



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
5 July 2019

Original: English

**Second regular session 2019**

3-6 September 2019, New York

Item 9 of the provisional agenda

**Follow-up to UNAIDS Programme Coordinating Board meeting**

**Report on implementation of 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 (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report focuses on the implementation of decisions from the 42nd and 43rd PCB meetings, held in June and December 2018, respectively, as well the special session held in March 2019. The report also highlights the contributions of UNDP and UNFPA to the HIV/AIDS response.

## Contents

I.	Context .....	3
II.	Decisions and recommendations of the UNAIDS Programme Coordinating Board .....	4
A.	Independent Expert Panel.....	4
B.	Progress in the implementation of the UNAIDS Joint Action Plan .....	4
C.	Update on the access components of the UNAIDS Strategy 2016-2021 .....	5
III.	UNDP and UNFPA transformative results .....	6
D.	Strategic results area 1: HIV testing and treatment .....	6
E.	Strategic results area 2: Elimination of mother-to-child transmission of HIV.....	8
F.	Strategic results area 3: HIV prevention among young people.....	9
G.	Strategic results area 4: HIV prevention with and for key populations .....	10
H.	Strategic results area 5: Gender inequality and gender-based violence .....	11
I.	Strategic results area 6: Human rights, stigma and discrimination .....	13
J.	Strategic results area 7: Investment and efficiency .....	14
K.	Strategic results area 8: HIV and health service integration .....	15
IV.	Conclusion.....	16

## I. Context

1. The global response to HIV is at a precarious point. At the halfway point of the 2020 targets, the pace of progress is not matching global ambition. Globally, new HIV infections have declined by just 18 per cent in the past seven years, from 2.2 million in 2010 to 1.8 million in 2017. Although this is nearly half the number of new infections compared to the peak in 1996 (3.4 million), the decline is not quick enough to reach the target of fewer than 500,000 by 2020. The reduction in new HIV infections has been strongest in the regions most affected by HIV, Eastern and Southern Africa, where new HIV infections have been reduced by 30 per cent since 2010. However, new HIV infections are rising in around 50 countries. In Eastern Europe and Central Asia, the annual number of new HIV infections has doubled, and new HIV infections have increased by more than a quarter in the Middle East and North Africa over the past 20 years.

2. Due to the impact of antiretroviral therapy scale-up, the number of AIDS-related deaths is the lowest this century (940,000), having dropped below 1 million for the first time in 2016. Yet, the current pace of decline is not fast enough to reach the 2020 target of fewer than 500,000 AIDS-related deaths. Almost 60 per cent of the 36.9 million people living with HIV (PLHIV) were on treatment in 2017, an important achievement, but to reach the 30 million target, there needs to be an annual increase of 2.8 million people, and there are indications that the rate of scale-up is slowing down.

3. Accelerating progress towards ending the HIV epidemic as a public health threat and the pledge to leave no one behind requires intensified efforts to address the determinants of HIV and health and the inequities or disparities they perpetuate. These determinants are diverse and interconnected, including, but not limited to, poverty, levels of education, marginalization, economic and gender inequalities, race, disability, legal status and migration experience. Stigma and discrimination towards PLHIV and key populations, reinforced by punitive and discriminatory laws and policies, are major barriers preventing people from accessing and using the services they need.

4. The present report, prepared jointly by UNDP and UNFPA, provides an update on the implementation of decisions and recommendations from the [42nd](#) and [43rd](#) meetings of the UNAIDS Programme Coordinating Board (PCB), held in June and December 2018 respectively. Key issues of relevance to UNDP and UNFPA included the Independent Expert Panel (the Panel) on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at UNAIDS Secretariat; the report on progress in the implementation of the UNAIDS Joint Action Plan; an update on the access components of the UNAIDS 2016-2021 Strategy, and; the thematic segment of the forty-second PCB meeting on “Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals (SDGs)”.

5. This report also provides highlights of UNDP and UNFPA results in addressing HIV in the context of broader work on health, human rights and development to support countries to achieve the SDGs and the pledge to leave no one behind. More detailed results for both organizations are available in the [UNAIDS Unified Budget, Results and Accountability Framework \(UBRAF\) 2018 Performance Monitoring Reports](#). The oral presentation at the second regular session 2019 will include a synopsis of decisions and recommendations from the 44th PCB meeting held 25-27 June 2019.

## II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

### A. Independent Expert Panel

6. In early 2018, the UNAIDS Secretariat received significant media attention on issues of sexual harassment and abuse of authority. In response, the Secretariat developed a [five-point plan](#) to tackle harassment, launched in February 2018. Additionally, the UNAIDS Executive Director established an Independent Expert Panel. The Panel's remit was to review how the Secretariat has dealt with issues of harassment, bullying and the abuse of power in the past seven years, evaluate the effectiveness of existing policies and procedures, and recommend a comprehensive set of prioritized measures on organizational culture, policies and fair and due process procedures.

7. The Panel presented its [report](#) to the 43rd PCB meeting, with recommendations under four areas: governance, leadership, management, and policy and process. The Panel made recommendations about strengthening governance and accountability, reconditioning the leadership team, improving management for the necessary culture change, implementing training to prevent harassment, bullying and abuse of power, and enhancing policy and processes, including more effective implementation. The Panel found pervasive and systemic weakness in organizational culture and policy implementation, even though the policies in place were close to best practice, as well as a widespread perception among respondents that the system was not working for the staff overall.

8. The PCB welcomed the [management response](#) and recognized the efforts of the UNAIDS Secretariat through 2018 to tackle harassment. It requested that a [PCB working group](#) be established to provide guidance for the Board on how to better monitor and evaluate actions undertaken by the UNAIDS Secretariat to ensure zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat. This experience could also be used to inform the broader United Nations system. A revised and strengthened [Management Action Plan](#) was presented at a Special Session of the PCB in March 2019. The working group will present its report at the June 2019 PCB meeting.

9. UNDP and UNFPA are committed to eliminating all forms of sexual exploitation and abuse and sexual harassment and to this end are working closely with each other and the wider United Nations system through a range of coordinated actions. This includes ensuring the highest standards of policies, processes and systems in place for the protection from, prevention of and effective response to sexual harassment and sexual exploitation and abuse.

10. In December 2018, the UNAIDS Executive Director announced he would leave his post at the end of June 2019 and requested the PCB to put in place a transition process. A search committee for the selection of the next Executive Director of UNAIDS was established which presented the proposed [process](#) at a Special Session of the PCB in March 2019. The search committee will present its report including a shortlist of candidates at the forty-fourth PCB meeting in June 2019.

### B. Progress in the implementation of the UNAIDS Joint Action Plan

11. The PCB was briefed on the progress on implementing the UNAIDS Joint Action Plan and actions undertaken to strengthen country-level work. Improvements were focused around joint United Nations Plans on AIDS, covering United Nations support for 2018-2019 (in 97 countries), and country envelopes (in 71 countries). In 2019, UNDP received \$2,205,600 and UNFPA received \$3,456,400 for country-level work on HIV.

12. An early review of the Action Plan was undertaken to identify issues requiring action as quickly as possible. The review showed that the Action Plan resulted in a dynamic and differentiated resource allocation model, was intensifying country-level collaboration between

co-sponsors and promoting local ownership, transparency and accountability. The main challenges included shrinking financial resources and limited human resources due to the decline in the core resources of the Joint Programme. Co-sponsors noted concerns about the limited flexibility of country envelopes in terms of responding to emerging issues and the deprioritization of non-Fast-Track countries, and warned about the risk of countries deprioritizing HIV prevention and structural interventions.

13. Member States welcomed the country envelope approach and its integration into the joint United Nations planning process. They stated that the Action Plan adopted by the PCB fits well within the repositioning exercise of the United Nations Development System. Countries were urged to invest more in strengthening the protection of human rights and ending stigma and discrimination. The Joint Programme was asked to develop guidelines and strategies with civil society to ensure that the most affected populations are factored into country plans. Since the amount set aside for country envelopes represents only a small portion of the Joint Programme's core budget (12 per cent), the PCB suggested that future evaluations and reviews should consider the wider picture of the Joint Programme.

### **C. Update on the access components of the UNAIDS Strategy 2016-2021**

14. The findings of a PCB paper on how low- and middle-income countries can be supported to overcome access barriers, including intellectual property-related barriers, and factors that affect the availability and affordability of health technologies for HIV and its co-infections and co-morbidities, were presented at the 43rd PCB meeting. The paper highlighted that almost half of PLHIV are still not accessing treatment, and that treatment coverage for children was lower than for adults. The majority of PLHIV now live in middle-income countries, the majority of which are not included in the voluntary licensing agreements that have facilitated more affordable pricing arrangements for HIV-related medicines and other health technologies, resulting in high prices for health commodities. Countries often encounter significant difficulties when trying to use the Trade-Related Aspects of Intellectual Property Rights agreement (TRIPS), and, though local production is expanding, many countries struggle to access affordable versions of antiretrovirals, treatment for hepatitis C and PrEP.

15. The PCB welcomed the paper and stressed that access to affordable quality medicines is crucial for universal health coverage (UHC) and the achievement of the SDGs. Members insisted that the Joint Programme has a responsibility to protect the public interest with regards to promoting affordable access to HIV and related health commodities medicines. They called for strengthened policy coherence across the Joint Programme on the issue and asked that it continue its efforts to improve access to medicines. The Joint Programme was requested to continue to use its advocacy and convening power to widen access to affordable, quality-assured HIV and related health commodities.

#### ***Thematic segment on ending tuberculosis and AIDS, a joint response in the era of the SDGs***

16. The thematic segment of the 42nd PCB meeting was dedicated to discussing ending tuberculosis and AIDS. It was noted that the impact of biomedical interventions is highest when they were combined with structural interventions that protect human rights and tackle poverty, poor living and working conditions, pollution, etc. HIV and tuberculosis programmes should be integrated and must advocate together for the political commitment needed to advance UHC, including sustainable health financing, health systems governance, essential medicines and health products, and service delivery and quality. While domestic and innovative financing are important, international financing is still needed. The meeting concluded that the high-level meeting on tuberculosis presented an opportunity to invigorate efforts to end tuberculosis by 2030 and should be linked to the other high-level meetings on non-communicable diseases and UHC. A letter from the PCB Chair capturing the key messages from the thematic segment was submitted to the co-facilitators of the high-level meeting on tuberculosis.

### III. UNDP and UNFPA transformative results

17. This section highlights the achievements of UNDP and UNFPA, structured according to the 2016-2021 UBRAF strategic results areas. As cosponsors of UNAIDS and partners of the Global Fund, UNDP and UNFPA play important roles in supporting countries to implement the 2030 Agenda and the commitment to leave no one behind, in partnership with United Nations and other partners. In 2018, 129 UNDP country offices and 81 UNFPA offices supported national responses to HIV and health.

#### D. Strategic results area 1: HIV testing and treatment

18. There has been progress towards the UNAIDS 90–90–90 targets. Three in four PLHIV now know their HIV status; of the people who know their status, 79 per cent were accessing treatment in 2017;<sup>1</sup> and of the people accessing treatment, 81 per cent had suppressed viral loads. Knowledge of HIV status, treatment coverage and viral suppression rates remained consistently lower among children, young people and men. Among key populations, trends differed widely from country to country, though most evidence pointed to weaker treatment adherence and lower viral suppression for those populations.

19. In partnership with the Global Fund, UNDP supports the response to HIV, tuberculosis and malaria in some of the most challenging contexts. Since 2003, the partnership has saved an estimated 3.1 million lives. As of May 2019, UNDP was managing 32 HIV, tuberculosis and malaria grants from the Global Fund in 19 countries and three regional programmes that cover an additional 24 countries. UNDP work involves implementing large-scale programmes, building capacity of health systems so that they are more resilient and sustainable, and supporting countries to strengthen laws and policies to ensure that no one is left behind. This integrated, end-to-end approach is done in partnership with, and leveraging the expertise of, other UNAIDS co-sponsors such as UNFPA, UNICEF, UNHCR, WFP, and WHO, as well as civil society and the private sector.

20. In support of national partners, UNDP is currently providing 1.4 million people with antiretroviral treatment for HIV. Other key results in 2018 include:

- (a) 6.3 million people counselled and tested for HIV;
- (b) 97,000 pregnant women receiving ARVs for prevention of vertical transmission;
- (c) 54,000 new smear-positive tuberculosis cases detected and treated;
- (d) 1,600 people treated for multi-drug resistant tuberculosis;
- (e) 19.7 million bed nets distributed;
- (f) 7.6 million cases of malaria treated.

21. Leveraging UNDP partnership with the Global Fund, a growing number of countries requested UNDP support for strengthening the resilience and sustainability of systems for health. UNDP provided additional procurement and supply chain management support to ten countries for the procurement of HIV medicines and tests. In 2018, UNDP supported countries to procure HIV medicines and diagnostics, with Global Fund or other funding, amounting to \$160 million. UNDP also supported strengthening the functioning of Country Coordinating Mechanisms in 18 countries.

22. UNDP is supporting the Global Fund on the implementation of their strategy: [Investing to End the Epidemics 2017-2022](#), in particular the strategic objectives relating to human rights, key populations and gender. This includes guidance, tools and trainings for Global Fund stakeholders as well as incorporation of these issues in the budgets and results frameworks of Global Fund grants that UNDP manages. For example, by working with the Global Fund to

---

<sup>1</sup> The latest available HIV estimates are for 2017; estimates for 2018 will be released later in 2019.

strengthen the capacity of the Country Coordinating Mechanisms on gender dimensions of HIV, tuberculosis and malaria. In South Sudan, UNDP capacity building support led to national AIDS bodies recommending that a portion of a Global Fund grant be allocated to gender-responsive interventions.

23. UNDP has worked with WHO, other UNAIDS Cosponsors and partners in supporting Member States to promote innovation and access to HIV medicines and other health technologies. For example, in May 2018, after a series of multisectoral consultations the Government of South Africa approved a new Intellectual Property Policy that aims at increasing policy coherence and improving innovation and access to health technologies, all of which are critical for achieving UHC and other 2030 Agenda goals and targets.

24. UNDP and the [New Partnership for Africa's Development](#) (NEPAD), together with United Nations and civil society partners, supported the development of the African Union Model Law on Medical Product Regulation. By improving and harmonizing regulations across Africa, the law will enable new, quality-assured health technologies to be approved and introduced more efficiently. The UNDP-led [Access and Delivery Partnership](#) is now supporting 13 countries domestication of the Model Law; this will help countries to meet the African Union target of 25 Member States adopting the law by 2020. Access and Delivery Partnership is also providing technical support to the African Medicines Agency on the coordination of initiatives to harmonize medical products regulation and provide guidance to improve access to medicines and health technologies across the continent.

#### ***HIV-related services in humanitarian emergencies***

25. In 2018, UNFPA humanitarian action (Sexual and Reproductive Health (SRH)/gender-based violence (GBV) services, supplies and information) reached an estimated 15 million women, girls and young people affected by crises. In all, 12,000 emergency reproductive health kits were delivered to 55 countries with the capacity for targeted services for:

- (a) 3.4 million people to access post-rape kits for clinical management of rape;
- (b) 5.5 million for treatment of sexually transmitted infections;
- (c) 3 million to receive voluntary family planning services;
- (d) 3.2 million women and girls to receive basic and comprehensive emergency obstetric care.

26. UNFPA also updated pre-loaded data for the Minimum Initial Service Package calculator, to better estimate the reproductive health commodity requirements, when assessing humanitarian situations. UNFPA continued to train humanitarian responders, including on use of the Minimum Initial Service Package, and on gender-based violence response coordination, guidelines and information management, including through an e-learning course. A total of 28 countries were supported to integrate SRH into emergency preparedness, and response and disaster reduction plans.

#### ***Condoms***

27. Ensuring access to male and female condoms continues to be a priority. During 2017, UNFPA Supplies sharpened its focus on supporting countries to strengthen their national reproductive health commodity supply chain management (SCM) systems, efficient and transparent use of domestic resources, and ensuring adequate national funding for reproductive health commodities. By 2018, 11 countries had supply chain management strategies in place, with costed implementation plans that address all elements of commodity availability and accessibility. These country strategies are aligned with UNFPA/WHO recommendations for ensuring human rights-based contraceptive service delivery.

28. UNFPA manages the prequalification programme for male and female condoms on behalf of and in conjunction with WHO. A list of prequalified manufacturers is published and made available to Member States and international condom procurement agencies (currently

30 male condom manufacturers and four female condom manufacturers). In 2018, the overall commodity procurement had tripled since 2016. In 2018 UNFPA supplied:

- (a) 1.24 billion male condoms (\$27.3 million);
- (b) 12.9 million female condoms (\$6.0 million);
- (c) 49.8 million sachets for personal additional lubricants (\$1.7 million).

29. Reaching the 2020 target of reducing AIDS-related deaths by 50 per cent requires that an additional 2.8 million people initiate and remain on antiretroviral therapy (ART) each year. More effective case finding and linkage to treatment and care services, and improved retention in care are priorities. This demands additional resources and taking full advantage of trade and intellectual property-related options to broaden access to affordable health technologies. An appropriate balance between biomedical and structural interventions is also vital.

## **E. Strategic results area 2: Elimination of mother-to-child transmission of HIV**

30. Globally, an estimated 1.4 million (880,000–2,100,000) new child infections have been averted between 2010 and 2017, a 40 per cent reduction of new HIV infections in children (0-14 years). Twelve countries have received WHO certification of the elimination of mother-to-child transmission (EMTCT) of HIV and/or syphilis, and all regions have established validation systems.

31. UNFPA has continued supporting countries to link HIV with other aspects of sexual and reproductive health rights (SRHR) at the policy and enabling environment, health systems and integrated service delivery levels. Integrated SRHR/HIV services provide an important delivery platform towards the elimination of new infections in infants and keeping their mothers alive, particularly in relation to family planning for women living with HIV.

32. UNFPA is supporting countries to develop sustainable human rights-based family planning programmes that meet the needs of all, including marginalized groups. Globally, access to modern family planning methods increased from 74.9 per cent in 2000 to 77.4 per cent in 2018. In Least Developed Countries, the proportion of women who are married or in a union and have their need for family planning satisfied with modern methods increased from 39.4 per cent in 2000 to 58.5 per cent in 2018. More specifically in contribution to prong two of EMTCT, in 2016-2017, UNFPA reached 30 million people, averting 30.1 million unintended pregnancies (16.4 million in Fast-Track countries) and 73,500 maternal deaths (52,000 in Fast-Track countries).

33. In partnership with WHO and UNICEF, UNFPA provided technical assistance to strengthen EMTCT efforts in Eastern Europe and Central Asia. In Georgia, UNFPA supported development of the EMTCT National Plan for 2018-2019, Monitoring and Evaluation Plan, and self-assessment indicators with passports and data sources. In Ukraine, as part of the Joint Team EMTCT efforts, UNFPA strengthened capacity of primary healthcare providers and contributed to reaching out to most vulnerable women living with HIV to ensure access to SRH and family planning services, including early HIV testing and counselling. In Sudan, PLHIV projects included provision of positive health peer education service packages, including prevention of mother-to-child transmission services, in the priority states of the country.

34. UNFPA continues to work with partners under the leadership of WHO to ensure countries are prepared for the results of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study including through strengthening family planning and HIV integration.

35. Achieving the elimination targets will require greater investments to improve the quality of maternal newborn and child health systems in countries where EMTCT progress lags. Remaining challenges include testing and case finding among pregnant and breastfeeding women (mainly due to poor integration of services), late initiation of ART, inadequate adherence to ART due to poor retention in care, and gaps in the early diagnosis of HIV



infections in infants. Countries also need practical guidance to streamline their current EMTCT investments. UNFPA, UNICEF, WHO and other co-sponsors and partners will finalize a key considerations document to facilitate such improvements.

## **F. Strategic results area 3: HIV prevention among young people**

36. HIV remains among the top ten causes of death for adolescents (10-19). In Sub-Saharan Africa, adolescent girls and young women (AGYW) (15-24) still account for one in four HIV infections. Estimates predict only a 23 per cent decline in new infections among adolescents by 2030. At this rate, 50 million more adolescents will become infected with HIV by 2030.

37. In the new UNFPA adolescent and youth strategy (2019), UNFPA puts young people, their development phase and their perspectives of the world at the centre. UNFPA takes a holistic approach to adolescent and youth sexual and reproductive health rights (AYSRRH) to ensure adolescents' access to services which include supporting countries to implement HIV prevention programmes and comprehensive sexuality education, remove policy and legal barriers, such as parental consent, and create an enabling policy environment, such as including adolescent and youth sexual and reproductive health rights in UHC. The new adolescent and youth strategy is aligned with the United Nations youth strategy: Youth 2030 and will contribute to implementing and achieving the SDG agenda for young people.

38. Key UNFPA achievements for adolescent and youth empowerment in 2018 include:

- (a) 2.7 million marginalized girls reached by life skills programmes;
- (b) 29 countries operationalized school-based comprehensive sexual education (CSE);
- (c) 27 countries delivered out-of-school CSE.

39. 72 countries, at least two sectors, apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth.

40. 70 countries had institutional mechanisms for the participation of young people in policy dialogue and programming.

41. Examples of action on CSE, in Nepal, UNFPA supported 27 advocacy meetings and workshops on CSE, reaching 1,751 people in 2018. Some 23 orientation meetings organized to sensitize teachers, parents, students and health workers reached a total of 1,679 people (1,015 male and 664 female) from seven districts. In Grenada, UNFPA and partners convened a High-Level Dialogue on CSE – Health Family Lifestyle Education to discuss achieving better health outcomes for Caribbean adolescents. In Paraguay, UNFPA worked with the Ministries of Health and Education to develop a new curriculum for technical graduates incorporating CSE and a communication plan.

42. The UNDP-led “Strengthening Legal and Policy Environments for Reducing HIV Risk and Improving SRH for Young Key Populations in Southern Africa” is a regional programme seeking to improve sexual and reproductive health outcomes for young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe. Multi-stakeholder and participatory legal environment assessments (LEAs) on young key populations were finalized in Angola, Madagascar, Zambia and Zimbabwe, and Mozambique is initiating its LEA. The LEA recommendations are informing national action on the protection of young prison inmates in Madagascar, integration of lesbian, gay, bisexual, transgender and intersex (LGBTI) issues in CSE in Zambia, review age-of-consent laws in Zimbabwe, and a change of name and gender marker for transgender and intersex people in Angola. Because of joint advocacy by the African Men for Sexual Health and Rights and the Health Economics and HIV/AIDS Research Division of the University of KwaZulu-Natal, young key population issues were integrated into the Southern Africa Development Community SRH score card.

43. Thirteen countries – Botswana, Cameroon, Lesotho, Kenya, Malawi, Mozambique, Namibia, Swaziland, South Africa, Tanzania, Uganda, Zimbabwe and Zambia – have been

prioritized to receive Global Fund catalytic funds for programmes to support AGYW. As principal recipient in Zimbabwe, UNDP was instrumental in the development of the AGYW programme and is currently supporting national stakeholders, including civil society, on implementation. In Mozambique and Namibia, UNDP supported the development of the funding request with a focus on AGYW programmes.

44. The Global HIV Prevention Coalition (co-convened by UNFPA and the UNAIDS Secretariat) is strengthening political commitment and action for prevention, but major programmatic and funding gaps still separate countries from the 2020 milestones. The Joint Programme continues to support implementation of the Prevention 2020 Road Map and accelerated action in the 28 focus countries of the coalition. The Joint Programme will also support countries to act on the [international technical guidance on CSE](#). UNFPA will field-test the guidance on CSE for out-of-school settings over three years (in Burkina Faso, Colombia, Ethiopia, Ghana, Iran (Islamic Republic of), Malawi and Niger), reaching those most left behind through CSE for out-of-school young people, which emphasizes the fact that CSE – in or out of schools – does not increase sexual activity or sexual risk-taking behaviour. Together with UNESCO, UNFPA will use the “Our Rights, Our Lives, Our Future” programme to achieve high-level political commitment for CSE and access to SRH services for adolescents and young people in western and central Africa. UNDP is collaborating with the coalition to strengthen action on legal and human rights aspects of HIV prevention.

#### **G. Strategic results area 4: HIV prevention with and for key populations**

45. Disproportionally high HIV infection rates continue to be reported among key populations in countries of all income levels and in all regions. UNAIDS estimates that people in key populations and their sex partners accounted for 47 per cent of new HIV infections in 2017. UNDP and UNFPA coordinated the Joint Programme’s efforts focused on the guidance of development and implementation, enabling legal and policy environments, scaling-up of services for key populations and community empowerment.

46. Adolescent and young key populations are disproportionately affected by HIV. Their risk and vulnerability is even greater than that of adolescents and young people generally because of widespread discrimination, stigma and violence, combined with the vulnerabilities of youth, power imbalances in relationships and, sometimes, alienation from family and friends. Building on the Joint Programme’s [young key population issue briefs](#), UNDP, UNFPA together with UNICEF, UNESCO, UNODC, UN-Women, WHO and the UNAIDS Secretariat developed a toolkit for adolescent and young key populations, a collection of resources to assist countries in scaling up HIV prevention for these key populations.

47. Working with key population networks, UNFPA supported programmes for key populations in 18 countries during 2018. Roll-out of the key population HIV implementation tools occurred in Bangladesh, Indonesia, Jamaica, Kenya, Kyrgyzstan, Pakistan, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe. The TRANSIT was translated into Portuguese and Russian. TRANSIT community development workshops were supported in India and in Latin America and the Caribbean. Technical briefs for guiding roll-out of the sex worker implementation tool and implementation tool for men who have sex with men were tailored for and published in the Eastern and Southern Africa region, and technical review was conducted of Pan American Health Organization guidance on HIV/SRH services for LGBTI people. UNFPA also supported capacity building workshops at AIDS 2018 for sex workers, men who have sex with men and transgender people – facilitating community development, networking and empowerment within these communities. In Latin America and the Caribbean, UNFPA conducted four workshops to train community educators in comprehensive programmes as defined in normative guides for these three groups.

48. Advancing inclusion of sexual and gender minorities and promoting their access to HIV and health services in the context of the 2030 Agenda is a key priority for UNDP. Regional

“Being LGBTI” programmes are building understanding of the issues LGBTI people face and advancing their inclusion in national development efforts. Built on South-South collaboration within and across regions, 53 countries have been supported to roll-out “Being LGBTI” and related programmes.

49. The Sexual Orientation and Gender Identity and Rights Africa project was launched in Botswana, Cameroon, Liberia, Nigeria, Senegal, Tanzania and Zambia in 2018. UNDP helped all seven countries conduct national assessments, set up national multi-stakeholder steering committees and provided technical support to LGBTI organizations. National roundtables were organized in Botswana, Liberia and Nigeria, and have led to calls for legal reform which can advance the inclusion and rights of sexual and gender minorities.

50. The “Being LGBTI in Asia” programme completed six multi-country research projects across 19 countries. These projects are informing legal and policy reform in China, India, Pakistan, Philippines, Thailand and Viet Nam. In 2018, Pakistan enacted the “Transgender Persons (Protection of Rights) Act” and began formulating transgender welfare policies with input from UNDP. These measures aim to increase transgender people’s access to medical care and counselling, as well as outlaw harassment and discrimination by employers and business owners. UNDP also supported the development of transgender inclusion laws in Thailand and Viet Nam.

51. UNDP has supported the completion of the South African Development Community (SADC) Key Population Strategy. The strategy builds on a key populations model framework developed by the UNDP-supported Africa Key Populations Expert Group and includes key interventions including for transgender persons. Once validated and adopted, the strategy will inform national policies for key populations in SADC member countries. Key population organizations and national-level actors are also using the framework to inform the planning, implementation and monitoring of HIV and health programmes. In South Africa, Expert Group representatives influenced the language in the National Strategic plan and facilitated the development of the National Sex Worker HIV Plan. In Senegal, Expert Group representatives helped design a project for drug users.

52. UNDP, UNFPA and WHO supported MPact Global Action in the development and analysis of voluntary national reviews on LGBTI people which was launched at AIDS 2018. UNDP further supported the launch of the MPact [Technical Brief on HIV and Other Sexual Health Considerations for Young Men Who Have Sex with Men \(Out with It\)](#). UNDP published a discussion paper [“Sustainable Development Goals: Sexual and Gender Minorities”](#), which discussed promising policy and programme approaches to protect the human rights of sexual and gender minorities and strengthen their inclusion in sustainable development.

53. To address shrinking civic space and funding for civil society, including organizations working with key populations, UNDP, UNFPA, and other Joint Programme organizations, will step up engagement, including for expanding access to HIV prevention and related services for key populations.

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

54. Pervasive gender inequalities and gender-based violence continue to put women at risk of HIV infection and are major barriers to progress in the global AIDS response. AIDS-related illnesses are still a leading cause of death among women of reproductive age globally.<sup>2</sup> Increased vulnerability to HIV has been linked to violence. More than one in three women worldwide have experienced physical or sexual violence, often at the hands of their intimate partners.

55. UNDP is supporting 41 countries on improving gender equality and empowering women and girls in the context of HIV and health, ranging from challenging the legal barriers and social

<sup>2</sup> Health statistics and information systems: estimates for 2000–2015. Geneva: WHO; 2017.

norms that impeded access to healthcare to improving integrated support for victims of gender-based violence. In Eastern Europe and Central Asia, UNDP supported 15,000 women and adolescent girls living with HIV to access HIV services. This work included promoting gender equality in HIV service provision in Bosnia and Herzegovina; improving access to ART, HIV testing and counselling and legal aid services in Tajikistan and tuberculosis-related services in Turkmenistan; and raising awareness of women's rights in Ukraine.

56. In Latin America, UNDP is promoting regional cooperation to improve services and uphold the rights of young women and adolescents with HIV. UNDP, UNICEF and the UNAIDS Secretariat supported the International Community of Women Living with HIV to establish a network of young women living with HIV from across the region. UNDP advocated for greater visibility for young women in national AIDS programmes, and supported civil society partners from Argentina, Chile, Honduras, Nicaragua, Panama, Peru and Uruguay to advocate for health rights in their respective countries.

57. UNDP, UNFPA, UNICEF, WHO, and the World Bank under the auspices of the Special Programme on Research in Human Reproduction published a policy brief on routine elective caesarean section for women living with HIV. The policy brief promotes a rights-based approach – acknowledges the necessity to embed human rights in all healthcare policies and the rights of women living with HIV to be included in decision-making around choice of modes of delivery.

58. Key UNFPA achievements in gender equality and the empowerment of women in 2018 include:

- (a) 893,000 women and girls subjected to violence accessed essential services;
- (b) 1.84 million girls received, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage;
- (c) 4,907 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms;
- (d) 50 countries have a national mechanism to engage men and boys.

59. UNFPA is currently leading/co-leading three key global initiatives on gender-based violence: the Essential Services Package, which has been rolled-out in 38 countries; the Spotlight Initiative (with UNDP) - two regional programmes and 13 country programmes in Latin America and Africa developed and an ongoing process of developing regional/country programmes for Asia/Pacific and the Caribbean; as well as the gender-based violence continuum (humanitarian-development-peace nexus) approach which has been rolled-out in 23 countries. In addition, the UNFPA/UNICEF Global Programme to End Child Marriage supported 12 countries in Asia and Africa, reaching almost 3 million girls in 2018 through school-based and community-based girl groups where girls learn critical SRHR information, negotiation and decision-making skills. Regionally, the programme partnered with SADC and the East African Community producing a model law to eradicate child marriage, which Malawi and Mozambique domesticated in 2018. UNFPA also launched the first guidelines to provide rights-based and gender-responsive services for women and young persons with disabilities. Furthermore, UNFPA prepared an analysis of gender and SRHR issues emanating from the second cycle of Universal Periodic Reviews which, in the context of HIV, included highlighting the 177 recommendations on HIV, and additional recommendations on CSE and on sex work.

60. In the current context on gender equality and women's rights UNDP and UNFPA will continue to work with partners to advocate for the urgency in addressing gender inequality and gender-based violence in the context of HIV. Through the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination and similar initiatives, UNDP, UNFPA, the UNAIDS Secretariat and other co-sponsors will continue to support countries to repeal laws and policies that sanction gender-based discrimination and violate women's rights.

## I. Strategic results area 6: Human rights, stigma and discrimination

61. Like gender equality, human rights and the rule of law are powerful determinants of HIV, health and sustainable development. A human rights-based approach is a top priority and guiding principle for the Joint Programme. Reinforced by punitive and discriminatory laws,<sup>3</sup> stigma and discrimination towards PLHIV and key populations are major barriers that prevent people from accessing HIV services.

62. The Global Commission on HIV and the Law, convened by UNDP on behalf of the Joint Programme, released an update to its 2012 report. The 2018 Supplement highlighted the impact on the AIDS response of shrinking civic space, persisting criminalization, the risks of digital technologies for health, the “war on drugs”, restrictive immigration policies and limited health care access for migrants, and provided a list of actionable recommendations for governments, civil society and other partners.

63. UNDP and partners supported countries to strengthen legal and policy environments for HIV and health by conducting LEAs and action plans, as well as organizing national dialogues and trainings in 89 countries since the launch of the 2012 report. In 2018, LEAs and action planning were undertaken in Angola, Belarus, Cote D’Ivoire, Haiti, Madagascar, Mozambique, Senegal, Suriname, Tajikistan, Trinidad and Tobago, Ukraine, Zambia and Zimbabwe. As a result of previous LEAs, the Democratic Republic of the Congo amended its HIV law, repealing the criminalisation of HIV transmission, and Gabon is drafting a new national policy on gender and sexual violence. UNDP, in collaboration with the Stop Tuberculosis Partnership, supported LEAs for tuberculosis in Kenya, Nigeria and Ukraine, as well as a joint HIV/Tuberculosis LEA in Botswana.

64. UNDP in collaboration with the UNAIDS Secretariat and other co-sponsors, supported the Global Fund’s Breaking Down Barriers initiative, which supports 20 countries to scale up evidence-based programming to reduce human rights-related barriers to HIV, tuberculosis and malaria services. The Global Fund has completed baseline assessments, and several countries have validated the baselines and are developing five-year costed implementation plans.

65. UNDP continues to work with partners to support countries in creating enabling environments, including removing legal, policy and human rights barriers to HIV and tuberculosis services. This has included strengthening access to justice through supporting countries to advance positive jurisprudence and precedents that uphold the rights of PLHIV and/or tuberculosis. For example, an order of the Kenyan High Court against the detention of persons with tuberculosis in prison for failure to adhere to treatment resulted in the publication of a rights-based policy to tuberculosis case management by the Government of Kenya in 2018; a Supreme Court directive for rights-based, social inclusion policies for transgender persons in Pakistan; and legal gender recognition and an order to issue identity documents to a transgender man in Botswana.

66. UNDP has supported the Secretary-General’s initiative to strengthen system-wide actions to support implementation of the recommendations of the 2016 Special Session of the General Assembly on the World Drug Problem on health, human rights and sustainable development. As part of these efforts, UNDP, WHO, UNAIDS Secretariat, OHCHR and UNODC, in partnership with the International Centre for Human Rights and Drug Policy at the University of Essex, launched the [International Guidelines on Human Rights and Drug Control](#), which will be rolled out by the partners in all regions.

67. UNFPA has mainstreamed human rights and gender across its current Strategic Plan (2018–2021), building capacity of all staff to ensure all UNFPA programming has a firm grounding in human rights principles, including ensuring gender equality, no discrimination,

<sup>3</sup> Including laws that criminalize unintentional HIV transmission, nondisclosure and exposure, consensual same sex relations between adults, gender expression, sex work and drug use, as well as parental consent laws.

universal access to SRH services and efforts to ensure no group is marginalized or left behind. UNFPA was instrumental in global and regional developments that increased the utilization of SRH services including supporting the development of the SADC regional strategy for sexual and reproductive health and rights for 2019-2030.

68. UNFPA developed a methodology for assessing progress of SDG indicator 5.6.2 – number of countries with legal frameworks guaranteeing full and equal access to SRH care, information and education. The survey for 5.6.2 is being rolled out in 2019, through the United Nations Department of Economic and Social Affairs inquiry and will establish the first global database in this area by the end of 2019. The meta-data includes information on laws and regulations around HIV/AIDS and whether any legal barriers exist to full and equal access by women and men to HIV testing and treatment.

69. UNFPA engaged in the United Nations Permanent Forum on Indigenous Issues (UNPFII) to promote SRH of indigenous people, especially women, publishing a fact sheet on indigenous women’s maternal health, including prevention of mother-to-child transmission, and review of UNPFII recommendations on SRHR, including on addressing rising impact of HIV within indigenous communities. UNFPA supported other minority groups through the publication of SRHR guidelines for people with disabilities, the compilation of the SRH chapter within the United Nations Secretary General report on disability, and the publication of a paper on migrant women’s SRH.

70. The Joint Programme will strengthen its support for reforming or removing obstructive laws and policies and will continue actions to mitigate negative human rights and health impacts of such measures. UNDP and other co-sponsors will continue to support countries to implement the recommendations of the Global Commission on HIV and the Law. This includes working with partners to develop guidance on addressing growing concerns about data protection and confidentiality in the collection and use of HIV and other health-related data, including through “big data” systems, with a special focus on key populations.

## **J. Strategic results area 7: Investment and efficiency**

71. Sustainable financing for AIDS responses results continued to be a challenge. Funding levels have been stagnant, with HIV spending totalling \$20.6 billion (in constant 2016 United States dollars) in 2017, in large part due to increased domestic investments. If current investment trends continue, many Fast-Track programme targets and milestones for 2020 will not be met.

72. UNDP is working with the Global Fund, and partners on innovative methods for effective and cost-efficient service delivery to key populations, to secure transition to domestically funded HIV responses – for instance through social contracting. UNDP supported ten countries in Eastern Europe and Central Asia to develop road maps for social contracting to facilitate implementation of jointly prioritized interventions by civil society, government and other partners.

73. Social contracting models for service delivery with a specific focus on key populations were explored in an eight-country study (Bosnia and Herzegovina, Brazil, Croatia, Guyana, North Macedonia, Montenegro, Namibia, Serbia) as follow up to a consultation on social contracting organized by UNDP, the Global Fund and the Open Society Foundations. Regulatory frameworks and good practices were identified and will be used in 2019 efforts to scale up social contracting. In Mexico, UNFPA worked with local government to strengthen social contracting mechanisms preventing and responding to HIV. Key populations have received such support through civil society organizations for over 11 years, for which a good practice document was published and disseminated.

74. UNDP co-financing offers a solution to budget for high-value/impact interventions that deliver benefits across multiple sectors, SDGs and SDG targets simultaneously. For example, cash transfers can lead to multiple benefits in education access for adolescent girls, health,

gender equality, reduced teen pregnancies, HIV prevention and more. In Malawi, UNDP has pioneered a co-financing model to determine optimal allocation of budgets in the health sector. This approach is now extended in Ghana, South Africa and Tanzania. Modelling is underway for South Africa to expand its cash plus care programme for adolescent girls in KwaZulu-Natal, and the intervention has been included in the Global Fund HIV funding request. A [guidance note on financing across sectors for sustainable development](#) was developed by UNDP and the London School of Hygiene and Tropical Medicine-supported STRIVE Research Consortium. The guidance will be rolled out through United Nations Mainstreaming Acceleration and Policy Support engagements, which are part of the broader United Nations Sustainable Development Group support to countries to implement the 2030 Agenda.

75. UNFPA continued supporting development and use of youth-led technology and innovative approaches in SRHR, including HIV prevention, such as the “I-Design” Tool in Thailand, and TuneMe, which provide HIV and SRH information through mobile phones in multiple countries. UNFPA and WHO are also developing “starter kits” for digital client-level information systems for family planning and adolescent sexual and reproductive health services to help implementers to more easily undertake the requirement process and repurpose existing digital tools. 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.

76. In addition, several countries introduced innovative platforms. In Mozambique, UNFPA and UNICEF provided HIV prevention and SRH information to 681,633 young people in 2018 through digital platform SMS BIZ. In Burkina Faso, a cumulative 1,587,000 young people and adolescents had access to the STI/HIV/AIDS course posted on the QG Jeune platform and gained knowledge. QG Jeune is an interactive platform dedicated to youth, with online counselling and a learning environment supported by ASRH specialists.

77. Many countries (especially low-income countries) still rely on external funding, and many middle-income countries are struggling to transition to domestic financing of evidence-informed AIDS responses. UNDP will continue to support countries to conduct investment cases to increase efficiency and effectiveness of HIV and health responses. UNFPA will continue to develop country adolescent investment cases which have a focus on SRH.

## **K. Strategic results area 8: HIV and health service integration**

78. There is wide recognition that to have a lasting impact, integration of HIV interventions with other programmes is vital: e.g. for other sexually transmitted infections, tuberculosis, sexual and reproductive health and rights, viral hepatitis, mental health, education, food and nutrition, social protection, decent work and humanitarian programmes.

79. UNFPA played a key role in creating awareness and commitment to increasing utilization of integrated SRH services. At the global level, UNFPA and WHO, as co-chairs of the Interagency Working Group on SRHR/HIV Linkages, launched a renewed Call to Action on Linkages at AIDS 2018, with co-endorsement by nearly 40 development organizations. Through the ESA Linkages programme “2gether 4 SRHR”, UNFPA, together with UNAIDS, UNICEF and WHO, supported inputs to a SADC SRHR Strategy, SRHR score card, and SADC efforts to create an enabling environment for key populations, including a Values Clarification Workshop on key populations.

80. UNFPA supported many countries including Botswana, Burkina Faso, Kyrgyzstan, India, South Africa, South Sudan, Zambia and Zimbabwe to continue their efforts on training health care providers on the integrated SRH/HIV/GBV services. In Zambia, a total of 202 health care providers acquired knowledge and skills in the provision of adolescent-friendly integrated SRH/HIV/GBV services. As a result, 157,212 young people accessed adolescent health services and information across 418 facilities representing 57 per cent of public health facilities in UNFPA supported provinces.

81. UNFPA participated in existing partnerships to increase the utilization of integrated SRH services and create new ones. Among the key partnerships on integration in 2018, the membership in the Global HIV Prevention Coalition – in which SRHR/HIV integration is a foundation platform for delivering on the five prevention pillars – expanded including Botswana, Iran, Myanmar, Norway and SADC, and brought the total number of focus countries to 28. The Family Planning 2020 partnership enabled more than 309 million women and adolescent girls to use contraception, an increase of 38.8 million by 2018 since its launch in 2012.

82. UNDP is collaborating with Health Care Without Harm to improve sustainable procurement in the health sector in ten countries. UNDP, Health Care Without Harm and the Asian Development Bank, brought together policymakers, technical experts and United Nations suppliers and manufacturers to discuss improving environmental and social sustainability in health.

83. In Zimbabwe, South Sudan and Equatorial Guinea, UNDP has worked with regulators and manufacturers to reduce packaging for antiretroviral medication. New packaging has resulted in a 55 per cent increase in shipping capacity per container, 29 per cent less packaging waste, and a 57 per cent reduction in CO2 emissions. Together with other measures to improve procurement planning, the reduced packaging initiative has generated savings of \$8.2 million since 2016, which is being reinvested in health care. UNDP is now working to expand this initiative to other countries and a wider range of products.

84. The scope of integration across systems and sectors will need to broaden further. UNFPA will continue addressing the challenges faced in accessing health care by: introducing a comprehensive SRH package; supporting risk pooling and pre-payment schemes; supporting the health infrastructure through partnerships; and promoting gender equality and the empowerment of women and girls. UNDP will support countries to create supportive, rights-based laws and policies to underpin those efforts.

## IV. Conclusion

85. The 2030 Agenda is a powerful framework for addressing HIV, health and development challenges in a more integrated and comprehensive manner. The sustainability of national AIDS responses is fundamentally linked to the 2030 Agenda including UHC and broader health and development. UNDP, UNFPA and WHO have been working with 11 other global health organizations on the development of a [Global Action Plan on Healthy Lives and Well-Being](#), which will be launched at the United Nations General Assembly in 2019. Within the logic of the SDGs, the plan aims to improve alignment, accountability and acceleration in key areas to drive results across SDG 3 and related health targets at country level.

86. HIV investments are improving the quality of life and productivity of PLHIV, promoting equality and justice, contributing to health and community system strengthening and advancing the achievement of the SDGs overall. For example, the Global Fund has invested approximately \$1 billion in strengthening health systems, contributing directly to advancing UHC. The HIV response is addressing social exclusion and legal barriers that undermine health and development outcomes more broadly. Led by people living with and affected by HIV, it has increased access to justice and pioneered people-centred accountability mechanisms, leading to more effective and transparent institutions and governance. Gender-transformative HIV programmes that engage men are contributing to reducing gender-based violence and empowering women.

87. The funding gap for the global AIDS response is \$5.6 billion.<sup>4</sup> Not fully funding the AIDS response would have drastic consequences for the SDGs. For example, an additional

---

<sup>4</sup> The difference from the 2020 resource needs to the existing resources in 2017 in constant 2016 dollars for comparison



2.1 million people would acquire HIV and 1 million more people would die of AIDS-related illness if the world misses the 2020 targets by more than five years. Progress on the other SDGs would also be negatively affected. In addition to increasing domestic resources for HIV, a fully funded Global Fund and Joint Programme is essential to achieving the target of ending the AIDS epidemic as a public health threat by 2030.

---