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Follow-up to UNAIDS Programme Coordinating Board meeting

**Report on the implementation of the decisions and
recommendations of the Programme Coordinating Board of
the Joint United Nations Programme on HIV/AIDS**

Summary

The present report addresses the implementation of decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report focuses on the implementation of decisions from the 44th, 45th and 46th Programme Coordinating Board meetings, held in June and December 2019, and June 2020, respectively. The report also highlights the contributions of UNDP and UNFPA to the HIV/AIDS response.

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I. Context

1. The [UNAIDS 2020 Global AIDS Update, *Seizing the moment: Tackling entrenched inequalities to end epidemics*](#) shows the world is not on track to meet the 2020 global HIV targets. There were 1.7 million new HIV infections in 2019, more than three times the 2020 global target of 500,000. Remarkable but highly unequal progress has been made in expanding access to HIV treatment. Fourteen countries have achieved the 90-90-90 HIV treatment targets (90 per cent of people living with HIV know their HIV status, 90 per cent of whom are on antiretroviral treatment and 90 per cent of whom are virally suppressed). Millions of lives and new infections have been saved by the scale-up of antiretroviral therapy. However, 690,000 people died of AIDS-related illnesses last year and 12.6 million of the 38 million people living with HIV were not accessing life-saving treatment.
2. The HIV pandemic remains a global crisis fuelled by multi-dimensional and overlapping inequalities. Barriers to quality HIV prevention and treatment persist, especially for vulnerable and marginalized populations who also experience stigma, discrimination and violence. Sixty-two per cent of new HIV infections were among key populations – sex workers, people who inject drugs, prisoners, transgender people, gay men and other men who have sex with men, and their sexual partners. In sub-Saharan Africa, women and girls accounted for 59 per cent of all new HIV infections. Every week, 4,500 adolescent girls and young women between the ages of 15 and 25 years are becoming infected with HIV in sub-Saharan Africa. Financing for the global AIDS response has declined globally. Donor and domestic resources for AIDS fell by 7 per cent between 2017 and 2019. Missed targets have resulted in an additional 3.5 million new HIV infections and 820,000 additional AIDS-related deaths since 2015 than if the world was on track to meet the 2020 targets.
3. COVID-19 has made matters worse, disrupting essential services and, in some cases, driving further exclusion and violations of human rights. The COVID-19 crisis is altering the HIV, health and development landscape, amplifying the inequalities that drive poor HIV and health outcomes. At the Joint UNDP/UNFPA informal consultation on the follow-up to the recommendations of the UNAIDS Programme Coordinating Board in August 2020, a [background paper and presentation](#) outlined some highlights of how UNDP and UNFPA are addressing HIV and COVID-19.
4. The [44th](#), [45th](#) and [46th](#) meetings of the UNAIDS Programme Coordinating Board were held in June and December 2019, and June 2020, respectively. Key issues included welcoming the new UNAIDS Executive Director, discussions on the next Global AIDS Strategy; and the report of the Joint Inspection Unit on the management and administrative review of UNAIDS.
5. The present report provides highlights of UNDP and UNFPA results in addressing HIV in the context of their work supporting countries to achieve the Sustainable Development Goals and the pledge to leave no one behind. Detailed results for both organizations are available in the [UNAIDS Unified Budget, Results and Accountability Framework, 2018-2019 Performance Monitoring Reports](#). The oral presentation at the first regular session 2021 will include a synopsis of decisions and recommendations from the 47th Programme Coordinating Board meeting held in December 2020.

II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

New Executive Director

6. Speaking at the 45th UNAIDS Programme Coordinating Board meeting, the new UNAIDS Executive Director outlined her priorities. She committed UNAIDS to stepping up work in four areas: women and girls in Africa; defending the human rights of everyone, including key populations; putting science, innovation and technology in the hands of people; and financing for the global AIDS response. Examples of the work undertaken by the Joint Programme to take these priorities forward can be found in the results section of this report.

Next Global AIDS strategy

7. At the 45th meeting, the UNAIDS Executive Director was requested to undertake a review of the UNAIDS strategy, 2016-2021, and its implementation, present the results of the review and consider the strategic priorities beyond 2021. The process of developing the next global AIDS strategy was described as an opportunity to reaffirm the present vision of ‘zero new HIV infections, zero discrimination and zero AIDS-related deaths’, and to renew the political commitment, activism and ambition urgently needed to accelerate progress on HIV.

8. In 2020, the Joint Programme undertook a global strategy review and development process. This included a virtual multi-stakeholder Programme Coordinating Board consultation with over 180 participants, and a discussion of an evidence review, the results of a global survey with more than 8,300 respondents and 65 in-depth interviews. The evidence review showed that many of the differences in progress across the HIV response are unexpected and counter-intuitive. For example, the countries with the most resources are not always those with the strongest or most sustainable HIV response. Further, even as unequal gender norms increase the vulnerability of women and girls to HIV infection, men generally have poorer outcomes than women across the HIV testing and treatment cascade. The majority of poorly-performing HIV responses are in settings where epidemics are concentrated among populations who are often marginalized and denied easy access to HIV and other health services. Even in regions with encouraging recent gains against the HIV epidemic, such as eastern and southern Africa, there are countries and subnational settings where the response is still badly off course. The 47th Programme Coordinating Board meeting in December 2020 will consider an annotated outline of the next Global AIDS strategy and will decide on the need for an extraordinary session in March 2021 to endorse the new strategy, with immediate effect.

9. It is expected that the next global AIDS strategy, with new targets and resource needs estimates for 2025, will inform the next United Nations General Assembly High-level Meeting on Ending AIDS, as well as the political declaration that may emerge from that meeting. These new targets and resource needs would aim to get progress back on track and build momentum and political commitment to achieve the target of ending AIDS as a public health threat by 2030.

Report on the Joint Inspection Unit on the management and administration review of UNAIDS

10. The 45th Programme Coordinating Board meeting was briefed on the [Joint Inspection review](#), which focused on strategic and operational planning, governance, oversight and accountability, human resource management, and administrative services. The Programme Coordinating Board took note of the report and affirmed its role to strengthen oversight and accountability. The working group established to review the recommendations of the Joint Inspection Unit addressed the Programme Coordinating Board. The Board also took note of the management response to the Joint Inspection Unit, requesting the UNAIDS Executive Director to respond to recommendations with a single programme of change. A report on both issues is planned for the 47th meeting, and the Executive Director committed to establishing a regular stand-alone item on oversight issues. The working group is reviewing the guiding principles for cosponsoring organizations and establishing stronger linkages between the Programme Coordinating Board and the governing bodies of the cosponsors to strengthen coherence across the Joint Programme.

III. UNDP and UNFPA transformative results

11. This chapter highlights the key achievements of UNDP and UNFPA, structured according to the strategic results areas of the UNAIDS unified budget, results and accountability framework, 2016-2021. As UNAIDS cosponsors and partners of the Global Fund, UNDP and UNFPA support countries in implementing the 2030 Agenda for Sustainable Development and the commitment to leave no one behind, in partnership with United Nations entities and other partners. In 2019-2020, 138 UNDP country offices and 81 UNFPA offices supported national responses.

12. The Joint Programme increased its focus on evaluations. The [UNAIDS Evaluation Plan](#) was approved by the 45th Programme Coordinating Board meeting. The findings of the first evaluation, an independent evaluation of the United Nations system response to AIDS in 2016-2019, which

engaged all cosponsors, will be presented to the 47th meeting. Other recent evaluations undertaken by the Joint Programme are described below.

13. The [independent evaluation of UNFPA support to the HIV response, 2016-2019](#) considered interventions and responses to HIV supported by the organization at global, regional and national levels. The conclusions were that UNFPA had been able to utilize the UNAIDS division of labour to guide its support to the HIV response, participating actively in platforms and mechanisms for coordinating actions; important contributions had been made to realizing the rights and meeting the needs of the most vulnerable, such as adolescent girls, young women and other key populations; and that linking and integrating sexual and reproductive health and rights, HIV, and sexual and gender-based violence programmes and services was an effective approach to delivering services.

14. The Global HIV Prevention Coalition co-convened by UNFPA and the UNAIDS secretariat completed an external review to assess impact and inform its planning for 2021-2025. Recommendations included its continuation; an impact evaluation after 2025; and a broadened membership. The coalition is encouraged to pay more attention to countries outside Africa; work on funding for primary HIV prevention; and focus on country-level impact and enablers. Given the importance of scaling up comprehensive combination prevention, the engagement of all cosponsors needs to be strengthened. A ministerial-level coalition meeting was held in November 2020 to steer the second phase of the coalition.

15. The independent evaluation of the Global Commission on HIV and the Law, conducted by the University of Southern California Institute on Inequalities in Global Health, examined the relevance, effectiveness and sustainability of the commission and its follow-up work until June 2019. The Global Commission is an independent body convened by UNDP on behalf of the Joint Programme. The evaluation concluded that the work of the commission and support to countries on following up on its recommendations was successful, noting the increased engagement of key constituencies on issues of HIV and human rights; engagement of civil society; and momentum for positive, tangible change at national, regional and global levels on issues of HIV, law and human rights. The tripartite links between HIV, law and human rights, not well recognized prior to the Commission outside those working directly in the field, alongside the need for multi-sectoral action for enabling environments, are now widely understood as critical to the success of HIV and other health interventions.

Strategic results area 1. HIV testing and treatment

16. The world continues to make progress towards the 90-90-90 targets. As of December 2019, 81 per cent of people living with HIV knew their HIV status, and 82 per cent of people with an HIV diagnosis were receiving antiretroviral therapy, 88 per cent of whom had achieved viral suppression. Women had better outcomes than men across the HIV testing and treatment cascade, in part due to women's more regular use of health services.

17. In partnership with the Global Fund, UNDP supports countries' HIV, tuberculosis and malaria responses in some of the most challenging contexts. In 2018-2019, UNDP managed 32 Global Fund grants in 19 countries, and three regional programmes covering an additional 24 countries. UNDP supports governments in implementing large-scale programmes, making health systems more resilient, and strengthening policies that ensure access to health services. UNDP strengthens the capacities of national entities so that they can eventually take over grant implementation. Since 2003, UNDP has transitioned out of 31 countries and three regional grants covering 25 countries.

18. Since 2003, 4.5 million lives were saved through the UNDP partnership with the Global Fund. UNDP works with national partners to provide 1.4 million people with antiretroviral treatment for HIV. Key results achieved in 2018-2019 included:

- (a) Thirteen million people received HIV testing and counselling, including for key populations in 25 countries;
- (b) 172,000 pregnant women received antiretrovirals to prevent mother-to-child transmission of HIV; and
- (c) 61,500 tuberculosis cases were treated successfully.

19. Technical assistance and policy support were provided to Global Fund programmes in 31 countries, and Global Fund country coordinating mechanisms were supported in 18 countries. In South Sudan, for example, UNDP helped the government triple the number of health centres providing HIV treatment, from 26 in 2016 to 74 in 2019, airlifting HIV commodities to centres affected by violent conflict and poor roads. UNDP supported the HIV national response in Egypt to re-access Global Fund resources.

20. UNDP is working with partners to support countries in ensuring continuity of HIV services during the COVID-19 pandemic, through the Joint Programme, its partnership with the Global Fund, and as technical lead of the United Nations framework for the immediate social and economic response to COVID-19. UNDP has supported 140 countries in securing \$118 million of supplies to ensure continued safe delivery of health services. UNDP provided dedicated support for the continuity and adaptation of HIV services in 55 countries, including ensuring continued access to HIV supplies and treatment.

21. UNDP is working with the World Health Organization (WHO) and other stakeholders in supporting countries to promote innovation and access to health technologies. For example, UNDP worked with the African Union Development Agency to support 23 countries from the Southern African Development Community (SADC) and the Economic Community of West Africa States to domesticate the African Union Model Law on Medical Product Regulation, which seeks to promote and protect the health of Africa's citizens.

HIV-related services in humanitarian emergencies

22. In 2018-2019, UNFPA reached 34 million people in more than 56 countries with humanitarian assistance, supplies and information. As a member of the Inter-agency Working Group on Reproductive Health in Crisis, UNFPA participated in updating the Minimum Initial Service Package Distance Learning Course. In 2019, over 12,200 reproductive health kits were provided to 53 countries as part of its humanitarian response, reaching around 1.4 million people in need. The kits included sexually transmitted infection/HIV prevention and testing supplies, components on clinical management of rape, and blood tests.

Condom programming

23. In 2018-2019, UNFPA supplied 2.53 billion male condoms (\$56.5 million) and 28.8 million female condoms (\$13.0 million). UNFPA was able to reduce the price of female condoms from \$0.45 in 2017 to \$0.37 in 2018, generating savings to purchase more products. During 2018-2019, UNFPA-supplied condoms potentially averted over 12.5 million sexually transmitted infections and nearly 300,000 HIV infections. UNFPA aims to assure the best possible price for quality-controlled condoms and lubricants.

24. In 2018 and 2019, UNFPA, the United States Agency for International Development and the Bill and Melinda Gates Foundation worked with the Global Fund to advocate for funding for national male and female condom programming. In 2019, the Fund created a strategic initiative fund with a closer focus on condom programming.

25. Efforts to achieve and sustain the 90-90-90 targets face major challenges. They include the COVID-19 pandemic and an urgent need to scale up differentiated approaches to HIV testing; close gaps in HIV testing, treatment uptake, retention in care and viral suppression; and address the testing and treatment needs of key populations. The Joint Programme will maximize efficiencies and savings in HIV testing and treatment services and prevention commodities, including through pooled procurement, innovative testing approaches and continued actions to address human rights barriers and support countries in collecting disaggregated data.

Strategic results area 2. Elimination of mother-to-child transmission of HIV

26. Although elimination of new infections among children and sustaining the health and well-being of mothers remains within reach, the proportion of pregnant women living with HIV accessing antiretrovirals has plateaued at about 82 per cent globally, and the global average rate of mother-to-child transmission continues to be high, at 12.7 per cent. Globally in 2019, an estimated 36,000 new HIV infections in children were linked to mothers losing access to HIV care during either pregnancy

or breastfeeding. WHO reported 68 per cent of family planning and contraception services were disrupted because of COVID-19.

27. During 2018-2019, UNFPA invested \$174.5 million on reproductive commodities (including emergency contraceptives, male and female condoms, HIV test kits, and lubricants) in 22 UNAIDS 'Fast-Track' countries. This led to an estimated savings of \$765.9 million in direct health-care costs, with an effective return on investment of 4.38 per cent. In 2018, UNFPA worked with countries to prepare for the results of the Evidence for Contraceptive Options and HIV Outcomes study and to strengthen integration of family planning and HIV services. Modelling conducted by UNFPA in early 2020 suggested that the diversion of resources and lack of access to contraception methods due to COVID-19 would lead to 7 million unintended pregnancies if the lockdown carried on for six months and there were major disruptions to health services.

28. UNFPA, the United Nations Children's Fund (UNICEF), WHO and the UNAIDS secretariat (with '2gether 4 SRHR') provided support to networks of young mothers living with HIV, and their babies, in Lesotho, Malawi and Zimbabwe, and supported the mentor-mother programme in Eswatini, Mozambique and South Africa.

29. In 2019, UNFPA supported Kilifi County in Kenya in developing an elimination of mother-to-child transmission business plan as part of the national effort towards validation of elimination of mother-to-child transmission of HIV and congenital syphilis by 2021. In Tunisia, an operational and costed plan of the maternal and neonatal health strategy (including elimination of mother-to-child transmission and HIV) was adopted by the Ministry of Health. An essential package on maternal and newborn health was tested in two pilot governorates (Nabeul and Kebili). Eswatini, Togo and Pakistan strengthened family planning for women living with HIV, and Brazil strengthened prevention of mother-to-child transmission services for displaced Venezuelan women.

30. Even as global coverage remains relatively high, many pregnant and breastfeeding women are not receiving antiretrovirals. Treatment coverage among pregnant women was only 58 per cent in western and central Africa. A range of actions will be taken to accelerate progress towards elimination of mother-to-child transmission. As part of the implementation of the comprehensive package of sexual and reproductive health and rights interventions, UNFPA will intensify its integration of HIV prevention programming for women and girls promoting integration with family planning services and linkages to testing and treatment services.

Strategic results area 3. HIV prevention among young people

31. In 2019, 31 per cent of new HIV infections were among young people aged 15-24 years. Adolescent girls and young women account for 26 per cent of new infections in Eastern and Southern Africa. Despite a 25 per cent decline in new infections among adolescent girls and young women globally since 2010, the annual number of new infections in this population is more than three times higher than the global target set for 2020. While strategic information has improved, the lack of robust data, especially among adolescent and young key populations, undermines the ability to scale effective policies and programmes for this group.

32. UNFPA achievements for adolescent and youth empowerment in 2018-19 included:

- (a) 4.2 million marginalized girls reached by life skills programmes;
- (b) 37 countries operationalized school-based comprehensive sexuality education;
- (c) 42 countries delivered out-of-school comprehensive sexuality education;
- (d) 78 countries, in at least two sectors apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth; and
- (e) 82 countries had institutional mechanisms for the participation of young people in policy dialogue and programming.

33. The annual progress report on HIV prevention was discussed at the 45th Programme Coordinating Board meeting. In 2018-2019, three additional countries joined the Global HIV Prevention Coalition (Botswana, Iran, and Myanmar), bringing the number of focus countries to 28. Norway, SADC and the Reproductive Supplies Coalition also joined the coalition. The coalition enhanced regional and country support, including South-South learning to strengthen prevention

programmes and capacities along 10 road map actions, focusing investment on five pillars as well as scorecards, posters and participatory country consultation. This included a more focused programmatic approach for HIV prevention among adolescent girls and young women based on analysis of subnational HIV incidence data and using priority programme platforms. In partnership with Family Planning 2020, the coalition mapped and identified means to strengthen integration of HIV prevention into family planning.

34. UNFPA continued to support member states in the provision of youth-friendly sexual and reproductive health clinical services, including contraception, HIV/sexually transmitted infection testing, management and referrals, counselling and other sexual and reproductive health support. UNFPA has advocated for removal of barriers such as third-party consent requirements related to the provision of sexual and reproductive health services for adolescents. UNFPA supported the development and use of youth-led technology and innovative approaches in sexual and reproductive health and rights, including HIV prevention, and comprehensive sexuality education. UNFPA has utilized its mobile health starter pack tool to provide digital solutions in reaching young people at risk of HIV. Iran is developing a digital application to reach populations left behind. UNFPA has developed a technical brief to assure comprehensive sexuality education services can be continued in the COVID-19 context.

35. In 2019, WHO, UNFPA and partners developed the [Journal of Adolescent Health supplement](#) and a [summary video](#) to review the progress made in adolescent sexual and reproductive health and rights – including on HIV – in the 25 years since the International Conference on Population and Development and prospects for the next 25 years. The UNFPA flagship programme for youth in eastern and southern Africa, ‘Safeguard Young People’, has been engaging in the region to find out how young people are coping with the COVID-19 pandemic, seeking to share best practices and expose youth to COVID-19 responses. In 2019, UNFPA conceptualized the implementation of a comprehensive integrated life-course approach as part of universal health coverage in the publication ‘Sexual and reproductive health and rights: An Essential Element of Universal Health Coverage’. Several country case studies highlight the progressive materialization of the service and benefit packages, including prevention of and access to HIV treatment. In 2020, UNFPA reviewed 30 draft country proposals to the Global Fund, helping to reinforce a range of areas, particularly HIV prevention.

36. UNDP assisted 13 countries (Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) to receive catalytic funds from the Global Fund for adolescent girls’ and young women’s programmes.

37. UNDP is a partner in the [United Kingdom Research and Innovation](#) Global Challenges Research Fund ‘Accelerating Achievement for Africa’s Adolescents’ hub. Researchers from the University of Oxford work alongside international partners including UNDP, UNICEF, UN-Women and WHO, governments across Africa, donors such as the Global Fund, the President’s Emergency Plan for AIDS Relief, non-governmental organizations and young people, to identify and test a range of services combining health, education, social, and economic interventions. The hub is expected to improve outcomes for 20 million adolescents and children in 34 countries across Africa.

38. The UNDP-implemented ‘Linking Policy to Programming’ initiative seeks to improve health outcomes for young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe through enabling policy environments and advocacy. Achievements include the tabling of a bill reducing the age of consent for health services in Zimbabwe; prison reforms in Madagascar to increase access to HIV and health services for young inmates; and the inclusion of key populations issues in the police training curricula of Madagascar, Mozambique and Zambia.

39. UNDP supported four countries (Ghana, Kenya, South Africa, and Tanzania) in developing costed co-financing models and plans. South Africa conducted modelling to expand its ‘cash plus care’ programme for adolescent girls in KwaZulu-Natal, and the intervention was included in the Global Fund HIV funding request. UNDP supported the Malawi integrated Sustainable Development Goals model to determine the optimum budgetary contribution from each of its sectors to advance targets important for combination HIV prevention, including for young people.

40. With support from Norway, the UNFPA ‘Out-of-School’ comprehensive sexuality education initiative for those left furthest behind reaches out to young people from left-behind populations using technical guidance in out-of-school settings, collaborating with WHO and local research institutes. In five countries (Colombia, Ethiopia, Ghana, Iran and Malawi), interventions address the needs, life experiences and vulnerabilities of left-behind groups of young people, engaging youth and using digital solutions. The aim is to build an evidence base for designing and delivering the curriculum across different countries. Country case studies in 2019 present key highlights, good practices and lessons learned.

41. UNFPA, the United Nations Educational, Scientific and Cultural Organization, UNICEF, UN-Women and UNAIDS will launch a new initiative, ‘Education *plus*’, in 2021. The initiative is a high-profile, high-level advocacy platform to accelerate actions and investments to prevent HIV by empowering adolescent girls and young women and to achieve gender equality in sub-Saharan Africa with secondary education as the strategic entry point. The initiative represents an opportunity to boost investments in education, comprehensive sexuality education and adolescent sexual and reproductive health and rights services, ending child marriage and ensuring meaningful youth participation.

42. Globally, less than half of young people have the knowledge and skills to protect themselves from HIV. Condom social marketing programmes have seen drastic cuts in funding in recent years. Age of consent laws can create barriers to accessing services. Reducing the age when a person can autonomously consent has been shown to improve health-seeking behaviours. More integrated, people-centred approaches improve service uptake and health outcomes. Comprehensive sexuality education is cost-effective and provides information and skills that result in reduced rates of sexually transmitted and HIV infections and unintended pregnancies. UNDP and UNFPA will continue to support these elements of a comprehensive HIV response.

Strategic results area 4. HIV prevention for key populations

43. The epidemic’s disproportionate burden among key populations continues to grow. Globally, HIV incidence among injection drug users, sex workers and transgender people has remained high, with increasing new infections among gay men and other men who have sex with men, who comprised 23 per cent of new infections in 2019.

44. UNDP and UNFPA, together with WHO, the United Nations Office on Drugs and Crime 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 is a collection of resources to help plan and scale up HIV prevention programmes for these populations.

45. During the biennium, UNFPA began to address people with specific needs, including a protection strategy for older persons, people with disabilities, lesbian, gay, bisexual, transgender and intersex people, people living with HIV, and indigenous people. UNDP, UNFPA and UNAIDS have supported the completion of the SADC key population strategy for the region.

46. UNDP organized a South-South exchange to bring together national and local governments and civil society organizations from 12 countries (Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Panama, Peru, and Uruguay) to share experiences in advancing human rights and social and economic inclusion for transgender people. UNDP supported the implementation of action plans focusing on improving inclusion in the areas of employment, social protection, health, and education.

47. At the request of countries, UNDP works to strengthen the inclusion of lesbian, gay, bisexual, transgender and intersex people and promote their access to HIV and health services. Regional ‘Being LGBTI’ programmes build understanding of the issues they face and advance their inclusion in national development efforts. Built on South-South collaboration within and across regions, such programmes have been rolled out across 53 countries worldwide. For example, UNDP provided support to review and draft transgender inclusion policies in Viet Nam, and anti-stigma and discrimination policies in Pakistan. The UNDP ‘Being LGBTI in the Caribbean’ initiative conducted the first-ever study in the region on the human rights of intersex persons.

48. There is a paucity of data on the inclusion of lesbian, gay, bisexual, transgender and intersex people in the context of the Sustainable Development Goals and the pledge to leave no one behind. In 2019, UNDP, in collaboration with academic, civil society and United Nations partners, released a lesbian, gay, bisexual, transgender and intersex inclusion index. Now ready to be piloted in select countries, the index will use 51 indicators to assess experiences in areas of such as health, education, employment, security and political participation. The data and analysis will provide a basis for advancing evidence-based policies for lesbian, gay, bisexual, transgender and intersex inclusion.

49. At the country level, UNFPA supported development programmes for key populations in 42 countries. A variety of interventions were implemented to reduce risk of HIV/sexually transmitted infections, violence and other human rights abuses, including: integrated key population services (Bangladesh, India, Indonesia, South Africa); tackling stigma and discrimination and sensitising health providers (Brazil, Cuba, Timor-Leste, Ukraine); strengthening civil society organizations (Sudan, Zimbabwe); provision of drop-in centres (Kenya, Namibia); municipal interventions (Georgia, South Sudan, Uganda, Ukraine); policy development (Guatemala, Paraguay); key population mapping (Rwanda, Tunisia, Uganda); and within humanitarian settings (Ecuador, the Caribbean and Venezuela). As co-convenor of the Global HIV Prevention Coalition, UNFPA and the UNAIDS secretariat worked in 2020 with key population networks and the Global Prevention Working Group on a series of deep-dive discussions to steer the work of the coalition and provide input into the next global AIDS strategy.

50. UNFPA continued to advocate for sex worker-inclusive anti-trafficking programmes through the Inter-agency Coordination Group against Trafficking in Persons and drafted an issue brief differentiating sex work and trafficking in persons, following a 2018 submission to the Special Rapporteur on ending trafficking in persons.

51. Challenges include chronically low levels of funding for key population programmes and deep-rooted gender and social norms that resist support to people of diverse sexual orientation and gender identities, and the criminalization of key populations. Such efforts are further undermined by a shortage or absence of data on population size, service coverage, access barriers and social/structural factors (such as violence) experienced by key populations. UNDP and UNFPA will continue supporting targeted investment and the roll-out of implementation tools for key populations, the lesbian, gay, bisexual, transgender and intersex inclusion index, and the HIV prevention toolkit for adolescents and young key populations, and will support countries in including key population organizations in their Global Fund applications and country coordinating mechanism composition.

Strategic results area 5. Gender inequality and gender-based violence

52. The epidemic continues to have a severe impact on women and girls. In sub-Saharan Africa, they accounted for 59 per cent of new infections, with risks especially pronounced for adolescent girls and young women who in 2019 accounted for only 10 per cent of the population but comprised 24 per cent of newly infected people. While important gains have been made in linking women with HIV treatment services, AIDS remains a leading cause of death among women of reproductive age. Progress in HIV prevention among women and girls is undermined by unequal gender norms, violence against women, gender-based discrimination and institutional biases.

53. Key UNFPA achievements in gender equality and the empowerment of women in 2018-2019 included:

- (a) 1.2 million women and girls subjected to violence accessed essential services;
- (b) 3.1 million girls received prevention and/or protection services and care related to child, early and forced marriage;
- (c) 5,067 communities developed advocacy platforms to eliminate discriminatory gender and sociocultural norms;
- (d) 39 countries have a national mechanism to engage men and boys.

54. UNDP supported 71 countries in improving gender equality, addressing gender-based violence and empowering women and girls in the context of HIV and health. UNDP support to countries in this area ranged from challenging the human rights barriers and social norms that hinder equal access to health care, to improving support for gender-based violence survivors. Together with UN-Women

and UNFPA, UNDP worked on a gender-justice programme in 20 countries in the Middle East and North Africa. As part of the programme, UNDP supported Jordan and Lebanon to repeal laws that allowed rapists to escape justice if they agreed to marry their victims. UNDP worked with networks of women living with HIV to develop a community-led report on violence against women living with HIV, and the barriers they face in accessing services, in 12 countries in Eastern Europe and Central Asia (Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Republic of Moldova, Russian Federation, Tajikistan, Ukraine, and Uzbekistan).

55. UNDP and UNFPA participated in the ‘Spotlight’ initiative, a global partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030. The initiative helped 17 countries establish frameworks to prevent and respond to sexual and gender-based violence. UNDP developed tools such as the gender checklist to support the integration of gender-responsive components into HIV programmes supported by the Global Fund.

56. UNFPA is leading/co-leading two other key global gender-based violence initiatives: the Essential Services Package, which has been rolled out in 38 countries; and the gender-based violence continuum (humanitarian-development-peace nexus) approach. At the country level, UNFPA worked in Eswatini, where it strengthened the provision of the health sector gender-based violence response and the regional roll-out of the national guidelines for health sector response to sexual violence, engaging nearly 400 religious leaders and health-care workers; and in Liberia, UNFPA contributed to lobbying that led to passage of the domestic violence law by the national legislature; 2,664 sexual and gender-based violence cases were managed at UNFPA-supported facilities.

57. In 2019, UNDP, UNFPA, UNICEF, UN-Women and WHO, in conjunction with the United Nations University International Institute for Global Health, critically reflected on what had worked in efforts to address gender disparity in health and determined what was needed to improve gender-mainstreaming in health. A programme of work was developed, with four priority areas: (a) developing an action and research agenda for gender mainstreaming; (b) building the evidence base of what works in gender and health, why, and how it can be applied to other areas or contexts; (c) generating new evidence in emerging areas, and (d) investing in gender expertise, data, and independent, transparent accountability mechanisms

58. In Eastern Europe and Central Asia, UNDP supported 15,000 women and girls living with HIV in exercising their rights and accessing services. This work included promoting gender equality in HIV service provision in Bosnia and Herzegovina; improving access to antiretroviral therapy, HIV testing and counselling and legal aid services in Tajikistan; tuberculosis-related services in Turkmenistan; and raising awareness of women’s rights in Ukraine.

59. UNDP supported the creation of the Network of Vulnerable Women in the Middle East and North Africa. The network analyses why women are vulnerable—factors such as gender-based violence or financial exclusion—and advocates for women’s health and well-being. The network has representatives from 12 countries, with women in leadership roles.

60. Progress towards gender equality and the elimination of gender-based violence are hindered by gaps in the availability and use of data on rates of intimate partner violence. Limited technical skills programming with a gender lens in national AIDS coordination bodies hampers recognition of the impact of unequal gender norms in HIV interventions. Further, community-led HIV responses are often insufficiently prioritized. The Joint Programme will support the scale-up of community-based and led gender-responsive interventions to improve HIV outcomes, transform unequal gender norms, prevent violence, expand access to HIV testing, treatment and care, and promote the leadership and participation of networks of women living with HIV.

Strategic results area 6. Human rights, stigma and discrimination

61. Stigma and discrimination are major impediments to effective HIV responses. In 26 countries with recent population-based survey data, more than 50 per cent of respondents expressed discriminatory attitudes towards people living with HIV. People experiencing or fearing stigma or mistreatment are less likely to access HIV services or remain engaged in care. The 45th Programme Coordinating Board meeting received a [progress report on actions to reduce stigma and discrimination in all its forms](#). Examples of work supporting countries in their efforts follow.

62. UNDP supported governments, civil society and United Nations partners in 89 countries in reforming discriminatory laws and policies on HIV, tuberculosis and broader health issues that perpetuate exclusion and marginalization and contribute to poor health outcomes. In Belarus, for example, the Government created a working group to propose legislative changes related to HIV criminalization, and in Sudan, a punitive ‘public order law’ was repealed. This work has also contributed to the inclusion of condoms and lubricants in the national essential medicines list of the Democratic Republic of the Congo, repeal of a law criminalizing unintentional transmission of HIV in Mozambique, and decriminalization of consensual same-sex conduct in the Seychelles. UNDP works with the judiciary to advance understanding of the intersection of human rights, law and HIV, including the role of judges in fostering a rights-based environment for people living with and vulnerable to HIV.

63. In July 2018, the Global Commission on HIV and the Law released a supplement to its 2012 landmark report. It highlighted recent developments in HIV science, technology, law, geopolitics and funding that affect people living with HIV and its co-infections, and provided a list of actionable recommendations for governments, civil society and other partners. The supplement noted that while digital health technologies have the potential to support HIV responses, there are serious risks of misuse. UNDP is working with the UNAIDS secretariat and cosponsors to promote rights-based approaches to the use of digital technologies and data for HIV and health, and is leading the development of inter-agency guidance on digital innovations and HIV-related programming, including a framework for protecting the rights of people living with HIV and key populations in digital spaces.

64. In July 2020, leveraging their HIV experience, UNDP, WHO, UNAIDS 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 law and policy documents from over 190 countries to support the establishment and implementation of evidence- and rights-based legal frameworks for COVID-19 responses. It includes state-of-emergency declarations, quarantine measures, disease surveillance, other public health measures such as wearing masks and physical distancing, and access to health technologies.

65. UNDP, in collaboration with cosponsors and the UNAIDS secretariat, provided policy and programme support to the implementation of the Global Fund strategy objective of removing human rights barriers, including to the Global Fund’s 20-country ‘Breaking Down Barriers’ initiative. This was done by supporting HIV and tuberculosis law and policy audits and reviews in Angola, Botswana, Senegal, Seychelles, and Zimbabwe; multi-stakeholder national dialogues; research; ongoing monitoring; and policy guidance for rights-based HIV and tuberculosis programmes.

66. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination is co-convened by UNDP, UNAIDS, UN-Women, and the Global Network of People Living with HIV. Partners are supporting 16 countries in developing and implementing action plans in priority areas such as the justice system, health-care settings, and emergency and humanitarian settings to address HIV-related stigma and discrimination. UNFPA supported the development and roll-out of the Global Partnership, including country guidance and resources and promotion in health-care settings.

67. UNFPA supported increased attention to marginalized women’s poorer sexual and reproductive health outcomes, including their maternal health and protection from gender-based violence. This included strengthening national accountability on gender equality and sexual and reproductive health rights, including HIV prevention, by documenting progress on Sustainable Development Goals targets and engaging with national and international human rights mechanisms. In 2018-2019, UNFPA strengthened the capacity of, and enabled cross-learning among, 11 national human rights institutions, and launched a guide for conducting national inquiries and country assessments on sexual and reproductive health. In 2020, UNFPA published a framework designed to provide guidance to countries towards harmonizing policies and laws relating to adolescent sexual and reproductive health and rights in East and Southern Africa, and to advance the alignment of such laws and policies with international and regional instruments.

68. Although domestic HIV resources are increasing in many countries, they do not often support programmes addressing human rights barriers or the rights of key populations. Stigma, criminalization of people living with HIV and other key populations and discrimination are persistent barriers to effective HIV responses. The growing restriction of civic space affects civil society organizations that are on the frontlines of HIV responses. In many countries, asylum seekers, refugees and other migrants are excluded from national HIV programmes and subjected to mandatory HIV testing. UNDP will lead inter-agency efforts on prosecutorial guidance for HIV-related cases. Work will continue to ensure non-discrimination in access to quality sexual and reproductive health services and the inclusion of refugees and internally displaced people in national HIV responses.

Strategic results area 7. Investment and efficiency

69. Ensuring sustainability remains a challenge, and the funding gap for HIV resources is widening. In 2019, only \$18.6 billion was available for AIDS responses, 30 per cent short of the \$26.2 billion needed. The regions with the largest shares of the overall resource gap in low- and middle-income countries were west and central Africa (32 per cent), Asia and the Pacific (26 per cent), and Eastern Europe and central Asia (17 per cent).

70. UNDP supported the implementation of innovative approaches to increase domestic fiscal space and helped governments and other stakeholders to better account for, and finance action on, determinants of HIV and health. This included working with the Global Fund and partners on effective and cost-efficient service delivery to key populations.

71. UNDP works with countries to develop investment cases – detailed analyses of how government investment in health can save money and lives. UNDP policy and technical support to 10 countries in Eastern Europe and central Asia contributed to optimizing HIV investments. For example, non-governmental organizations’ social contracting and modelling of investments in HIV programmes, using a rights-based approach, brought results, including Montenegro’s decision to earmark domestic funds to HIV-related services provided by non-governmental organizations and Serbia’s development of minimum services packages for HIV services to key populations.

72. Taxing health-harming products to increase domestic resources presents an opportunity to increase resources for HIV and health programmes. In 2018, for example, Uganda implemented a 2 per cent levy on alcohol to fund its HIV programmes and reduce reliance on donor funding. UNDP, WHO and the secretariat of the WHO Framework Convention on Tobacco Control provided technical and advocacy support to advance taxation of health-harming products to improve health, reduce the costs of poor health, and raise revenue. This included supporting investment cases on non-communicable diseases and tobacco control in 28 countries.

73. UNDP supported capacity development for inclusive, accountable, and responsive national and local institutions. The work on combating corruption helped to ensure that resources were efficiently managed and available for the public good. In 2019, UNDP, the Global Fund and WHO launched the Anti-Corruption, Transparency and Accountability Alliance for Health to address the \$455 billion global losses annually from corruption in the health sector.

74. UNFPA continued supporting development and use of youth-led technology and innovative approaches in sexual and reproductive health and rights, including HIV prevention, such as the “I-Design” Tool in Thailand, and “TuneMe” in east and southern Africa, which provide HIV and sexual and reproductive health information through mobile phones in multiple countries. A 2019 evaluation showed that 30 per cent of young people accessing TuneMe have accessed sexual and reproductive health and rights services. UNDP and the World Bank organized a global series of training courses for senior-level government officials from 40 countries to build capacity in big data analytics, artificial intelligence and the use of decision science models in health and nutrition. UNFPA and WHO are also developing “starter kits” with digital client-level information for family planning and adolescent sexual and reproductive health to help implementers undertake the requirement process and repurpose existing digital tools.

75. Through its out-of-school comprehensive sexuality education programme, UNFPA launched an online space for sharing good practices among experts, health professionals, advocates, youth

networks and government officials. The UNFPA regional office in the Asia-Pacific region supported UNICEF in mapping out digital sexuality education platforms in the region and the needs of young people in accessing digital spaces for sexual and reproductive health-related information.

76. Major gaps exist in terms of allocative efficiency in several areas, such as services for key populations and HIV prevention. Future programming will need to improve allocative efficiencies and take account of the evolving HIV response. Effective integration of HIV and a people-centred, multi-sectoral approach to scaling up HIV programmes is critical.

Strategic results area 8. HIV and health service integration

77. Opportunities to integrate HIV into broader health, social protection and other sectoral efforts expanded in 2018-2019. In 2019, the General Assembly adopted the Political Declaration of the High-level Meeting on Universal Health Coverage, marking the culmination of efforts to bring the global health community together under a single umbrella. However, the need for greater integration of HIV responses is manifest. Tuberculosis remains the leading cause of death among people living with HIV, accounting for an estimated 32 per cent of the 770 000 AIDS deaths in 2018. Yet only 56 per cent of people living with HIV who also have tuberculosis were identified and linked to tuberculosis treatment in 2018, and only 48 per cent of people living with HIV and tuberculosis received antiretrovirals.

78. Key UNFPA integration achievements in 2018-2019 included:

- (a) 55 countries had a national sexual and reproductive health plan prioritizing services for marginalized groups;
- (b) 60 million women and young people were reached with sexual and reproductive health services;
- (c) 21,567 health service providers and managers were trained as trainers in the minimum initial services package.

79. UNFPA set out the intrinsic connections with HIV in the [Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage](#). This was produced for the International Conference on Population and Development +25 (Nairobi Summit) and is a key tool guiding work in this area.

80. During 2019, UNFPA supported 37 countries in progress towards a wide range of sexual and reproductive health and rights linkages and integrated service packages. These included: integrated adolescent sexual and reproductive health services (20 countries); integrated primary health care packages (10 countries); integrated services for key populations (9 countries); integration with sexual and gender-based violence and broader adolescent girls and young women's services (5 countries); and comprehensive elimination of mother-to-child transmission (3 countries).

81. UNFPA published its business plan for the Maternal Health Thematic Fund, 2018-2022, including efforts to reduce the impact of HIV and sexually transmitted infections on women, their infants and families. The fund, operating in 39 countries includes addressing vertical transmission. UNFPA strengthened the capacity of midwifery services, including antenatal care for women living with HIV, to reduce vertical transmission. Operational guidance was prepared for youth-friendly sexual and reproductive health services, including in youth sexual and reproductive health services in humanitarian settings, and out-of-school comprehensive sexuality education.

82. Through advocacy and policy work, UNDP advanced the 2030 Agenda as a framework for (a) ensuring universal access to people-centred health services, and (b) stronger multi-stakeholder action on the determinants of HIV and health. UNDP work included strengthening the capacities of national health systems to respond to co-infections and co-morbidities, ensuring access to affordable essential medicines (see strategic results area 1), and optimizing and expanding HIV-sensitive social protection.

83. UNDP increased its collaboration with the Global Fund on addressing co-morbidities. Through the Multi-Country Western Pacific Integrated HIV/Tuberculosis Programme, 2018-2020, UNDP is working in 11 countries to promote universal and equitable access to quality diagnosis and

appropriate treatment of tuberculosis, multi-drug resistant tuberculosis, tuberculosis-diabetes mellitus, and HIV and tuberculosis co-infection.

84. UNDP supported 38 countries in HIV-sensitive social protection. For example, thanks in part to support from UNDP, 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. Other groups now included in the initiative are people who use drugs, entertainment workers, people living with HIV, and persons with disabilities.

85. Under WHO leadership and with nine other United Nations organizations, UNDP and UNFPA developed the [Global Action Plan for Healthy Lives and Well-being for All](#). Within the framework of the 2030 Agenda, the plan aims to improve alignment, accountability and collaboration in key areas to accelerate results across Sustainable Development Goal 3 and related health targets at the country level.

86. A life-course approach recognizes that people have different and changing sexual and reproductive health needs throughout their lives. Interventions must be people-centred and structured to take into account future needs including those related to HIV, depending on peoples’ choices, circumstances, and life-course trajectories. A life-course approach must consider the needs of particularly vulnerable groups, such as people with disabilities, adolescents and lesbian, gay, bisexual, transgender and intersex people, and the implications of legislation concerning, for example, access to sexual and reproductive health services and age of consent. Discussions on the next Global AIDS Strategy have included the potential to expand an integration approach across a broader set of health needs.

IV. Conclusion

87. With just 10 years left to achieve the Goals, world leaders at the Sustainable Development Goals Summit in September 2019 called for a Decade of Action. They pledged to mobilize financing and enhance national implementation to achieve the Goals, including the target to end AIDS as a public health threat by 2030, leaving no one behind. The world remains off track to achieve the 2020 targets, and the gains in the AIDS response need to be protected, together with increased scaling and targeting efforts to ensure greater effectiveness. The COVID-19 pandemic and the inequalities it is exposing, exacerbating and generating make this even more challenging

88. The strengths of the Joint Programme are vital to ending AIDS as a public health threat and can contribute significantly to tackling the COVID-19 pandemic: uniting a global partnership for action; standing in solidarity with the people most affected and in defence of human dignity, human rights and gender equality; mobilizing resources; holding itself and others accountable for results; and supporting inclusive country leadership. Ending AIDS remains integral to achieving the Sustainable Development Goals, the resilient systems needed to achieve the 2030 Agenda, and the pledge to leave no one behind. The COVID-19 pandemic has not altered this ambition – it has made it even more urgent.

89. The next global AIDS strategy will guide the work of the Joint Programme and provide a road map and inspiration for the global AIDS response. It is crucial that the strategy protects and builds on gains and draws on key lessons to address uneven gains across countries and communities, to ensure that those most in need are not left behind.