAIDS Secretariat, UNHCR, WFP and World Bank. World Bank activities across 92 countries included livelihood packages supporting women living with and affected by HIV. In India, ILO's collaboration with the National Coalition of Positive People resulted in women living with HIV engaging in income-generating activities across six states, which also contributed to improved adherence to HIV treatment.
134. UNODC promoted the availability of gender-sensitive HIV services for people who inject drugs and are those living with HIV in closed settings and incorporated the gender dimensions of service delivery in national HIV strategies in Egypt, Morocco, and Tunisia.
135. UNODC in consultation with WHO, UNFPA, UNICEF, UNAIDS and INPUD developed a developed a technical brief on HIV Prevention of mother-to-child transmission of HIV, hepatitis B and C and syphilis among women who use drugs. The purpose of the technical guide is to support countries in providing high quality HIV and sexual and reproductive health services to women who use drugs and to ensure elimination of new HIV infections among women and their children.

#### *Preventing and responding to GBV in the context of HIV*

Indicator: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—70%	Status 	43%	54%	60%	59%	61%
Measurements						
Disaggregated data on prevalence and nature of gender-based violence are available and used		63%	70%	72%	78%	80%
Legislation and/or policies addressing gender-based violence exist		95%	98%	100%	100%	100%
A mechanism to report and address cases of gender-based violence is available, e.g. special counselling centres, ombudsman, special courts and legal support for victims		94%	95%	95%	95%	93%
HIV, SRH, and gender-based violence services integrated		67%	72%	77%	74%	76%

136. Between 2016 and 2020, there was a steady increase in countries that reported on the existence of laws or policies and services to prevent and address GBV in the UBRAF indicators reporting. Yet, progress in ensuring these laws and/or policies are implemented is uneven across countries. Additionally, due to the COVID-19 pandemic, a surge in cases of violence against women has been reported in many countries. Services to respond to GBV were limited in scope or completely lacking, thereby exacerbating the risk of HIV for many women.

137. Through the EU/UN Spotlight Initiative, UNDP, UN Women, UNICEF, UNFPA and the ILO facilitated the establishment of frameworks to prevent and respond to GBV and to mitigate HIV risk for women in 17 countries. In Eswatini and six other countries in sub-Saharan Africa and Asia, UNESCO's 'Connect with Respect' helped teachers and learners identify and respond to school related GBV and influenced their gender attitudes and behaviours. ILO, UN Women, and other partners led work on ratifying the Violence and Harassment Convention No. 190 in Argentina, Ecuador, South Africa and Uruguay.
138. The Joint Programme worked to respond to cases of violence against women living with and affected by HIV. In Indonesia, UN Women supported the development of the GBV protocol in the context of the National Partner Notification Programme to strengthen the capacity of national service providers and the network of women living with HIV in identifying and creating referrals for HIV services targeted at survivors of violence. WHO guidelines and tools for responding to intimate partner violence and sexual violence were implemented in 61 countries, including in 31 countries in sub-Saharan Africa.
139. WHO and UNFPA strengthened the capacity of health managers of both SRHR and HIV programmes from 12 countries in eastern and southern Africa to integrate GBV into SRHR and HIV services, using WHO guidelines. UNICEF and UNFPA's collaboration resulted in launching community-based services to expand SRH services and reduce GBV against adolescent girls and young women in three districts in South Africa.
140. UNHCR, UNFPA and UNICEF provided protection as well as legal, medical and psychosocial services to survivors of GBV, including post-exposure prophylaxis in cases of sexual assault and rape, as part of prevention strategies in humanitarian and emergency contexts. Among countries participating in UNHCR's COVID-19 Global Humanitarian Response Plan, 81% reported that GBV services have been successfully maintained or expanded and 3 million women and girls have been reached with GBV support and HIV prevention services. In the Democratic Republic of the Congo, a World Bank-supported programme reported that 100% of eligible GBV cases were receiving post-exposure prophylaxis within the required 72 hours. The Secretariat commissioned an Independent Evaluation of the Work of the Joint Programme on HIV / AIDS on Preventing and Responding to VAWG. The report is expected to inform how best to seize opportunities and address gaps in the context of the new strategy.

#### *Responding to gender inequalities in the context of COVID-19 and HIV*

141. At the outset of the COVID-19 pandemic, UN Women led a wide call for responses to COVID-19 to urgently take a gender perspective into account, including addressing the surge in GBV that increases women's risk of acquiring HIV, soon joined by many other UN agencies and stakeholders. UNAIDS Secretariat issued a guide of gender-specific analysis and recommendations *Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic* which provides recommendations to governments to confront the gendered and discriminatory impact of COVID-19, with concrete immediate and forward-looking recommendations for crisis responses, policy development and investment strategies. The serious impact of COVID-19 for many transgender people as well as the resilience and creative ways trans communities and organization developed to assist their communities, to offer support against social isolation and to support trans and gender-diverse people, especially those unable to work due to COVID-19 was highlighted and supported by UNAIDS Secretariat with partners.
142. In partnership with the 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 organizations in sub-Saharan Africa with a primary focus on the institutional response, risk mitigation and recovery in the COVID-19 context. With barriers to GBV services due

to the COVID-19 pandemic, 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 GBV survivors—including access to post-exposure prophylaxis, through virtual referral, multi-disciplinary mobile teams, tele-health and remote services.

143. In the context of the COVID-19 pandemic's impact on national economies, women living with HIV benefitted from income-generation activities, accessed COVID-19 personal protective equipment and improved their access to HIV services and adherence to HIV treatment, with ILO, UN Women, WFP and World Bank support. Over 28 000 women living with HIV directly benefitted from UN Women's support resulting in their increased economic security and enhanced access to HIV services.
144. The ILO advocated for the employment policies, including macroeconomic, sectoral and labour market policies, to put gender equality at the core of the COVID-19 emergency and recovery efforts to avoid long-term negative impact on women's employability that can further exacerbate their risk of HIV. Hundreds of women living with HIV and their families in Colombia were provided with food baskets, training in food handling and preparation, and enhanced their access to HIV treatment with WFP's support during the COVID-19 lockdown period.

### **Key challenges and future actions**

145. Despite widespread acknowledgement of the efficiency of gender-sensitive HIV responses, many HIV strategies, programmes, and policies largely fail to use sex- and age-disaggregated data and draw on gender analysis, integrate specific actions, indicators, and budgets to address gender inequality as part of the HIV response. Further efforts are required to ensure national HIV responses prioritize and fund interventions that empower women, engage men, and mobilize communities to shift gender norms that improve HIV prevention and treatment access among women and girls and other population groups in all their gender diversity.
146. An analysis of COVID-19 task forces from 87 countries found that only 3.5% had gender parity despite women being at the forefront of the health and care response, representing 70% of the health and care workforce. Women, including those living and affected by HIV, are often left out of decision-making spaces and their organizations do not have access to adequate resource to finance their essential work, especially during the COVID-19 pandemic. Yet, according to UNAIDS, grass-roots women's organizations often fill gaps in formal services by helping to deliver antiretroviral medicines, personal protective equipment, COVID-19 information, food, and cash support to those in need. Dedicated spaces must be created for women and other vulnerable communities in all their diversity to voice their needs and priorities and to be heard, and their essential advocacy and programmatic work must be sufficiently resourced. There is an urgent need to invest in capacity development and institutional strengthening of organizations of women living with HIV and in ensuring an enabling environment for their essential work.
147. GBV cases have surged during the COVID-19 pandemic, increasing the risk of acquiring of HIV for women. More work is needed to prevent and respond to GBV, including in humanitarian settings.
148. To address these challenges, the Joint Programme will support the scale-up of adolescent, women, key population, and community-led and community-based interventions that are gender-transformative in order to improve HIV outcomes, transform unequal gender norms and promote positive masculinities, prevent violence against women, and expand access to HIV testing, treatment and care for all.

149. To leverage its ongoing programming on violence against women to prevent HIV and to mitigate the impact of violence and AIDS on women living with HIV, the Joint Programme continues to partner with the EU/UN Spotlight Initiative and the UN Trust Fund to End Violence Against Women.
150. The Joint Programme will finalize the evaluation of its work on preventing and responding to violence against women and girls that aims to demonstrate the Joint Programme's accountability to implement transformative approaches for addressing violence against women and girls and its intersections with HIV. Findings, lessons learned and recommendations from the evaluation will be reviewed and analyzed to support learning and evidence-based decision making for future programming.
151. The Joint Programme will continue to promote gender-transformative HIV responses, ensuring national HIV policies, strategies, interventions, indicator frameworks and budgets are informed by sex- and age-disaggregated data and gender analysis, and capture the influence of gender norms to HIV outcomes, and the networks of women living with HIV and other key populations in all their gender diversity are meaningfully engaged in decision-making and that their leadership and organizations are supported. Furthermore, the Joint Programme will ensure its work on addressing social and structural drivers of the HIV epidemic, such as unequal gender norms, violence against women, and gender-based discrimination, are better captured in the new results framework for the new UNAIDS strategy.

## SRA 6: STIGMA AND DISCRIMINATION AND HUMAN RIGHTS

**Fast-Track commitment:** Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

**SRA 6:** Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed.

### Global overview

152. Human rights barriers, and stigma and discrimination constrain HIV responses. Denial of health services to people living with HIV occurs in some settings and the prevalence and the effects of discrimination are especially acute among people in key populations, who face multiple, overlapping forms of discrimination. Punitive laws, the absence of supportive laws and policies, and inadequate access to justice continue to undermine HIV responses. The Joint Programme supported countries to address stigma and discrimination, reform laws and advance enabling legal and policy environments.
153. According to surveys in 19 countries, one in three women living with HIV report experiencing discrimination with respect to SRH and rights.
154. There are specific or general laws criminalizing nondisclosure, exposure, and transmission of HIV in 92 countries. Nearly all countries criminalize some aspect of sex work, and all but a handful of countries criminalize drug use or possession. Sixty-nine countries criminalize same-sex relations, and at least 32 countries, either formally criminalize, or have prosecuted, transgender people. Forty-seven countries and territories still retain restrictions based on HIV status on entry, stay and residence. These laws remain a major barrier to services for people living with HIV, key populations and populations vulnerable to HIV. They perpetuate HIV-related stigma, discrimination and violence.

## **Joint Programme contributions towards Fast-Track and UBR AF targets**

### *Developing guidance for rights-based HIV response*

155. The co-conveners of the Global Partnership to Eliminate all forms of HIV-related Stigma and Discrimination—UNAIDS Secretariat, UN Women, UNDP and GNP+,—working with other UNAIDS Cosponsors and civil society, developed an evidence review of key programmes to reduce stigma and discrimination and increase access to justice in the six priority settings of the Global Partnership. Two resources applying lessons from the HIV response to COVID-19 response measures taken by governments were also developed—Addressing stigma and discrimination in the COVID-19 response, and Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response.
156. UN Women has piloted approaches to end HIV-related stigma and discrimination against women in the context of the COVID-19 outbreak in Senegal, South Africa and Uganda, in partnership with the International Community of Women Living with HIV – Eastern Africa (ICW-EA) and resulting in the integration of a gender-based stigma and discrimination focus in Uganda’s national plan on human rights that informed the country’s GF funding request and the PEPFAR Regional Planning meeting. Additionally, Uganda piloted a community-led scorecard in 56 districts across the country that aim to support local decision-makers in implementing interventions for the elimination of HIV-related stigma and discrimination against women and girls. ICW-EA became a member of the technical working group on human rights in Uganda, co-convened by the Ministry of Health and UNAIDS, and inputted the development and launch of the national plan on human rights that has a very strong focus on reducing gender-based stigma and discrimination. The actions prioritized in the national plan on human rights have also informed the Uganda’s Global Fund funding request and the PEPFAR Regional Planning meeting.
157. UNDP and partners including the UNAIDS Secretariat, the HIV Justice Network and the International Association of Prosecutors developed a guidance for prosecutors with key principles for limiting overly broad use of criminal law in HIV-related cases. This work leverages the Expert Consensus Statement on Science of HIV in the Context of Criminal Law, co-authored by 20 leading HIV experts in 2018. With support from the HIV Justice Network, the International AIDS Society (IAS), the International Association of Providers of Care (IAPAC), the Journal of the International AIDS Society (JIAS) and the UNAIDS Secretariat. This statement continued to be used in litigations, advocacy and awareness-raising against the criminalisation of HIV transmission, exposure and non-disclosure in several countries across the world, e.g., in Colombia’s Constitutional Court decision to remove the criminalisation of HIV and Hepatitis B exposure and transmission from its criminal code as well in the bill that initiated the decriminalization of HIV transmission in Zimbabwe.
158. The recently adopted ILO Convention on Violence and Harassment at Work was ratified by five countries—Argentina, Fiji, Namibia, Somalia and Uruguay and over 30 countries are in the process of reviewing national legislations in light of the Convention. A brief highlighting the Convention’s application to HIV-related violence and harassment at work was developed by ILO with input from co-sponsors.

### *Removing punitive law, policies, practices, stigma and discrimination that block effective HIV responses*

159. UNDP, the UNAIDS Secretariat and various Cosponsors advocated for and supported law and policy reforms, including through advocacy and trainings, support to national litigation efforts and HIV legal environment assessments, in several countries such as Angola, Belarus, Benin, Burkina Faso, Burundi, Kenya, Lesotho, Moldova,

Senegal, Sudan and Somalia. The assessment in Moldova led to the expansion of in-vitro fertilisation to women living with HIV under clearly defined conditions, as well as removing HIV-status as an impediment to child adoption and guardianship. In Somalia, the recommendations of the assessment were successfully included in the revised national HIV strategic plan and were prioritized in the Global Fund approved grant. UNDP and UNAIDS Secretariat undertook a review of legal and policy trends impacting people living with HIV and key populations in Asia and the Pacific from 2014–2019, to inform law and policy reform initiatives in the coming years.

160. In Zimbabwe, UNDP, the UNAIDS Secretariat, UN Women and ILO supported parliamentary processes to reform laws impacting on effective rights-based HIV responses including of HIV criminalisation laws, sexual offences provisions of the Criminal Code, and the law on legal termination of pregnancy. The Ministry of Justice added people living with HIV as one of the beneficiary groups for legal aid services and deployed a legal counsellor to support each of the branches of the Sudanese people living with HIV Care Association. In Angola, a new Penal Code decriminalising same-sex conduct, as well as aspects of sex work, was adopted and legal restrictions on adolescents' access to HIV testing without prior parental authorisation are in the process of being reviewed.

Indicator: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV		2016 [N= 87]	2017 [N= 87]	2018 [N= 87]	2019 [N= 87]	2020 [N= 87]
2021 target—70%	Status 	53%	57%	61%	64%	66%
<b>Measurements</b>						
Any mechanisms in place to record and address cases of discrimination in relation to HIV		72%	79%	82%	83%	84%
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV)		77%	84%	83%	83%	84%
HIV sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted		70%	72%	76%	78%	75%

161. UNDP together with various cosponsors continues to strengthen the capacity of judiciaries on human rights, HIV and the law through the regional Judges Forums in Africa, the Caribbean and Eastern Europe and Central Asia and country-level action. For example, UNDP and UNHCR supported the judiciary in South Sudan to deploy mobile courts in various States across the country to address the unavailability of justice services, personnel, facilities and case backlog. UNDP and the Supreme Court in Bangladesh partnered to sensitize over 1 000 Judges, lawyers and court officials and establish virtual courts to facilitate improved and timely justice service delivery mechanism, resulting in a 12% reduction in the prison population. In Vietnam, the Joint UN Teams, led by the Secretariat, developed a set of UN recommendations to inform the revision of the HIV Law, adopted by the National Assembly including some of the UN proposals and UNODC and the UNAIDS Secretariat, together with other cosponsors jointly co-organized with the National Assembly a series of sensitization and advocacy

workshops to improve awareness of law makers and legislative officials in areas related to harm reduction and drug dependence treatment.

162. The Joint Programme supported several countries to address human rights violations related to COVID-19 measures. For example, in Mozambique, UNDP, ILO, UNODC, UN Women and the UNAIDS Secretariat supported the Ministry of Justice, the Office of the Ombudsman, the national human rights commission and civil society, to monitor HIV and COVID-19 related human rights violations and harassment by service providers, police and community leaders during the delivery of essential services. UNDP, in partnership with the Office of the High Commissioner for Human Rights (OHCHR), supported national human rights institutions in Nepal, Sierra Leone, and Zimbabwe to continue implementation of their mandates of monitoring and addressing human rights violations during the COVID-19 pandemic. The UNAIDS Secretariat set up an emergency support fund to respond to critical needs arising from COVID-19 and HIV-related human rights violations that were not covered by existing funds.
163. Leveraging lessons from the HIV response, UNDP, WHO, UNAIDS Secretariat and the O'Neill Institute for National and Global Health Law at Georgetown University launched the COVID-19 Law Lab. This initiative gathers and shares relevant legal and policy documents from over 190 countries to support evidence- and rights-based legal frameworks for COVID-19 responses. Assessments of the legal responses of nine countries to COVID-19 are currently underway with a view to supporting countries to strengthen human rights compliance of COVID-19 measures including for people living with HIV, key populations and other vulnerable groups.
164. The Global Partnership to eliminate all forms of HIV-related Stigma and Discrimination continues to support the 19 member countries to take action to address HIV-related stigma and discrimination at country level. This contributed to the passing of a HIV anti-discrimination bylaw for public and private health centres in Iran and the inclusion of stigma and discrimination in the Iranian national HIV surveillance system. A community-led crisis response system was also established which has reported 183 cases from 34 provinces of Thailand. In Thailand, the Partnership contributed to the passing of the business corporate social responsibility standards by the Thai Ministry of Labour which prohibits discrimination based on HIV status.
165. The Joint Programme together with GNP+, ICW and national networks of people living with HIV supported 33 countries with the implementation of a new standardised Stigma Index 2.0 sampling methodology in 2020. The new methodology will more accurately capture data on the manifestation of HIV-related stigma and discrimination across different populations and settings making it easier to implement better targeted interventions and monitor change over time.

Indicator: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—60%	Status 	28%	30%	30%	32%	33%
Measurements						
Health care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives		57%	59%	63%	64%	67%

An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)	49%	49%	49%	52%	48%
Measures in place for redress in cases of stigma and discrimination in the health-care sector	57%	62%	63%	66%	64%

### *Empowering communities to know their rights and challenge violations of human rights*

166. Criminalisation of key populations and HIV non-disclosure, exposure and transmission remain major obstacles to ending AIDS. UNDP, the UNAIDS Secretariat and other co-sponsors worked with civil society organizations and communities of people living with HIV and key populations to challenge the overly broad use of criminal law. This includes the development of the draft Guidance for Prosecutors on HIV-related criminal cases and sharing good practices and enhancing partnerships on strategic litigation for law reform, as well as working with Parliaments on the creation of enabling legal environments. For example, UNDP and the UN Joint Team supported advocacy efforts by the Zimbabwe National AIDS Council and civil society organizations, which resulted in a Parliamentary motion to repeal Section 79 of the Criminal Code of Zimbabwe dealing with wilful transmission of HIV.

167. In Kyrgyzstan, UNDP, the UNAIDS Secretariat and the Global Fund supported 26 civil society organisations working on HIV and TB to launch REACT—an electronic system to register human rights violations. The platform documents cases of rights violations among patients and key population groups which are subsequently brought to the attention of justice sector authorities. Through REACT, the CSOs registered 263 cases of rights violations among key population groups between January and August 2020.

### **Key challenges and future actions**

168. The COVID-19 pandemic and lockdowns impacted on-going work with national stakeholders to address HIV-related stigma and discrimination and established enabling legal and policy environments. A flurry of legislative responses to COVID-19 established measures including compulsory testing and treatment, lockdown and curfews and broad use of criminal laws which impacted people living with HIV and key populations.

169. UNDP, WHO, UNAIDS Secretariat, and partners of the COVID-19 Law Lab will undertake legal and human rights analysis of COVID-19 laws and regulatory measures and work with countries to conduct Legal Environment assessments (LEAs) as part of COVID-19 recovery efforts.

170. The Global Partnership to Eliminate all forms of HIV-related Stigma will support countries to address HIV-related stigma and discrimination in the six priority settings and expand the number of countries participating in the partnership. The co-conveners will support countries to enact laws and policies that address HIV-related stigma and discrimination.

171. UNDP, UNAIDS Secretariat and other Cosponsors will continue to support national judiciaries and the regional Judges' Forums including through the introduction of HIV and human rights into the curriculum of judicial education, as well as foster cross-regional learning. In 2021, UNDP will publish the Prosecutorial Guidance on HIV-related cases to curb the overuse of criminal law against people living with HIV, and work with other UNAIDS Cosponsors, the Secretariat, OHCHR and others on addressing criminalisation of HIV.

172. UNDP, UNAIDS Secretariat, UNESCO and other cosponsors will work with national stakeholders to strengthen ethical and rights-based use of digital technologies in HIV and health programmes, to advance access to information and services for people living with HIV and key populations, strengthen accountability and guard against human rights violations.
173. UNODC and partners will provide technical assistance to countries to implement effective HIV programmes in prisons and assess country progress on implementing the Joint Call to Action on HIV, COVID-19 and prisons and report back to the PCB in December 2021 in the thematic session on HIV and Prisons.

## SRA 7: INVESTMENT AND EFFICIENCY

**Fast-Track commitment:** Overall financial investments for the AIDS response in low- and middle-income countries reach at least US\$ 26 billion, with continued increase from the current levels of domestic public sources.

**SRA 7:** The HIV response is fully funded and efficiently implemented based on reliable strategic information.

### Global overview

174. The funding gap for HIV responses is widening. At the end of 2019, US\$ 18.6 billion was available for the AIDS response in low- and middle-income countries, almost US\$ 1.3 billion less than in 2017. The total funding available in 2019 for HIV in these countries amounted to about 70% of the 2020 target set by the UN General Assembly. Some countries have made significant efforts to boost domestic AIDS financing, but most are either unable or unwilling to allocate funding at the levels required to meet their needs. Domestic financing accounts for approximately 57% of available financing for the global response. The impact of insufficient domestic funding is exacerbated in many countries by inefficiencies, including failure to allocate limited resources towards the most effective interventions or to focus resources strategically by location or population.
175. Declines in tax revenues and increases in government spending have resulted in higher fiscal deficit levels, adding to already unsustainable levels of debt in over 30 low-income countries. Several high-burden countries now face the dual challenge of HIV and COVID-19, compounding financial stress. On the other hand, resources dedicated to rebuilding health and social systems through the COVID-19 recovery present opportunities for supporting critical HIV-related needs.

### Joint Programme contributions towards Fast-Track and UBRAF targets

Indicator: Percentage of countries with a HIV sustainability plan developed		2016 [N=26]	2017 [N=28]	2018 [N=37]	2019 [N=43]	2020 [N=45]
2021 target—70%	Status 	30%	29%	32%	37%	40%
<b>Measurements</b>						
The country has developed an HIV sustainability and/or transition plan		30%	32%	43%	49%	52%
		<b>Countries who have developed an HIV sustainability and/or transition plan</b>				
		2016 [N=26/87]	2017 [N=28/87]	2018 [N=37/87]	2019 [N=43/87]	2020 [N=45/87]

- The plan indicates sustainability increasing domestic public investments for HIV over the years	96%	93%	95%	98%	100%
- The plan has influenced policy and resource generation and allocation in the country	92%	86%	89%	88%	82%
- The plan covers financial contributions from the private sector in support of the HIV response	35%	36%	35%	42%	49%

176. In 2020, the Joint Programme worked to strengthen sustainability, efficiency, innovation, and integration in the AIDS response at global, regional and country levels. Transitioning to greater mobilization of domestic resources and increased sustainability through service integration were dominant themes, with projects supporting country work to increase financial sustainability. COVID-19 posed new challenges for increasing HIV investments and efficiencies, but also opportunities to show the value of investing in HIV-related infrastructure, capitalizing on increased connectivity, re-examining the impact of debilitating debt on fiscal space and leverage big data analytics to reach those most vulnerable and furthest behind.

#### *Sustainability, efficiency and effectiveness*

177. The Joint Programme kept a strong emphasis on supporting countries to prioritize high-impact locations, populations and programmes in their HIV responses, putting resources to more effective and efficient use to create results for people—all in the context of the extraordinary challenges of the COVID-19 pandemic. In 2020, 54% of countries reported having and using up-to-date quality HIV investment cases.

Indicator: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—80%	Status 	48%	47%	47%	51%	54%
<b>Measurements</b>						
A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)		72%	72%	74%	78%	77%
The country tracks and analyses HIV expenditures per funding source and beneficiary population		66%	64%	66%	69%	72%
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)		72%	71%	70%	69%	71%

178. The World Bank and partners conducted over 20 efficiency and effectiveness studies (including service cascade and prioritization). Modelling in Kenya targeted improving county-level HIV resource allocations. Allocative efficiency studies in over 10 countries (e.g. Indonesia, Malawi) addressed HIV and co-morbidities such as TB, and work in South Africa addressed HIV care cascade optimization. With local partners, UNDP, the UNAIDS Secretariat, and the World Bank published *Tackling the world's fastest-growing HIV epidemic: More efficient HIV responses in eastern Europe and central Asia*. The resource highlights case studies and efficiency interventions in 11 countries to spotlight the growing epidemic, the importance of reaching key populations and migrant groups with targeted support and using efficiencies to improve coverage and outcomes.

179. Cosponsors also focused on the financial sustainability of HIV interventions in the context of Universal Health Coverage (UHC) and COVID-19. The World Bank partnered to produce Health Financing System Assessments in Côte d'Ivoire, Vietnam, Colombia, and Malawi, and the Asia-Pacific region. In Indonesia, the assessment informed the US\$150 million Primary Health Care Reform project to strengthen financing for health including HIV-related services. In Egypt, UNDP assessed sustainability of HIV prevention, care, and treatment services for people living with HIV and key populations during COVID-19, leading to innovative service delivery including telehealth and postal dispatching of treatment.

#### *Supporting community-led programming*

180. UNDP finalized its NGO social contracting guidance for countries to increase service coverage effectively through NGO partnerships and, together with UNAIDS Secretariat, advocated for and guided countries to put in place social contracting including sharing of lessons across countries. UNFPA and UNAIDS Secretariat supported key population networks and capacity building for LGBT+ organizations. UNICEF, WHO, UNFPA and the UNAIDS Secretariat collaborated to provide technical assistance and leverage funding to community-based partners to close the treatment access gap by adapting service delivery to mitigate COVID-related disruptions.

#### *Securing financing*

181. The World Bank developed and leveraged Sustainable Development Bonds to increase private sector investment in health and well-being, including for HIV. In 2020, work paved the way for a NOK 5 billion Sustainable Development Bond on health and gender equity and a CAD 25 million bond issue on gender equality including for health. In Uganda, UNDP, with the One Dollar HIV and AIDS Initiative and private sector leadership, trained 152 Champions and Promoters and engaged the private sector, including 73 companies, in mobilising resources for HIV/AIDS.

182. The UNAIDS Secretariat and cosponsors supported 21 out of 23 funding Global Fund funding requests for HIV in Window 1 (91%), and 29 out of 38 in Window 2. For Window 1, 96% of funding (\$2.01 billion out of \$2.1 billion) went to countries that received support from UNAIDS and cosponsors.

183. Cosponsors and Secretariat staff jointly provided technical assistance to support countries to effectively prioritize key interventions both at the global, regional and in particular at country level through Joint UN Teams on HIV supporting new funding request and strengthening evidence-informed and inclusive dialogue and decision making by CCMs. For example, UNFPA supported 30 countries to ensure the inclusion of costed HIV prevention programmes in Global Fund country proposals. UNICEF supported countries in leveraging financial resources from global HIV partners, mainly the Global Fund and PEPFAR, to address the HIV needs of pregnant women, children, and adolescents leveraging the Global Fund's adolescent girl and young women Catalytic Initiative. In Zimbabwe, UN Women, integrated social and behaviour change interventions into the new National HIV/AIDS Strategic Plan and Global Fund proposal.

184. UNDP, with WHO and the WHO Framework Convention on Tobacco Control Secretariat, provided technical and advocacy support to advance taxation of health-harming products in 34 countries including through equity impact analyses of fiscal measures in five countries. After such support, Barbados, Belarus, Cambodia, Ethiopia, the Philippines, and Samoa all raised or committed to raise excise taxes. The Philippines is using the additional health tax revenue to improve the accessibility, affordability, and quality of health care in the country. UNDP and WHO also advanced a health tax model and piloted it in Uganda and Bahrain to calculate lives saved, productivity losses averted

and expected revenue increases. The Global Fund, UNDP, WHO and World Bank advanced programmatic support to countries on health taxes through the SDG 3 Global Action Plan for Healthy Lives and Well-being for All, strengthening sustainable financing for HIV and health responses.

185. COVID-19 stressed financing for health systems and social support critical to the HIV response. The World Bank Group created a fast-track facility including \$6 billion in World Bank financing to support health systems and \$8 billion in International Finance Corporation private-sector financing to support livelihoods and economies on which domestic spending relies. The Bank later added an additional US\$12 billion to help countries acquire and distribute COVID-19 vaccines, as part of the overall WBG commitment to make up to US\$160 billion in financing available for the response and recovery. IDA, the Bank institution dedicated to the poorest countries, is mobilizing up to \$55 billion between April 2020 and June 2021 to empower those countries to prepare for a resilient and inclusive recovery.
186. Debt service suspension can secure critical fiscal space for health and social spending essential to people affected by HIV. To help tackle the fiscal impacts of COVID-19, the World Bank and International Monetary Fund urged G20 countries to establish the Debt Service Suspension Initiative. The Initiative, which was established in 2020, has delivered about US\$ 5 billion in relief to over 40 countries helping preserve resources to safeguard the lives and livelihoods of millions of vulnerable people. Building on debt monitoring and management support, the World Bank Group supported data collection, analysis and forecasting to help countries and partners better understand implications, including for sustainable health and development financing, including HIV-related spending, and to protect essential services and fiscal space. The June and December Global Economic Prospects reports identified key impacts and the real-time COVID-19 database provided essential, granular data to help decision-makers.
187. Pre-COVID-19 research showed that health sector corruption causes global losses of over US\$ 500 billion per year. The Organization for Economic Co-operation and Development (OECD) estimates that up to US\$2 trillion of procurement costs could be lost to corruption. To build global consensus and spur governments to combat corruption in the health sector, UNDP, WHO, the Global Fund and the World Bank, are collaborating in the Alliance for Anti-Corruption, Transparency and Accountability in Health, working with governments and communities to institutionalize appropriate anti-corruption mechanisms in the COVID-19 health response.

#### *Leveraging Innovation in E-Health Service Delivery and Data Collection and Analytics*

188. Better data is essential for more sustainable, efficient, and effective service delivery. With support from UNDP, nine Pacific Island countries through routine health registration forms will now ask patients to share basic behavioural information through routine health registration forms. This will enable more consistent data capture on populations disproportionately affected by HIV.
189. UNAIDS Secretariat lead the development of the Global AIDS Monitoring report in consultation with WHO and UNICEF, PEPFAR, the Global Fund and other partners that support treatment service delivery in countries for the validation of the treatment and drug data. WHO provided strategic information guidelines, aligning WHO, UNAIDS Secretariat, Global Fund and PEPFAR indicators, while WHO's people centred monitoring guidelines strengthened unique identifiers, data systems' interoperability, security and confidentiality. A Global Fund-supported project, managed by UNDP and other partners, rolled out and customized DHIS-2 across South Sudan to improve reporting. In Burundi, Djibouti and Guinea-Bissau, the UNDP-Global Fund partnership in collaboration with governments pioneered a new mobile technology initiative which introduced real-time

monitoring using mobile tablets to digitize HIV, TB and malaria data to map, track, prevent and treat health outbreaks in real-time. These district health information systems have now been expanded to include COVID-19 data. In Uganda, the Ministry of Health worked with WFP to review and upgrade HMIS tools and the DHIS-2 platform.

190. The World Bank used AI and big data to support the HIV response in countries such as Armenia, Botswana, and Zimbabwe, improving allocative and implementation efficiency for HIV and related diseases, and to improve Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services in Bangladesh and integration including HIV-related services in Brazil. It also developed a users' manual for care cascade analyses to improve service delivery and outcomes, providing step-by-step guidance to empower staff in resource-constrained settings. To address needs such as social protection and health including HIV, the Global Partnership for Sustainable Development Data launched a new partnership with the Global Voice Group to use Big Data analytics to support initiatives across Africa including ones that benefit people affected by HIV.

### Technology innovation

Indicator: Percentage of countries with scale-up of new and emerging technologies or service delivery models		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—60%	Status 	32%	34%	36%	40%	41%
<b>Measurements</b>						
Social media/information and communication technologies		77%	80%	82 %	83%	86%
e-health and/or m-health tools for priority HIV services		46%	46%	48%	53%	55%
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression		60%	70%	75%	74%	72%

191. The Information Technology Solutions Office of UNFPA and selected UN Country Teams, developed the mHealth Starter Pack, a global digital platform for countries to expand delivery of quality SRH for women, girls and young people. The Pack proved valuable for sharing health information, including SRH and HIV content among adolescents. In Tajikistan and Uganda, UN Women developed digital Apps together with and for women living with and affected by HIV and explored the opportunities provided by other digital messengers' services to reach out to populations often left behind. In Tajikistan, the app helps women living with HIV to access data and information on the availability of HIV treatment and care more quickly, also enabling women to reach GBV services. In Uganda, with support from the Uganda Network of young people living with HIV and AIDS, a new App helps young women and girls to access accurate information to make informed choices about their SRH, including how to prevent HIV and access services.

192. UNICEF-supported a WhatsApp-based U-report platform, and polled adolescents and young people to help tailor HIV programmes to their needs. In Lesotho as part of the joint UN programme 2gether4SRHR, in partnership with WHO, UNAIDS Secretariat and UNFPA, UNICEF conducted client-centred consultations through WhatsApp messages and phone calls using a modified survey which includes questions on continuity and access to maternal and childcare, HIV, family planning, and mental health services, as well as prevention of violence. The activity resulted in remote teleconsultation services for

adolescent mothers and their infants and U-Report engagement to reduce barriers to service use.

### **Key challenges and future actions**

193. The economic impacts of the COVID-19 pandemic are exacerbating the fiscal strains as reduced tax revenues and higher government spending have decreased the available fiscal space, resulting in higher debt and deficit levels, too many of which are unsustainable.<sup>1</sup>
194. The increased reliance on domestic funding raises concerns that key HIV-related programming may go unfunded, and many countries have not yet reached their 25% commitment for HIV prevention from their total HIV budget. Domestic funding is mainly allocated to treatment services while prevention programmes for key populations, adolescent girls and young women and programmes that address human rights barriers and structural inequalities are predominantly funded from international sources or are barely funded at all.<sup>2</sup> Support for community-led responses may also face similar challenges in countries where international financing is scarce and domestic space and financing for civil society is curtailed.
195. The track record on data collection, analysis and use, remains a mixed picture. There is a strong need for more granular data collection so decision-makers can better understand with finer precision the impact and the needs in each location, enabling better targeting of limited resources to reduce inequalities and maximize results for those at greatest risk and left furthest behind. Areas of note include:
- Gaps in individual-level, person-centred data and monitoring, particularly for prevention and community information, key populations and other vulnerable groups such as refugees and migrants.
  - A significant shortfall in political will and concerted efforts to collect sex- and age-disaggregated data, conduct gender analysis, use the findings to inform the actions and monitoring frameworks, as well as do the costing, allocate budget, and track the expenditures on gender equality and unequal gender norms within the national HIV responses
  - More detailed, publicly available budget data to track spending and budgeting commitments
  - A lack of overall guidance on the direct measurement of incidence, which can focus programmes.
  - M&E for PrEP services captures initiation but not effective use or continuation and challenges in monitoring and evaluation for HIV self-testing.
196. In many countries, efficiency and effective analytics are still not consistently conducted and if done the results are not always fully leveraged to improve targeting of resources and guide programming decisions. Leveraging of technological innovations in the areas of digital health, big data, AI, and other disruptive technologies is also very much a work in progress, with notable gains often spotlighted for discrete uses of individual applications in pilot initiatives. Ensuring broader, more timely and equitable access to technologies will be an important area of attention, including for the Joint Programme in line with the new Global AIDS Strategy. Cosponsors will continue working to support the development of more integrated digital platforms that combine initiatives to improve interoperability, reduce inefficiencies and support individuals, empowering them with greater ability to understand and control their care—all with the goal of improving results for those in need.

197. In line with the new Global AIDS Strategy and the 2025 targets, the Joint Programme, in addition to the action points noted above, will:

- Support reforms that broaden the vision of HIV-related financing to promote a people-centred, whole-health system and multisectoral approach addressing the structural drivers of inequality, promoting progressive financing, UHC, and increased social spending.
- Maintain global solidarity and shared responsibility in mobilizing significant new resources to get the response on-track to end AIDS as a public health threat and to address the impact of COVID-19 on the HIV response and leverage opportunities to build back in ways that benefit the HIV response.
- Improve the equality and strategic impact of resource allocations to achieve sustainable solutions for underserved populations.
- Work to support quality and transparency of data to inform priority setting, monitor progress and support transparent sharing and monitoring of spending.
- Prioritize actions to focus finite resources on the settings, populations and game-changing approaches that will have the greatest impact.
- Support country-specific planning and increased focus on allocative efficiency to strengthen service delivery and health outcomes, while also improving tailoring of programme based on data-driven analysis of need and impact.

## SRA 8: HIV AND HEALTH SERVICES INTEGRATION

### Fast-Track commitments

- Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for TB, cervical cancer and hepatitis B and C.
- Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.
- Ensure that at least 30% of all service delivery is community-led by 2020.

**SRA 8:** People-centred HIV and health services are integrated in the context of stronger systems for health.

### Global overview

198. Better integration takes numerous forms: from TB-HIV, HIV-SRHR, and HIV-Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) integration, to integration of services for HIV and non-communicable diseases and including HIV-related services in UHC and integrating HIV-related needs in pandemic preparedness and response. For example, TB remains the leading cause of death among people living with HIV, accounting for an estimated 30% of the 690 000 AIDS deaths in 2019. Integration of HIV and TB programmes remains incomplete. Only 56% of people living with HIV who also have TB were identified and linked to TB treatment in 2019, and only 49% of estimated people living with HIV with TB received ART and only half of people with HIV starting ART received TB preventive treatment. Similarly, ever-increasing evidence points to the importance of tackling other comorbidities such as STIs, cervical cancer and other non-communicable diseases, and better integrated provision of HIV services with SRHR and mental health services.

199. From a systems and primary health care perspective, integration of critical functions, including those related to data and strategic information, the health workforce, health governance, financing and policy frameworks, helps leverage efficiencies and synergies. Integration and access to social protection services are critical to a sustainable, successful fight to end the AIDS epidemic. Progress has been made but there is still a long way to go and, as the impacts of the COVID-19 pandemic have demonstrated, some gains are fragile.

### **Joint Programme contributions towards Fast-Track and UBRAF targets**

#### **Integration**

Indicator: Percentage of countries delivering HIV services in an integrated manner		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
2021 target—80%	Status 	64%	66%	68%	68%	68%
Measurements						
HIV, SRH, and gender-based violence services		67%	70%	71%	74%	76%
HIV and TB		91%	87%	87%	89%	87%
HIV and antenatal care		95%	95%	94%	93%	94%

#### *Universal health coverage.*

200. The Joint Programme leveraged UHC momentum to strengthen health systems, improve outcomes and promote the sustainability of the HIV response. WHO and the World Bank Group co-convoked UHC2030—a multistakeholder platform to strengthen health systems. UNICEF, the World Bank and WHO supported the Primary Health Care Performance Initiative to achieve UHC. The Joint Programme supported The Global Action Plan for Healthy Lives and Well-being for All to help countries accelerate progress on the health-related SDGs. Under the Plan, agencies better align their work to reduce inefficiencies and provide more streamlined support to countries.

201. 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 programs. The two groups are also in the midst of a five-year commitment to contribute US\$ 24 billion to 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 transitioning to more domestic funding. World Bank project examples include a health services project in Burkina Faso targeting UHC and a comprehensive RMNCAH including HIV services, and one in Angola in which results included an increase in HIV-positive women delivering in health facilities and receiving ART, with 21 more facilities providing TB diagnoses.

202. To advance more systematic approaches to integration, UNDP provided support for the UN General Assembly Omnibus Resolution, which calls for protection of people living with HIV and calls on member states to include infectious diseases in UHC. UNDP also partnered with WHO to advance Legal Environmental Assessments with the ultimate goal of establishing comprehensive legal environment assessments for UHC and SDG3. To support evidence-based decision-making, the World Bank worked with country partners

to help define or revisit their health benefits packages (as part of their UHC efforts) by providing analytical support to define the most effective packages including HIV services, and also addressing integration of services for HIV and co-morbidities.

*HIV, TB, SRH, gender-based violence, and antenatal care.*

203. UNFPA and WHO continued to co-lead the Inter-Agency Working Group on SRHR and HIV and supported the working group report on SRHR-HIV linkages focused on increasing SRH-SGBV-HIV/STI integration. Specific SRHR-HIV elements were advanced for the UNAIDS 2025 target setting process. They also co-led development of an updated template for national SRHR Infographic Snapshots. As co-chair of the Global Prevention Coalition, UNFPA convened activities to develop a global advocacy plan on HIV and SRHR integration and HIV prevention and COVID-19. The ministerial meeting formulated a new roadmap for 2021-2025, and an updated template for SRHR country snapshots was drafted to facilitate monitoring of the operationalizing of the comprehensive SRHR package. Elements of the SRHR package were promoted as an essential element of UHC for inclusion an essential element of UHC in the WHO Handbook and learning platform.
204. Building on the Evidence for Contraceptive Options in HIV Outcomes trial, which demonstrated the need for greater integration of HIV and STI services in contraception services, WHO and the UNAIDS Secretariat developed integration guidance to support countries and donors. In Guinea-Bissau, UNICEF promoted integration of HIV testing for children with severe acute malnutrition presenting at nutritional rehabilitation centres. By the end of 2019, all 69 nutrition rehabilitation centres offered routine HIV testing to nearly 700 children under age 5, with 23.6% found to be HIV-positive. In Zimbabwe EID, paediatric treatment and care, paediatric HIV testing and ART services were integrated into child health platforms such as maternal and child health and the integrated management of childhood illnesses.
205. UNODC led development of PMTCT guidelines for women in prisons and women who use drugs, with technical content on SRH needs of women from UNFPA and WHO. In selected contexts, UNHCR used conditional cash transfers to improve demand for health and SRH services, a strategy that has been found to improve access to treatment as well as treatment adherence for a number of health conditions including HIV.
206. Working with Joint Programme and other partners, WHO completed validation of the elimination of mother-to-child transmission of HIV and/or syphilis in 10 countries or areas and a regional framework adopted for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific 2018–2030; publication of new treatment guidelines for HIV infection, hepatitis C, and key STIs; the use of a dual HIV/syphilis rapid diagnostic testing in antenatal services; and updating of the WHO Model List of Essential Medicines to include new treatments for sexually transmitted infections, the first combination therapy effective against all six genotypes of hepatitis C virus, and antiretroviral drugs for children and for the use as pre-exposure prophylaxis to prevent HIV infection.
207. 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. In Indonesia, Myanmar, Thailand, and the Philippines UNICEF worked with UNDP, UNAIDS Secretariat and UN Women integrating HIV with mental health to address key needs of adolescent and young key populations. WHO and the UNAIDS Secretariat developed materials on integrating mental health and HIV interventions, and supported mental health integration in Global Fund funding requests.

208. Addressing the links between HIV and cervical cancer, UNFPA supported cervical cancer services in several countries including for women living with HIV. UNFPA, WHO and UNDP supported the PCB special session and report on cervical cancer and HIV, building on the WHO Cervical Cancer Elimination Strategy. UNFPA-supported programming in Tanzania reached over 25 800 clients with integrated SRH services; and in the first three months of operation of new safe spaces in Malawi, 1 445 young women and adolescent girls accessed essential services for family planning, STIs, PEP and HIV. Building on an evaluation of SRH-integration in PHC in 11 Arab countries, UNFPA and partners developed an enhanced framework for SRH integration in primary care.
209. WHO continued to lead in the development of policy guidance to reduce the 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 increase access to TB preventive treatment. [Consolidated guidelines and operational handbook on TB](#) diagnosis were also updated, to include diagnostics that can be used in HIV settings, such as molecular WHO-recommended rapid diagnostics for pulmonary and extrapulmonary TB, and lateral flow urine lipoarabinomannan assay (LF-LAM) for assisting in TB diagnosis people with HIV. Evidence reviews were further conducted to assess tools to improve TB screening among people with HIV, to assess the optimal timing of ART after start of TB treatment and to identify interventions to improve linkages in TB and HIV service delivery.
210. In collaboration with the Joint Programme, WHO supported high TB/HIV burden countries in the development of joint TB and HIV concept notes for the Global Fund and national strategic plans, providing technical assistance to 16 high burden TB/HIV countries.
211. In collaboration with the Joint Programme and partners, WHO continued to support countries in strengthening monitoring and evaluation and patient follow-up, including through technical support in setting up DHIS2, supporting the use of digital technology and strengthening inter-programme data linkages. Guidance on indicators to improve the TB/HIV cascade of care were further developed in collaboration with partners and published in the [Consolidated HIV Strategic Information Guidelines](#).
212. Supporting the Government of Mozambique, WFP began implementing a project in the Beira transport corridor: a Roadside Wellness Clinic in Manica province to increase SRH service access for mobile populations (truck drivers, female sex workers and adolescents).

#### *Integrating health and education*

213. UNESCO and WHO partnered on the “Make every school a health promoting school” initiative, developing the Global Standards for Health Promoting Schools and implementation guidance. An evidence review and eight country case studies were completed, and three early adopter countries (Paraguay, Botswana and Egypt) will pilot the process. In India, UNESCO developed a capacity building plan for rollout of the School Health programme covering 1.5 million schools. UNESCO also convened a new partnership on effective school health and nutrition with FAO, GPE, UNICEF, the World Bank, WFP and WHO.

#### *Integrating services and COVID-19.*

214. Under Global Fund grants managed by UNDP, 854 000 people living with HIV in care (including PMTCT) were screened for TB in HIV care or treatment settings in six countries. The national TB programme in Moldova, in partnership with UNDP, is scaling up a mobile application for TB patients to video record themselves taking medicines as

required, an approach that has almost doubled treatment adherence compared to directly observed treatment. World Bank HIV and TB integration work included projects such as one in southern with treatment success rates of 93% in Mozambique and 90% in Malawi and Zambia.

215. Leveraging the links between nonmedical interventions and health outcomes, a UN Women-supported program in Uganda provided entrepreneurship and financial skills to girls and young women living with HIV, and linked all participants to HIV services. Participants demonstrated improved attitudes on HIV treatment adherence and were more likely to seek family planning information and services and report cases of violence.
216. UNDP worked to strengthen health systems' capacity to respond to co-infections and co-morbidities, providing COVID-19 support for 131 countries. As the technical lead in the COVID Socio-economic Response Framework, UNDP, in close collaboration with other agencies, advanced human rights-based approaches—such as working on COVID prevention and impact mitigation with key populations for HIV in Bhutan, supporting the Seychelles to reach at risk communities, including people living with HIV, with digital surveillance and mapping for contact tracing and containment, and working with the Global Fund and community-led organizations in Panama to offer HIV prevention and treatment services through social media. Using rolling analyses of the socio-economic impact assessments, UNDP initiated an HIV-specific review of the national COVID Socio-economic response plans to assess the degree of, and opportunities for, HIV-COVID planning alignment and integration, and initiated support to 29 countries under the Japan Supplementary Budget (e.g. service provision to PLHIV in Kyrgyzstan). In Southeast Asia, WHO ensured measures were in place to allow for continuation of essential HIV services through an approach that successfully decentralized ART distribution from specialist ART centres to primary health care and community facilities.
217. Using the established Village Savings Loan Associations model, WFP Cameroon integrated COVID-19 related training across 37 associations and provided prevention kits to 2 000 people living with HIV to build knowledge, safety and resilience amongst participants. The World Bank supported countries in their emergency and longer-term health-related responses to COVID-19. Projects for the emergency response included a US\$ 14 billion World Bank facility, with projects operating in over 110 countries.

### **HIV-sensitive social protection**

218. Through efforts by the Joint Programme, progress was made on four of the five sub indicators that measure progress in extending HIV-sensitive social protection to cover the needs of people living with, at risk of, or affected by HIV. Even though consistent progress is being made in the areas of social protection programmes covering the needs of people living with HIV and children, less progress has been made in the areas of addressing unpaid care work in the context of HIV. Key populations also face many barriers to the uptake of social protection services. Barriers faced by people living with HIV and key populations in receiving HIV-sensitive social protection services cited in the NCPI the following—stigma and discrimination, lack of information on available programmes; complicated programme procedures, lack of documentation that confers eligibility such as national identity cards, high out-of-pocket expenses, and laws or policies that present obstacles to access.

Indicator: Percentage of countries with social protection strategies and systems in place that address HIV	2016 [N=72]	2017 [N=75]	2018 [N=77]	2019 [N=78]	2020 [N=78]
The country has a national social protection strategy/policy with all UBRAF components					

2021 target—70%	Status	81%	84%	86%	82%	83%
<b>Measurements</b>						
The country has a national social protection strategy /policy		83%	86%	89%	90%	90%
	<b>Countries with a national social protection strategy/policy</b>					
		2016 [N=72/87]	2017 [N=75/87]	2018 [N=77/87]	2019 [N=78/87]	2020 [N=78/87]
The national social protection strategy/policy covers people living with HIV and affected by HIV		85%	87%	88%	87%	88%
The national social protection strategy/policy covers orphans and vulnerable children		94%	96%	94%	90%	90%
<b>National health insurance covers people living with HIV</b>		<b>2016</b> [N=67]	<b>2017</b> [N=71]	<b>2018</b> [N=75]	<b>2019</b> [N=73]	<b>2020</b> [N=71]
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV		67%	68%	67%	71%	70%
<b>Social protection programmes are provided to men and women</b>		<b>2016</b> [N=68]	<b>2017</b> [N=72]	<b>2018</b> [N=76]	<b>2019</b> [N=74]	<b>2020</b> [N=76]
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV		65%	69%	71%	76%	75%

219. As the COVID-19 crisis becomes protracted, food security needs generated by COVID-19, coupled with the socio-economic downturn and strained health infrastructure, has compounded the impact that the crisis is having for the most vulnerable populations. Virtually every country and territory had used social protection measures to respond to this major public health, social and economic challenge. In 2020, the Joint Programme provided extensive country support, covering a broad array of areas including: normative guidance; capacity development; awareness programmes; funding and grants; extending schemes to cover refugees and people on the move; scaling up cash plus programmes; surveys and mapping exercises; and school-based nutrition programmes.

#### *Joint Programme initiatives*

220. Normative guidance: The Joint Programme issued a call on governments to strengthen HIV-sensitive social protection in response to the COVID-19 pandemic. The call urged countries to enhance responsiveness of their social protection systems to people's basis and changing needs and vulnerabilities, with specific mention of people living with, at risk of and affected by HIV including other key and vulnerable populations. The ILO and World Bank-led Social Protection Interagency Cooperation Board issued a Joint Statement on the Role of Social Protection in responding to the COVID-19 Pandemic which called upon governments to ensure access to health services and support people in adopting necessary prevention measures; among others. The statement explicitly mentions people living with HIV and addresses their needs.

221. Capacity development: A capacity development programme on HIV sensitive social protection organised by UNAIDS Secretariat, ILO, WFP, UNICEF, 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.

222. **Mapping and Assessments:** In mapping of HIV-sensitive Social Protection programmes in eastern and southern Africa, WFP, ILO, UNAIDS Secretariat and partners assessed social protection programmes in the Fast-Track countries in eastern and southern Africa to explore the extent to which the programmes are HIV-sensitive. The findings of this project will be used to inform the regional support plan on HIV-sensitive social protection for the 2020-2021 biennium and beyond.
223. **Extension of HIV-sensitive Social Protection to cover refugees:** UNHCR has an ongoing partnership with ILO to seek opportunities and implement integration schemes for refugees into existing national social protection systems, specifically health insurance schemes, with the aim to allow refugees to access health services—including HIV prevention, treatment and care, at the same level as nationals, through shared risk mechanisms.
224. **Funding:** Responding to COVID-19, the World Bank moved quickly to launch a global emergency health response, and worked closely with national teams, the WHO, UNICEF, and other partners on implementation. The initial fast-track facility included financing to help countries address immediate challenges including social protection.
225. **Strengthening national social protection programmes and partnerships:** In response to COVID-19, WFP provided safety nets transfers, such as in-kind, cash, or vouchers to urgently support people living with and affected by HIV globally. In West Africa, WFP and the UNAIDS Secretariat implemented a cash-based transfer programme Cameroon, Côte d'Ivoire, Burkina Faso, and Niger. The pilot reached 4,000 households (19,500 beneficiaries), with many using their cash transfer for food and investing in income-generating activities. UNESCO convened a new partnership entitled “Stepping up effective school health and nutrition” with FAO, GPE, UNESCO, UNICEF, World Bank, WFP and WHO. UNDP and WFP supported greater inclusion of PLHIV in Sierra Leone’s Safety Net Scheme through a data-driven approach to assess the impact of COVID-19 on PLHIV. UNESCO, WFP, WHO and UNICEF also signed a joint statement on investing in school health and nutrition to safeguard education from the impact of COVID-19.

#### *Individual Cosponsors initiatives*

226. UNICEF’s normative support to HIV-sensitive social protection continued in 2020. The Cash and Care or “Cash Plus” programming approach supported by UNICEF is an attempt towards a more inclusive HIV-sensitive model for social protection. By strengthening the linkages between national cash transfer programmes and other HIV services, the “plus” programmes ensure more vulnerable children and adolescent have access to and use of social services, including health, child protection and others.
227. UNDP supported 38 countries in HIV-sensitive social protection including in the context of the COVID-19 response and recovery. For example, in part via support from UNDP with UNAIDS Secretariat, transgender people have now been included in ‘Poor ID’, a national initiative in Cambodia to identify poor households and determine their eligibility for various social protection programmes. UNDP also strengthened digital systems in India to ensure people living with and affected by HIV can access the COVID-19 Welfare Package; supported women living with HIV in Djibouti to produce Personal Protection Equipment (PPE); and provided emergency COVID-19 preventive kits and nutrition for key populations and PLHIV in Zambia.
228. UN Women supported women affected by and living with HIV in 18 countries via income-generating activities, access to decent employment and HIV prevention, treatment, and care services.

### Key challenges and future actions

229. Although there has been progress in appropriate integration of services in the areas of both health and social protection, the track record is uneven and remains poor in some areas such as integration of HIV services in ANC and post-natal services, and siloed service delivery remains the reality in too many settings. Moreover, as integration progresses, it will be important to continuously monitor work to ensure the right mix and balance of HIV services are available, both through integrated packages and through standalone service provision options as necessary to meet the needs of particular individuals and populations.

230. Limited domestic capacity and inadequate legal, policy and regulatory frameworks also remain an issue and will require additional support and advocacy going forward. Successful integration will also require even greater support to strengthen the capacity and performance of the health and social service systems on which delivery depends, particularly at the primary care level. As the COVID-19 pandemic manifested, many of those systems are stressed and fragile and now face even greater pressure concerning pandemic capabilities and overall service delivery.

## FINANCIAL INFORMATION

**Table 1**  
**Expenditure and encumbrances against total core funds by organization (in US\$)**

Organization	Budget				2020 Core expenditure & encumbrances	% Implementation
	Balance from 2018-2019 allocation	2020 Core Global allocation	2020 Country Envelope	TOTAL BUDGET		
UNHCR	-	2 000 000	952 700	2 952 700	2 154 398	73%
UNICEF	2 166 302	2 000 000	4 456 000	8 622 302	6 871 081	80%
WFP	455 839	2 000 000	1 335 200	3 791 039	2 992 251	79%
UNDP	870 726	2 000 000	2 960 100	5 830 826	4 596 385	79%
UNFPA	1 850 745	2 000 000	3 824 100	7 674 845	7 338 719	96%
UNODC	678 721	2 000 000	2 155 900	4 834 621	4 018 031	83%
UN Women	825 082	2 000 000	1 112 000	3 937 082	3 263 011	83%
ILO	336 242	2 000 000	977 800	3 314 042	2 758 147	83%
UNESCO	1 028 775	2 000 000	1 434 900	4 463 675	3 004 213	67%
WHO	1 333 872	2 000 000	5 524 000	8 857 872	6 597 694	74%
World Bank	82 846	2 000 000	267 300	2 350 146	1 979 103	84%
Secretariat		140 000 000		140 000 000	136 314 461	97%
<b>GRAND TOTAL</b>	<b>9 629 149</b>	<b>162 000 000</b>	<b>25 000 000</b>	<b>196 629 149</b>	<b>181 887 495</b>	<b>93%</b>

**Table 2**  
**Expenditure and encumbrances against 2020 country envelope available funds by organization (in US\$)**

Organization	2018-2019 Carry-Forward	2020 Country Envelope	2020 Total Funds available	2020 expenditures and encumbrances	% Implementation
UNHCR		952 700	952 700	882 877	93%
UNICEF	1 115 966	4 456 000	5 571 966	4 662 577	84%
WFP	455 839	1 335 200	1 791 039	1 318 385	74%
UNDP	796 360	2 960 100	3 756 460	2 602 558	69%
UNFPA	1 071 178	3 824 100	4 895 278	4 623 847	94%
UNODC	678 721	2 155 900	2 834 621	2 089 421	74%
UN Women	285 441	1 112 000	1 397 441	1 153 850	83%
ILO	248 064	977 800	1 225 864	877 375	72%
UNESCO	658 318	1 434 900	2 093 218	1 416 919	68%
WHO	1 333 872	5 524 000	6 857 872	4 952 301	72%
World Bank		267 300	267 300	267 300	100%
<b>Grand Total</b>	<b>6 643 758</b>	<b>25 000 000</b>	<b>31 643 758</b>	<b>24 847 410</b>	<b>79%</b>

**Table 3**  
**Expenditure and encumbrances vs. 2020 estimated non-core funds by organization (in US\$)**

Organization	Estimated 2020 non-core funds	2020 Non-core expenditure and encumbrances
UNHCR	25 856 900	28 381 203
UNICEF	68 594 450	47 364 378
WFP	27 757 400	18 431 472
UNDP	5 000 000	10 540 289
UNDP (Global Fund)	211 037 500	204 728 749
UNFPA	51 947 650	52 493 064
UNODC	3 500 000	3 217 754
UN WOMEN	4 750 000	9 274 295
ILO	4 150 000	2 934 555
UNESCO	21 857 000	12 900 507
WHO	47 700 000	47 700 000
World Bank	4 330 000	6 407 127
Secretariat	20 000 000	55 398 482
<b>GRAND TOTAL</b>	<b>496 480 900</b>	<b>499 771 875</b>

**Table 4**  
**2020 Expenditures and encumbrances against core and non-core funds by region (in US\$)**

Region	Core	Country envelope	Non-core	Grand total
AP	14 875 049	4 280 053	42 351 898	61 506 999
EECA	5 966 794	1 587 950	31 064 760	38 619 505
ESA	25 729 443	9 175 980	244 299 597	279 205 020
LAC	10 563 821	2 898 101	20 551 730	34 013 652
MENA	3 672 539	1 089 698	29 738 612	34 500 849
WCA	21 654 016	5 815 628	70 240 887	97 710 531
Global	74 578 423		61 524 391	136 102 814
<b>GRAND TOTAL</b>	<b>157 040 085</b>	<b>24 847 410</b>	<b>499 771 875</b>	<b>681 659 370</b>

**Table 5**  
**2020 Expenditure and encumbrances against core and non-core funds by Strategy Result Area (in US\$)**

Strategy Result Area	Core	Country envelope	Non-core	Total
SRA 1: HIV testing and treatment	5 503 118	8 523 551	197 846 827	211 873 497
SRA 2: Elimination of mother-to-child transmission	524 328	1 751 014	17 289 369	19 564 711
SRA 3: HIV prevention and young people	3 377 415	4 581 214	45 262 297	53 220 926
SRA 4: HIV prevention and key populations	3 915 782	4 534 625	31 854 886	40 305 292
SRA 5: Gender inequalities and gender-based violence	2 558 135	384 483	25 267 657	28 210 275
SRA 6: Stigma, discrimination and human rights	1 885 337	2 666 251	15 372 793	19 924 381
SRA 7: Investment and efficiency	1 311 792	1 209 318	61 578 138	64 099 248
SRA 8: HIV and health services integration	1 649 717	1 196 954	49 901 427	52 748 097
<b>GRAND TOTAL</b>	<b>20 725 623</b>	<b>24 847 410</b>	<b>444 373 393</b>	<b>489 946 427</b>

**Table 6**  
**2020 Core Expenditures and encumbrances by Secretariat Function (in US\$)**

Secretariat Function	Budget	Expenditures and encumbrances	% implementation
S1: Leadership, advocacy, and communication	32 149 000	31 856 447	99%
S2: Partnerships, mobilization, and innovation	27 565 500	27 038 036	98%
S3: Strategic information	19 992 500	18 461 112	92%
S4: Coordination, convening and country implementation support	32 141 000	31 793 284	99%
S5: Governance and mutual accountability	28 152 000	27 165 583	96%
<b>GRAND TOTAL</b>	<b>140 000 000</b>	<b>136 314 461</b>	<b>97%</b>

**Table 7**  
**Expenditures and encumbrances vs. 2020 estimated non-core funds by Secretariat Function (in US\$)**

Secretariat Function	Estimated 2020 non-core funds	Expenditures and encumbrances
S1: Leadership, advocacy, and communication	2 485 600	10 441 033
S2: Partnerships, mobilization, and innovation	3 773 100	15 762 655
S3: Strategic information	2 731 200	4 475 871
S4: Coordination, convening and country implementation support	10 480 550	23 489 146
S5: Governance and mutual accountability	529 550	1 229 777
<b>GRAND TOTAL</b>	<b>20 000 000</b>	<b>55 398 482</b>

**Table 8**  
**Expenditures and encumbrances by cost category (US\$)**

Cost Category by Cosponsor	2020 available funds	2020 EXPENDITURES AND ENCUMBRANCES								TOTAL
		Staff and other personnel costs	Contractual services	General operating expenses	Transfers and grants to counterparts	Equipment, furniture, and vehicles	Travel	Programme Support cost	Encumbrances	
UNHCR	2 952 700	49 990	141 168	56 555	1 657 146	1 32 095	34 260	83 184		2 154 398
UNICEF	8 622 302	1 593 026	712 396	2 40 989	3 144 681	3 47 747	88 133	490 158	253 951	6 871 081
WFP	3 791 039	817 302	240 793	7 58 872	692 903	1 44 044	166 843	171 494		2 992 251
UNDP	5 830 826	1 359 292	1 167 893	8 30 790	220 244	30 052	90 440	297 071	600 603	4 596 385
UNFPA	7 674 845	1 190 386	1 413 212	17 49 639	75 337	5 48 952	322 883	428 009	1 610 303	7 338 719
UNODC	4 834 621	2 008 422	280 282	6 78 445	04 717	96 872	99 652	221 787	627 852	4 018 031
UN Women	3 937 082	612 982	946 508	3 86 261	71 360	1 41 433	347 912	230 519	526 038	3 263 011
ILO	3 314 042	1 445 427	548 594	37 820	340 187	11 154	16 787	265 914	92 265	2 758 147
UNESCO	4 463 675	1 046 490	1 176 559	12 977	15	5 673	71 998	153 998	536 501	3 004 213
WHO	8 857 872	2 660 062	1 059 006	1 20 364	1 112 343	3 38 903	325 672	392 221	589 124	6 597 694
WORLD BANK	2 350 146	1 354 710	110 320	10 628				130 852	372 594	1 979 103
Secretariat	140 000 000	105 446 686	7 491 483	116 72 085	6 139 795	6 48 920	964 891		3 950 601	136 314 461
<b>Total</b>	<b>196 629 149</b>	<b>119 584 775</b>	<b>15 288 215</b>	<b>16 555 426</b>	<b>13 458 728</b>	<b>2 445 844</b>	<b>2 529 471</b>	<b>2 865 205</b>	<b>9 159 831</b>	<b>181 887 495</b>

## ANNEX: INDICATOR SCORECARD

The SRA Reports are accompanied by indicator tables that show data from 87 countries with functional Joint Teams on AIDS that consistently reported against these indicators throughout the five years (2016-2020) of implementing the current UBRAF. These Indicators are measured using a traffic light system with the following rating:

Legend *					
	<b>On track</b> (% progress is equal or greater than 75% of 2021 targets)		<b>Slow progress</b> (% progress is between 75% - 50% of 2021 targets)		<b>Not on track</b> (% progress is less than 50% of 2021 targets)

UBRAF indicators are limited to capturing the work of the Joint Programme. These data do not measure the global HIV response which are within the purview of the Global AIDS Monitoring exercise. Thus, the traffic lights status of each indicator should not be construed as the status of each area of the global HIV response, for example, the HIV prevention among key populations, young people and gender and human rights.

Every indicator has a baseline, milestones for each biennium of the current UBRAF (for 2017 and 2019) and targets for 2021) which were established in 2016 and approved by the PCB. Since this year's PMR is the first report in 2020-2021, the last biennium of the UBRAF, indicators are measured against the 2021 targets.

STRATEGY RESULT AREA 1: TESTING AND TREATMENT						
Indicator: Percentage of countries with selected HIV testing services in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>2021 target—90%</b>	<b>Status*</b> 	<b>54%</b>	<b>61%</b>	<b>59%</b>	<b>64%</b>	<b>68%</b>
Measurements <sup>10</sup>						
The country offers targeted testing services		97%	95%	97%	99%	98%
The country offers lay providers testing		86%	86%	86%	84%	87%
Quality assurance (laboratory) of testing and re-testing before ART initiation		92%	97%	94%	95%	92%
The country offers HIV partner notification services		64%	70%	69%	78%	82%
Indicator: Percentage of countries adopting WHO HIV treatment guidelines		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>2021 target—80%</b>	<b>Status</b> 	<b>38%</b>	<b>53%</b>	<b>54%</b>	<b>61%</b>	<b>66%</b>
Measurements						
Treat All policy is adopted		64%	80%	94%	93%	99%

<sup>10</sup> Multiple measurements for each indicator allow for disaggregated analysis, which can help with comparing data and relationships for components of the indicator; and revising components, if necessary, to ensure the relevance of the indicator over time.

The country has adopted task shifting or task sharing in provision of ART	65%	69%	70%	76%	76%	
Policies/strategies for ART retention and adherence in place	91%	94%	90%	95%	97%	
A programme for nutritional support to people on ART is in place	74%	75%	69%	76%	83%	
<b>Indicator: Percentage of countries adopting quality health-care services for children and adolescents</b>	<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]	
<b>2021 target—90%</b>	<b>Status</b> 	<b>51%</b>	<b>55%</b>	<b>55%</b>	<b>56%</b>	<b>59%</b>
<b>Measurements</b>						
A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place	74%	78%	79%	82%	80%	
Provider-initiated testing and counselling is available in all services for children under five <sup>11</sup>	78%	79%	80%	86%	87%	
Strategies for identification of older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place	61%	62%	64%	63%	66%	
<b>Indicator: Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities</b>	<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]	
<b>2021 target—90%</b>	<b>Status</b> 	<b>21%</b>	<b>30%</b>	<b>33%</b>	<b>37%</b>	<b>45%</b>
<b>Measurements</b>						
The country has identified high-burden cities	82%	84%	83%	86%	87%	
<b>Countries with high-burden cities</b>						
	<b>2016</b> [N=71]	<b>2017</b> [N=73]	<b>2018</b> [N=72]	<b>2019</b> [N=75]	<b>2020</b> [N=76]	
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets	21%	30%	33%	37%	45%	
<b>Indicator: Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan</b>	<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]	
<b>2021 target—90%</b>	<b>Status</b> 	<b>N/A</b>	<b>66%</b>	<b>66%</b>	<b>68%</b>	<b>72%</b>
<b>Measurements</b>						
The country has a national emergency preparedness and response plan	N/A	68%	77%	78%	78%	
- HIV is integrated in the country's national emergency preparedness and response plans	N/A	66%	66%	68%	72%	

<sup>11</sup> "Not Applicable" is a response option for this indicator measurement. "Not applicable" can be chosen by country respondents if the epidemic is not generalised in their country. "Not applicable" responses are included in the numerator (with "yes" responses) as defined in the [UBRAF Indicator Guidance](#).

Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies <sup>12</sup>		2016 [N=48]	2017 [N=46]	2018 [N=51]	2019 [N=59]	2020 [N=61]
<b>2021 target—90%</b>	<b>Status</b> 	<b>Refugees and asylum seekers</b>				
		85%	89%	80%	90%	93%
<b>Measurements</b>						
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N=48/87]	53% [N=46/87]	59% [N=51/87]	68% [N=59/87]	70% [N=61/87]
- HIV services for key populations		90%	93%	86%	93%	98%
- Services (including PEP) for survivors of sexual and gender-based violence		90%	91%	90%	98%	95%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%	100%
Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=38]	2018 [N=42]	2019 [N=48]	2019 [N=51]
<b>2021 target—90%</b>	<b>Status</b> 	<b>Internally displaced persons</b>				
		78%	84%	79%	88%	86%
<b>Measurements</b>						
Internally displaced persons are relevant in the context of the country epidemic		46% [N= 40/87]	44% [N=38/87]	48% [N=42/87]	55% [N=48/87]	59% [N=51/87]
- HIV services for key populations		93%	97%	86%	96%	94%
- Services (including PEP) for survivors of sexual and gender-based violence		88%	89%	93%	94%	98%
- Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%	92%
Indicator: Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		2016 [N=40]	2017 [N=37]	2018 [N=43]	2019 [N=46]	2020 [N=48]
<b>2021 target—90%</b>	<b>Status</b> 	<b>People affected by humanitarian emergencies</b>				
		73%	78%	72%	74%	79%
<b>Measurements</b>						
People affected by emergencies are relevant in the context of the country epidemic		46% [N=40/87]	43% [N=37/87]	49% [N=43/87]	53% [N=46/87]	55% [N=48/87]
- Food and nutrition support (this may include cash transfers) is accessible to this key population		73%	78%	72%	74%	79%

<sup>12</sup> “Not applicable” is a response option for this indicator measurement. ““Not applicable” refers to the relevance of the population group for the epidemic in the country and to the entire package of services ,as defined in the [UBRAF Indicator Guidance](#). “Not applicable” responses were excluded from the calculation.

STRATEGY RESULT AREA 2: ELIMINATION OF MOTHER-TO-CHILD-TRANSMISSION						
Indicator: Percentage of countries implementing latest EMTCT guidance		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>2021 target—100%</b>	<b>Status</b> 	<b>64%</b>	<b>67%</b>	<b>63%</b>	<b>67%</b>	<b>68%</b>
Measurements						
Lifelong treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%	100%
Repeat testing of HIV-negative pregnant and breastfeeding women is offered <sup>13</sup>		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]	90% [N=40]
Partner testing of HIV-positive pregnant women in antenatal care settings is offered		91%	89%	87%	92%	91%
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation		76%	76%	74%	74%	74%

STRATEGY RESULT AREA 3: HIV PREVENTION AMONG YOUNG PEOPLE						
Indicator: Percentage of countries with combination prevention programmes in place		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>2021 target—70%</b>	<b>Status</b> 	<b>31%</b>	<b>38%</b>	<b>38%</b>	<b>38%</b>	<b>39%</b>
Measurements						
Quality-assured male and female condoms are readily available universally, either free or at low cost		80%	86%	80%	78%	77%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	49%	51%	54%	55%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools		63%	70%	68%	71%	72%
Young women are engaged in HIV prevention strategy development and service implementation		66%	78%	77%	79%	78%
Indicator: Percentage of Fast-Track countries that are monitoring the education sector response to HIV		2016 [N=33]	2017 [N=33]	2018 [N=33]	2019 [N=33]	2020 [N=33]
<b>2021 target—70%</b>	<b>Status</b> 	<b>58%</b>	<b>61%</b>	<b>61%</b>	<b>61%</b>	<b>64%</b>
Measurements						

<sup>13</sup> This indicator measurement is only applicable to generalised epidemic with HIV prevalence of higher than 1%.

The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of the IATT on education		58%	61%	61%	61%	64%
<b>Indicator: Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place</b>		<b>2016</b> [N=33]	<b>2017</b> [N=33]	<b>2018</b> [N=33]	<b>2019</b> [N=33]	<b>2020</b> [N=33]
<b>2021 target—90%</b>	<b>Status</b> 	<b>91%</b>	<b>91%</b>	<b>91%</b>	<b>88%</b>	<b>88%</b>
<b>Measurements</b>						
Supportive adolescent and youth sexual and reproductive health policies are in place		91%	91%	91%	88%	88%

<b>STRATEGY RESULT AREA 4: KEY POPULATIONS</b>						
<b>Indicator: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies</b>		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N= 87]
<b>Key population: gay men and other men who have sex with men, sex workers</b>						
<b>2021 target—90%</b>	<b>Status</b> 	<b>66%</b>	<b>71%</b>	<b>67%</b>	<b>74%</b>	<b>74%</b>
<b>Key population: prisons and closed settings</b>						
<b>2021 target—50%</b>	<b>Status</b> 	<b>49%</b>	<b>49%</b>	<b>51%</b>	<b>55%</b>	<b>57%</b>
<b>Measurements</b>						
The country has size and prevalence estimates for gay men and other men who have sex with men		80%	84%	82%	89%	86%
The country has size and prevalence estimates for sex workers		87%	87%	90%	95%	86%
The country has size and prevalence estimates for prisoners and closed settings		56%	57%	56%	60%	63%
Comprehensive packages of services for gay men and other men who have sex with men in line with international guidance defined and included in national strategies		75%	80%	82%	86%	91%
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies		84%	87%	91%	93%	90%
Comprehensive packages of services for prisoners and closed settings in line with international guidance defined and included in national strategies		55%	56%	60%	67%	69%
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery		89%	89%	89%	87%	89%
Sex workers are engaged in HIV strategy/programming and service delivery		90%	90%	89%	87%	90%

<b>Indicator: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs</b>		<b>2016</b> [N=33]	<b>2017</b> [N=35]	<b>2018</b> [N=36]	<b>2019</b> [N=41]	<b>2020</b> [N=41]
Countries with epidemic among people who inject drugs, implementing interventions in combination						
<b>2021 target—60%</b>	<b>Status</b> 	<b>64%</b>	<b>60%</b>	<b>61%</b>	<b>56%</b>	<b>63%</b>
<b>Measurements</b>						
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%	47%
<b>Countries with significant epidemics among people who inject drugs</b>						
		<b>2016</b> [N=33/87]	<b>2017</b> [N=35/87]	<b>2018</b> [N=36/87]	<b>2019</b> [N=41/87]	<b>2020</b> [N=41/87]
Opioid substitution therapy		64%	63%	61%	56%	66%
Needle and syringe programmes		79%	74%	78%	76%	83%
HIV testing and counselling		85%	86%	92%	98%	100%
Antiretroviral therapy		88%	86%	94%	98%	100%
<b>Gender-sensitive – people who inject drugs</b>		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]
A gender-sensitive HIV needs assessment is available for people who inject drugs		20%	30%	29%	30%	29%

<b>STRATEGY RESULT AREA 5: GENDER INEQUALITY AND GENDER-BASED VIOLENCE</b>						
<b>Indicator: Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms</b>		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]
<b>2021 target—70%</b>	<b>Status</b> 	<b>47%</b>	<b>60%</b>	<b>57%</b>	<b>68%</b>	<b>70%</b>
<b>Measurements</b>						
Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available		74%	77%	75%	78%	78%
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting		85%	89%	91%	92%	93%
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys		62%	72%	71%	80%	80%
<b>Indicator: Percentage of countries with laws and/or policies and services to prevent and address gender-based violence</b>		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]

<b>2021 target—70%</b>	<b>Status</b> 	<b>43%</b>	<b>54%</b>	<b>60%</b>	<b>59%</b>	<b>61%</b>
<b>Measurements</b>						
Disaggregated data on prevalence and nature of gender-based violence are available and used		63%	70%	72%	78%	80%
Legislation and/or policies addressing gender-based violence exist		95%	98%	100%	100%	100%
A mechanism to report and address cases of gender-based violence is available, e.g., special counselling centres, ombudsman, special courts, and legal support for victims		94%	95%	95%	95%	93%
HIV, sexual and reproductive health, and gender-based violence services		67%	72%	77%	74%	76%

<b>STRATEGY RESULT AREA 6: HUMAN RIGHTS, STIGMA AND DISCRIMINATION</b>						
<b>Indicator: Percentage of countries with mechanisms in place providing access to legal support for people living with HIV</b>		<b>2016</b> [N= 87]	<b>2017</b> [N= 87]	<b>2018</b> [N= 87]	<b>2019</b> [N= 87]	<b>2020</b> [N= 87]
<b>2021 target—70%</b>	<b>Status</b> 	<b>53%</b>	<b>57%</b>	<b>61%</b>	<b>64%</b>	<b>66%</b>
<b>Measurements</b>						
Any mechanisms in place to record and address cases of discrimination in relation to HIV		72%	79%	82%	83%	84%
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV)		77%	84%	83%	83%	84%
HIV sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted		70%	72%	76%	78%	75%
<b>Indicator: Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings</b>		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]
<b>2021 target—60%</b>	<b>Status</b> 	<b>28%</b>	<b>30%</b>	<b>30%</b>	<b>32%</b>	<b>33%</b>
<b>Measurements</b>						
Health care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives		57%	59%	63%	64%	67%

An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)	49%	49%	49%	52%	48%
Measures in place for redress in cases of stigma and discrimination in the health-care sector	57%	62%	63%	66%	64%

STRATEGY RESULT AREA 7: INVESTMENT AND EFFICIENCY						
Indicator: Percentage of countries with a HIV sustainability plan developed		2016 [N=26]	2017 [N=28]	2018 [N=37]	2019 [N=43]	2020 [N=45]
<b>2021 targets—70%</b>	<b>Status</b> 	<b>30%</b>	<b>29%</b>	<b>32%</b>	<b>37%</b>	<b>40%</b>
Measurements						
The country has developed an HIV sustainability and/or transition plan		30%	32%	43%	49%	52%
Countries who have developed an HIV sustainability and/or transition plan						
		<b>2016</b> [N=26/87]	<b>2017</b> [N=28/87]	<b>2018</b> [N=37/87]	<b>2019</b> [N=43/87]	<b>2020</b> [N=45/87]
- The plan indicates sustainability increasing domestic public investments for HIV over the years		96%	93%	95%	98%	100%
- The plan has influenced policy and resource generation and allocation in the country		92%	86%	89%	88%	82%
- The plan covers financial contributions from the private sector in support of the HIV response		35%	36%	35%	42%	49%
Indicator: Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]
<b>2021 target—80%</b>	<b>Status</b> 	<b>48%</b>	<b>47%</b>	<b>47%</b>	<b>51%</b>	<b>54%</b>
Measurements						
A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)		72%	72%	74%	78%	77%
The country tracks and analyses HIV expenditures per funding source and beneficiary population		66%	64%	66%	69%	72%
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)		72%	71%	70%	69%	71%
Indicator: Percentage of countries with scale-up of new and emerging technologies or service delivery models		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]

<b>2021 target—60%</b>	<b>Status</b> 	<b>32%</b>	<b>34%</b>	<b>36%</b>	<b>40%</b>	<b>41%</b>
<b>Measurements</b>						
Social media/information and communication technologies		77%	80%	82 %	83%	86%
e-health and/or m-health tools for priority HIV services		46%	46%	48%	53%	55%
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression		60%	70%	75%	74%	72%

<b>STRATEGY RESULT AREA 8: HIV AND HEALTH SERVICE INTEGRATION</b>						
<b>Indicator: Percentage of countries delivering HIV services in an integrated manner</b>		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]
<b>2021 target—80%</b>	<b>Status</b> 	<b>64%</b>	<b>66%</b>	<b>68%</b>	<b>68%</b>	<b>68%</b>
<b>Measurements</b>						
HIV, sexual and reproductive health, and gender-based violence services		67%	70%	71%	74%	76%
HIV and TB		91%	87%	87%	89%	87%
HIV and antenatal care		95%	95%	94%	93%	94%

<b>Indicator: Percentage of countries with social protection strategies and systems in place that address HIV</b> The country has a national social protection strategy/policy with all UBRAF components		<b>2016</b> [N=72]	<b>2017</b> [N=75]	<b>2018</b> [N=77]	<b>2019</b> [N=78]	<b>2020</b> [N=78]
<b>2021 target—70%</b>	<b>Status</b> 	<b>81%</b>	<b>84%</b>	<b>86%</b>	<b>82%</b>	<b>83%</b>
<b>Measurements</b>						
The country has a national social protection strategy /policy		83%	86%	89%	90%	90%
<b>Countries with a national social protection strategy/policy</b>						
		<b>2016</b> [N=72/87]	<b>2017</b> [N=75/87]	<b>2018</b> [N=77/87]	<b>2019</b> [N=78/87]	<b>2020</b> [N=78/87]
The national social protection strategy/policy covers people living with HIV and affected by HIV		85%	87%	88%	87%	88%
The national social protection strategy/policy covers orphans and vulnerable children		94%	96%	94%	90%	90%

National health insurance covers people living with HIV	2016 [N=67]	2017 [N=71]	2018 [N=75]	2019 [N=73]	2020 [N=71]
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV	67%	68%	67%	71%	70%
Social protection programmes are provided to men and women	2016 [N=68]	2017 [N=72]	2018 [N=76]	2019 [N=74]	2020 [N=76]
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV	65%	69%	71%	76%	75%

[End of document]