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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 the 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 fortieth and forty-first PCB meetings, held in June and December 2017 respectively. The report also highlights the contributions of UNDP and UNFPA to the HIV/AIDS response.

Elements of a decision

The Executive Board may wish to take note of the joint UNDP/UNFPA report on the implementation of the decisions and recommendations of the Programme Coordinating Board of UNAIDS (DP/2018/27-DP/FPA/2018/12).

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Contents

I. Context

1. Progress has been made towards achieving the Sustainable Development Goal target of ending the AIDS epidemic as a public health threat by 2030. New HIV infections in sub-Saharan Africa have declined by nearly 50 per cent since 2000. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been at the heart of global efforts to support a rapid acceleration of treatment access. In 2017, for the first time, 53 per cent all people living with HIV were accessing HIV treatment. By mid-2017, 20.9 million of an estimated 36.7 million people living with HIV were receiving antiretroviral therapy (ART) globally. More than two thirds of all people living with HIV globally knew their HIV status in 2016. Among those who knew their HIV status, 77 per cent were accessing ART, and 82 per cent of people on treatment had suppressed viral loads. Thanks to the scale-up of treatment, the number of AIDS-related deaths fell from 1.9 million in 2005 to 1 million in 2016. This progress puts the world on track to reach the global target of 30 million people on treatment by 2020.

2. But progress is uneven and several key challenges are impeding efforts to end AIDS by 2030. 16 million people living with HIV are still waiting for treatment. Declines in new HIV infections have been too slow and global HIV prevention targets are being missed by a wide margin, with 1.7 million new infections among adults still estimated to have occurred in 2016, a decline of only 11 per cent since 2010. The four main reasons for this are gaps in political leadership, inadequate laws and policy, insufficient financing for HIV prevention programmes and lack of systematic scale-up. New HIV infections are increasing in Eastern Europe and Central Asia, especially in the general population; they have risen by 60 per cent since 2010 and AIDS-related deaths have increased by 27 per cent. Progress in Eastern and Southern Africa is contrasted with slow improvements in West and Central Africa, where three out of four people living with HIV are not receiving treatment.

3. The present report, prepared jointly by UNDP and the United Nations Population Fund (UNFPA), provides an update on the decisions and recommendations from the fortieth and forty-first meetings of the UNAIDS Programme Coordinating Board (PCB), held in June and December 2017 respectively. Issues of relevance to UNDP and UNFPA included the refined UNAIDS operating model and the 2018-2019 Unified Budget, Results and Accountability Framework (UBRAF); the report on progress in the implementation of the UNAIDS Joint Action Plan; and the thematic segment of the fortieth PCB meeting on 'HIV prevention 2020: a global partnership for delivery'.

4. 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 Sustainable Development Goals and the pledge to leave no one behind. More detailed results for both organizations are available in the UNAIDS UBRAF 2017 Performance Monitoring Report Parts I and II. The oral presentation at the second regular session 2018 will include a synopsis of decisions and recommendations from the forty-second PCB meeting held in June 2018.

II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

5. This chapter gives a brief overview of PCB decisions relevant to UNDP and UNFPA. Further information on how they are being implemented is included in chapter III.

Refined operating model of UNAIDS

6. In 2016, the Joint Programme experienced a 33 per cent shortfall in its core budget. In the context of the financial stabilization of UNAIDS, responding to calls for greater transparency, efficiency and results focus and the evolving demands of the AIDS epidemic, UNAIDS convened a Global Review Panel to provide recommendations on refining and reinforcing its model. The panel was co-convened by Helen Clark, then-UNDP Administrator, and Michel Sidibé, UNAIDS Executive Director, and co-chaired by Awa Coll-Seck, Minister of Health, Senegal and Lennarth Hjelmåker, former Ambassador for Global Health, Sweden.

7. The panel's report validated the added value of the Joint Programme, and called for the reinforcement of its multisectoral approach and central role within the global health architecture, including as a critical partner to the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR). The report provided recommendations in three areas: (a) reinvigorating joint work at country level; (b) enhancing joint resource mobilization and allocation; and (c) improving governance.

8. The Joint Programme discussed the panel's recommendations and developed an action plan to implement the recommendations which was presented at the fortieth PCB meeting. The new model presented in the action plan focuses on increasing investments at the country level, greater prominence and attention to incentives for joint work and strengthening the strategic focus of UNAIDS governance. Given the rapidly evolving context in which the action plan is being implemented—in terms of the epidemic, funding of the Joint Programme and broader United Nations reform—the action plan will be continually monitored and updated. The PCB welcomed the report of the panel, affirmed the action plan and requested its implementation.

2018-2019 Unified Budget, Results and Accountability Framework

9. The fortieth meeting of the PCB also approved the 2018–2019 budget, which had been developed taking into account the panel's recommendations. The budget includes estimated core funds to be raised by the secretariat and supplemental funds to be mobilized through joint resource mobilization, as well as estimated non-core funds to be raised (figure 1).

10. Under the new model, the UNAIDS secretariat receives $140 million per year. The 11 cosponsors each receive an annual allocation of $2 million to offer a degree of predictability in fulfilling their respective global and regional roles including engagement with the Joint Programme. A further allocation of $22 million is provided to cosponsors specifically for the country level in the form of country envelopes to leverage joint action in 33 Fast-Track countries and in support of populations in greatest need in other countries. Additional resources in the form of supplemental funds up to $58 million still will need to be mobilized jointly to address particular epidemic and country contexts. If successful, this would bring the total core resources to the level of a fully funded UBRAF.

Figure 1. Funds to be mobilized for a well-resourced Joint Programme, 2018–2019 (per year)

1 Supplemental funds to strengthen political advocacy, strategic information and support to civil society.

2 Non core funds are for the most part earmarked for very specific purposes and cannot easily replace more flexible core funds.

3 Supplemental funds raised through joint resource mobilization efforts.

Progress in the implementation of the UNAIDS Joint Action Plan

11. Cosponsors and the secretariat have taken significant steps to enhance their systems to better demonstrate value for money and to deliver greater impact in cost-effective ways, including by differentiating and tailoring programmatic efforts in countries to better align with the size of the epidemic and gaps in the response. Actions to intensify collaboration between the UNAIDS cosponsors and the secretariat included refining the UNAIDS division of labour, aligning it with the UNAIDS 2016-2021 Strategy and UBRAF. The revised division of labour was approved in May 2018 (See annex).

12. Country envelopes, as part of the new resource allocation model, have been finalized and disbursed. Two thirds of the $22 million ($15 million) has been allocated to Fast-Track countries and one third to other countries. In 2018, UNDP received $2,151,900 and UNFPA received $3,692,050 for country-level work on HIV.

13. The Joint Programme has developed a new joint resource mobilization plan for 2018-2021. The new plan has three main pillars: (a) sustain and strengthen government funding; (b) expand private sector funding; and (c) leverage other partnerships (especially with the Global Fund) and innovative funding. In addition, cosponsors have enhanced their efforts to mobilize more resources for AIDS while continuing to mainstream and integrate AIDS into their country, regional and global programmes that support the achievement of various Sustainable Development Goals and the pledge to leave no one behind.

Thematic segment on 'HIV prevention 2020: a global partnership for delivery'

14. The thematic segment of the fortieth PCB meeting was dedicated to HIV prevention, highlighting the centrality of prevention in HIV responses, moving beyond the false dichotomy of prevention versus treatment, and the necessity of a human rights-based approach to ensure that quality services reach everyone in need.

15. Discussions emphasized the importance of addressing structural barriers, including tackling harmful norms, laws, policies and practices. They highlighted the significance of strong political leadership, along with an open debate on sensitive issues. The importance of clear, measurable prevention targets and monitoring and evaluation was stressed so that results can be assessed, compared and improved. Adequate funding should also be available, including for neglected areas such as HIV prevention among key populations, which currently relies heavily on donor-funding.

16. In October 2017, UNFPA and the UNAIDS secretariat launched the Global Prevention Coalition at a meeting attended by 12 ministers of health. The meeting endorsed the Prevention 2020 Road Map, which was prepared through a consultative process that brought together more than 40 countries and organizations, including civil society, networks of people living with HIV and key populations, faith-based organizations, international organizations and foundations. A 10-point plan was developed for accelerating HIV prevention at the country level. Since then a secretariat has been established, 25 countries have developed, implemented and reported on their first 100-day plans and more countries and partners are joining. Dashboard/country score cards for accountability are being validated and used to measure progress.

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.

18. As cosponsors of UNAIDS and partners of the Global Fund, UNDP and UNFPA play important roles in supporting countries to implement the 2030 Agenda for Sustainable Development and the commitment to leave no one behind, in partnership with United Nations and other partners. In 2017, 127 UNDP country offices and 115 UNFPA offices supported national responses to HIV and health.

19. Recent UNDP evaluations provide a positive assessment of its contributions in addressing HIV and health. They highlight the unique value of UNDP in addressing sensitive issues such as HIV-related stigma and discrimination. Successful approaches include tackling the economic and social determinants of health. The 2017 evaluation of the UNDP Strategic Plan and global and regional programmes, 2014-2017 noted that the organization's strengths in addressing HIV and health included support to strengthening HIV-related legal frameworks, developing health system capacities, enabling global policy debate and engaging with key populations. Notwithstanding the acknowledgment of its positive contributions, the evaluation noted there is a need for better articulation of the UNDP role in HIV and other health work. The revised UNAIDS Division of Labour, the recently signed memorandum of understanding with the World Health Organization (WHO), and the signature solutions under the UNDP Strategic Plan, 2018-2021 will allow greater focus in UNDP multisectoral support to national HIV and health programmes.

20. The UNFPA focus on integrated sexual and reproductive health (SRH) services, especially for adolescents, young people, women and key populations, supports a key delivery platform for HIV prevention and stigma reduction. Global progress shows increasing availability and use of integrated SRH services, with 58 million women and young people in UNFPA priority countries utilizing integrated SRH services over the past three years. The independent evaluation of the H6 partnership[1] found that the programme expanded access to reproductive, maternal, newborn, child and adolescent health services in underserved geographical areas and among populations most in need.

21. Through UNFPA support, many millions of youth are reached with SRH information including on HIV prevention through school and community programmes and mobile applications. In 2017, the independent evaluation of UNFPA support to adolescents and youth, 2008-2015, concluded that UNFPA is a recognized leader in the area of SRH for adolescents and youth and a champion for adolescent girls.

Strategic Results Area 1: HIV testing and treatment

22. An estimated 1 million [830,000–1.2 million] people died from AIDS-related illnesses in 2016 and AIDS remains a leading cause of death for women of reproductive age. Tuberculosis remains the leading cause of death for people living with HIV, accounting for 40 per cent of HIV-related deaths in 2016.

23. As of 1 June 2018, UNDP was managing 31 Global Fund grants, covering 18 countries and three regional programmes covering another 27 countries. As a part of its partnership with the Global Fund, UNDP supports the implementation of Global Fund grants on an interim basis in a select number of countries facing significant capacity constraints, complex emergencies, donor sanctions or other challenges. Building on its policy expertise, UNDP has also played a role in supporting the Global Fund to shape its strategy, policies and practice on human rights, gender equality, key populations and working in challenging operating environments. This work is carried out in close collaboration with partners, leveraging the expertise of United Nations agencies such as UNFPA, United Nations Children's Fund (UNICEF), WHO, World Food Programme and others.

24. The UNDP-Global Fund partnership has saved 3.1 million lives and currently 2.2 million people living with HIV are receiving treatment through UNDP-managed grants, including one of every six people on HIV treatment in Africa. Since the beginning of the partnership, 44 million people have received HIV counselling and testing and 811,000 pregnant women received ART to prevent mother-to-child-transmission of HIV (PMTCT). In addition, 880,000 cases of tuberculosis were successfully treated, with 16 countries achieving a treatment success rate of over 80 per cent and 10 countries decreasing tuberculosis-related mortality by more than 50 per cent.

25. UNDP-managed Global Fund grants continue to perform strongly. One hundred per cent of UNDP grants are rated A1, A2 or B1 ("exceeding expectations", "meeting expectations" or

[1] The H6 is a partnership of UNAIDS, UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WHO and the World Bank Group to improve the health and save the lives of women and children.

"adequate") by the Global Fund; 55 per cent are rated A1 or A2, up from 25 per cent in 2010. The UNDP approach, which integrates implementation support, capacity development and policy expertise for large-scale health programmes, especially in challenging operating environments and fragile contexts, is helping countries to achieve Sustainable Development Goal 3 and deliver development results that leave no one behind.

26. As of May 2018, in line with the UNDP capacity development strategy, 14 of the 18 countries where UNDP is interim principal recipient of Global Fund grants have capacity development plans in place and four countries are preparing such plans. To date, UNDP has transitioned fully out of the principal recipient role in 31 countries.

27. UNDP and the New Partnership for Africa's Development, together with United Nations and civil society partners, supported the development of the African Union Model Law on Medical Product Regulation adopted in January 2016 in recognition of the need to increase access to medical products across 54 African countries. The Model Law aims at harmonizing medicines regulations in the Africa region to ensure faster, more predictable and transparent approval of medical products, so as to enhance access to lifesaving medical products. To date, 12 countries are domesticating the Model Law in national legislation.

HIV-related services in humanitarian emergencies

28. UNFPA is committed to ensuring that women's reproductive and maternal health needs are not overlooked during humanitarian crises. In 2017, emergency reproductive health kits, containing equipment and supplies to support the reproductive health of populations in crises, were provided to over 50 countries as part of UNFPA support in humanitarian responses. Kits included contraceptives and equipment for family planning service provision (male and female condoms, injectables, pills, intrauterine devices and emergency contraceptives) and are estimated to have prevented over 97,000 unintended pregnancies among women and adolescent girls in perilous conditions.

29. During 2017, UNFPA provided humanitarian assistance to 16 million people in 58 countries. This included gender-based violence (GBV) information and services for 3.9 million people in 51 countries and youth-friendly SRH services for 1.5 million adolescents in 36 countries. Between 2016 and 2017, UNFPA donated 2,950 sexually transmitted infection (STI) kits in over 50 countries, enough to meet the needs of a total population of 29 million for the treatment, management and prevention of STIs.

30. UNFPA continued to train humanitarian responders, including on use of the Minimum Initial Service Package and on GBV coordination, guidelines and information management, including through an e-learning course. The GBV guidelines were provided in English, French and Arabic. Between 2014 and 2017, 45 countries had budgeted humanitarian contingency plans that include SRH, including services for survivors of sexual violence. Seventy-seven percent of countries affected by a humanitarian crisis in 2017 had a functioning inter-agency GBV coordination body as a result of UNFPA guidance and leadership.

Condoms

31. In 2016-2017, UNFPA supplied 1.13 billion male condoms, 22.27 million female condoms and 117.16 million sachets for personal additional lubricants providing triple protection from HIV, STIs and unintended pregnancy. Between 2014 and 2017, 30 countries had functional logistics management information systems for reproductive health commodities and 59 countries implemented comprehensive male and female condom programming (CCP). With UNFPA support in 2016, 54 countries implemented all four steps of the development phase of CCP as recommended by UNFPA. Over the past three years some 200,000 new HIV infections have been averted.

32. A UNFPA-funded study with Avenir Health found that increasing investments in procuring and distributing male condoms provides significant economic returns for countries with scarce resources and is a smart investment. An additional investment of $27.5 billion in male condoms in 81 high-burden countries by 2030 would meet all unmet demands for family planning, as part of a package of contraceptives, and 90 per cent of the condom needs for HIV and STI prevention among high-risk

groups. This could prevent 700 million STIs, 17 million HIV infections and 420 million unintended pregnancies, reinforcing CCP as a key HIV prevention pillar.

Strategic Results Area 2: Elimination of mother-to-child transmission of HIV

33. The scale-up of PMTCT services has been very successful. In 2016, in the Eastern and Southern Africa region, home to 50 per cent of new HIV infections in children aged 0–14 years, 88 per cent of pregnant women received effective antiretrovirals, followed by 75 per cent in Latin America and the Caribbean and 54 per cent in the East Asia and Pacific region. Of concern is the low coverage in West and Central Africa (49 per cent), which is the region with the second highest burden of new HIV infections in children.

34. UNFPA work to increase access to SRH information and services is key to eliminating mother-to-child transmission of HIV (eMTCT).[2] UNFPA strength in midwifery and the delivery of family planning services (prong 2 of eMTCT) to the last mile, including humanitarian settings, means ensuring that a choice of contraceptive options that can be safely used by women at risk of or living with HIV is available at all service delivery points.

35. UNFPA is working with programme countries to develop sustainable human rights-based family planning programmes that meet the needs of all their populations, including marginalized groups. In 2016-2017, UNFPA reached 28.3 million people, averting 26.7 million unintended pregnancies (15 million in Fast-Track countries) and 64,000 maternal deaths (47,102 in Fast-Track countries).

36. In many countries, UNFPA supported good practices in terms of health system strengthening to enable progress towards eMTCT. In Kenya, two national frameworks were prepared on: (a) eMTCT (2016-2021), with associated curriculum development; and (b) linkages between SRH, HIV and sexual and gender-based violence (2018-2022). Peer educators worked with first-time mothers to improve antenatal and postnatal care including contraception, HIV testing and referral for ART and prevention of vertical transmission. In Swaziland, over 34,000 adolescent girls were reached with a prong 1 intervention providing integrated SRH/HIV information, including on safer sex and use of condoms. Contraception for women living with HIV was also scaled up (prong 2). In Nigeria, eMTCT services were improved via capacity-building of midwives for improved reproductive, maternal, newborn and child health interventions. In Togo, eight newly funded non-governmental organizations (NGOs) were supported through a social contracting model to provide HIV testing services for adolescent girls and young women, with contraception provided, including for clients identified as living with HIV.

37. Family Planning 2020, of which UNFPA is a key partner and co-chairs the reference group, enabled more than 309 million women and adolescent girls to use modern contraception by 2017, an increase of 38.8 million since the launch of the partnership in 2012, an important contribution to eMTCT.

Strategic Results Area 3: HIV prevention among young people

38. Research shows most young people have inadequate knowledge of SRH and lack access to youth-friendly services. This increases their vulnerability to HIV and is one of the reasons behind their disproportionally high HIV rates. Of the 1.7 million new infections reported in people aged over 15 years, 36 per cent occurred in the 15–24 age group. Adolescent girls and young women are especially

[2] Eliminating new HIV infections among children and keeping their mothers alive is based on a four-pronged strategy:
Prong 1: Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures.
Prong 2: Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.
Prong 3: For pregnant women living with HIV, ensure HIV testing and counselling and access to the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.
Prong 4: HIV care, treatment and support for women, children living with HIV and their families.

vulnerable. In Eastern and Southern Africa, young women (15–24 years) accounted for 26 per cent of new HIV infections in 2016 despite making up just 10 per cent of the population.

39. UNFPA, in its new Strategic Plan, 2018-2021, prioritized the empowerment of adolescents and youth to attain universal access to SRH. In 2017, over 7.4 million adolescents and youth accessed SRH information and services in UNFPA priority countries. In 2017 in Zimbabwe, a total of 24,096 girls participated in girls only clubs known as Sista2Sista clubs where mentors achieved 518,156 person-exposures to the clubs. Young leaders from the UNFPA Kenya youth advisory panel, the Kenyan chapter of the African Youth and Adolescent Network on Population and Development and the network of young people living with disabilities were able to inform the revision of the National Training Manual on Adolescent Youth-Friendly Services and the development of the National Adolescent Sexual Reproductive Health Costed Policy Implementation Framework. In Haiti, 2,311 adolescent girls in an urban slum in Carrefour and in Anse-a-Pitres, a small town bordering Dominican Republic, benefited from regular life-skills training, SRH information, GBV prevention information. 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 (CSE) such as the "I-Design" tool developed in Thailand to train young people on sexuality, gender and human rights. UNFPA has been a supportive partner of the Global Accelerated Action for the Health of Adolescents ("AA-HA!") to help Governments plan health-care interventions to meet the needs of adolescents.

40. Led by the United Nations Educational, Scientific and Cultural Organization (UNESCO), in partnership with UNFPA, UNAIDS, WHO, UN-Women and UNICEF and with inputs from UNDP, the United Nations Revised International Technical Guidance on Sexuality Education was finalized, launched and promoted at regional and global levels. This joint work has also highlighted the need to develop complementary guidance for CSE in out-of-school settings, which UNFPA is leading. In tandem, the preparatory high-level meeting for the 2019 Global CSE Summit was conducted jointly with the Government of Norway, to establish a network of CSE-friendly Member States. UNFPA supported CSE in all countries in Eastern and Southern Africa and countries across other regions to develop legal and implementation frameworks, curricula, pre- and in-service training, community and parental engagement, data analysis and South-South collaboration to ensure that young people in secondary and tertiary schools have access to CSE and SRH services. Thirty-eight countries reported alignment of national CSE curricula with international standards.

41. In Kenya, UNFPA provided technical and financial support to the Ministry of Education and Sports to integrate sexuality education as one of the key strategic interventions in the new five-year Education Sector Strategic Plan (2017-2022). The plan also highlights sexuality education as one of the key areas of research that the Ministry will invest in during this period. UNFPA provided technical support to the Ministry to review and finalize the School Health Policy, which regulates the delivery of sexuality education in school settings.

42. UNDP, UNICEF and Oxford University worked in partnership with the International AIDS Society's Collaborative Initiative on Paediatric HIV Education and Research on a special supplement of the Journal of the International AIDS Society entitled 'Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030'.This special issue examines paediatric and adolescent HIV interventions and their synergies across the Goals. Areas covered include the effects of combined service provision on HIV-related mortality in adolescents in South Africa, the need for adolescents and young people to be meaningfully engaged as leaders of the HIV response, and the impact of criminalization of drug use and punitive policy environments on adolescents' health and HIV transmission risks.

Strategic Results Area 4: HIV prevention with and for key populations

43. UNAIDS 2017 data show that key populations – gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners – and their sexual partners, accounted for 80 per cent of new HIV infections outside sub-Saharan Africa. Even within sub-Saharan Africa, key populations and their sexual partners accounted for 25 per cent of new HIV infections. UNDP and UNFPA coordinated the Joint Programme's efforts focused on guidance development and

implementation, enabling legal and policy environments, scaling-up of services for key populations and community empowerment.

44. The Joint Programme increased programming with sex workers and men who have sex with men (MSM), based on the roll-out of the sex worker implementation tool (SWIT) and the men who have sex with men implementation tool (MSMIT) in Eastern and Southern Africa, West and Central Africa, Eastern Europe and Central Asia and Latin America and the Caribbean. Following trainings in Eastern and Southern Africa in 2016, UNFPA developed regional guides for utilizing the MSMIT and SWIT. The tool for working with transgender people (TRANSIT) was published by UNDP, in partnership with the University of California San Francisco Centre of Excellence for Transgender Health, UNAIDS, UNFPA, WHO, Johns Hopkins Bloomberg School of Public Health, the United States Agency for International Development (USAID) and PEPFAR. UNFPA supported its translation into Spanish and distribution across 13 Latin American countries. Regional training sessions for transgender-led civil society organizations (CSOs) and allied service providers were held in eight countries in Latin America, six countries in Southern Africa and in India.

45. UNDP, in partnership with UNFPA, the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS secretariat, supported 22 countries to undertake assessments of legal and policy environments for key populations, which resulted in the development of rights-based and key-population oriented action plans in eight countries.

46. As a Global Fund principal recipient, UNDP has supported the integration of services targeting key populations in 17 countries and in four regional grants, covering another 34 countries.

47. UNFPA supported 15 countries in Eastern and Southern Africa to include programmes for sex workers and other key populations in Global Fund proposals. Comprehensive and rights-based SRH/HIV services were provided for sex workers and MSM populations including in Botswana, Kenya, Lesotho, Malawi, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe. Services were also provided for transgender people and people who inject drugs in many of these countries, complemented by peer-led community outreach to key population communities. The Southern Africa Development Community (SADC) was supported to draft a key population strategy, with sensitization training for SADC members planned in 2018. In the Asia-Pacific region, UNFPA supported key population programming in Bangladesh, China, Indonesia, Myanmar, Nepal and Pakistan, strengthening delivery of integrated SRH and HIV prevention services, predominantly with and for sex workers and MSM. Multi-country small island State programmes in the Pacific and the Caribbean supported key population networks and built capacity for community-led HIV prevention programming.

48. In 2017, UNFPA and UNICEF supported initiatives to increase access of vulnerable adolescents to high-impact, evidence-based biomedical, behavioural and structural interventions, including: peer-support groups and other community programmes in Ethiopia and Lesotho; crowdsourcing demand for services through information and communications technology and innovation in Mozambique; safe spaces for vulnerable adolescents and key youth populations to voice concerns and engage in programming in Kenya; and facilitating increased access to SRH services and making referrals for HIV testing and counselling in Malawi.

49. Through the "Being LGBTI"[3] regional initiatives, UNDP, USAID, the Swedish International Development Cooperation Agency, Office of the United Nations High Commissioner for Human Rights (OHCHR), UNESCO, International Labour Organization, the Asia-Pacific Forum of Human Rights Institutions and other partners have supported 53 countries to promote and protect the rights of MSM and transgender people by ensuring that regional and national policies and programmes are inclusive and address their needs, including to access HIV services by supporting regional and national dialogues, bringing together government and civil society, and fostering inclusive law and policy reform and dissemination of good practices.

[3] Lesbian, gay, bisexual, transgender or intersex.

50. The Joint Programme invested in supporting community-led initiatives such as support by UNFPA, UNDP, UNODC and the UNAIDS secretariat for the Global Network of Sex Work Projects, the MSM Global Forum and its Global Advocacy Platform; the Steering Committee on HIV and Sex Work; the Strategic Advisory Group on HIV and People who Inject Drugs; the Eurasian Coalition on Male Health ; the Asia-Pacific Coalition on Male Health; African Men for Sexual Health and Rights; the African Sex Worker Alliance; the Eastern Europe and Central Asia Sex Workers Rights Advocacy Network; Latin American and Caribbean Network of Transgender People (REDLACTRANS); YouthLEAD; Youth Voices Count; Eastern Europe and Central Asia Regional HIV/AIDS Legal Network; the Middle East Network for Legal Aid; the Equal Rights Association for Eastern Europe; and many others.

51. 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, in consultation with OHCHR, UNODC and other United Nations entities, is partnering with the International Centre for Human Rights and Drug Policy at the University of Essex to develop international guidelines on human rights and drug control.

52. In support of the Prevention 2020 Road Map, UNAIDS cosponsors continue to partner on focused, global, regional and country interventions to make tailored prevention services accessible to key populations by engaging these populations as well as Governments, civil society and other relevant stakeholders. This includes supporting countries to introduce the necessary policy and legal changes to create an enabling environment for prevention programmes and engaging key populations in the delivery of HIV services through the roll-out of key population HIV implementation tools. Complementing these efforts, UNFPA, WHO and partners are progressing strategies to strengthen integrated SRH/HIV service delivery, including for key populations, with a focus on reducing discrimination within health-care settings.

Strategic Results Area 5: Gender inequality and gender-based violence

53. While new HIV infections have declined among women over the last 15 years, women and girls remain highly vulnerable to HIV. Persistent gender inequalities and GBV contribute to women's HIV risk and vulnerability, with 45 per cent of adolescent girls in some settings reporting that their first sexual experience was forced.

54. UNDP supported 82 countries to progressively deliver universal access to basic services, which included institutional strengthening focusing on transforming gender and power relations through new policies and laws; developing national action plans on ending violence against women; increasing access to justice programmes for women living with HIV; integrated services for violence survivors; and advocacy and research on legal and policy environments that protect women's human rights, including those living with HIV. UNFPA supported 56 countries to integrate GBV prevention, protection and response into national SRH programmes. Health-care providers were trained on GBV and clinical management of rape – including in humanitarian contexts – in Bangladesh, Haiti, Kenya, Lesotho, Nigeria, Somalia, Swaziland and Uganda. UNFPA also established 10 emergency SRH service delivery points in Ukraine that provide treatment/prevention of STI's among most-at-risk population groups and are supplied with all necessary reproductive kits and trained medical staff for emergency post-rape assistance including links to psychosocial support.

55. To support countries' efforts to integrate gender equality priorities in national HIV strategies and Global Fund Concept Notes, the Joint Programme developed and piloted tools and guidance notes. These included: the guidance note on fast-tracking HIV prevention among adolescent girls and young women produced by the UNAIDS secretariat, UNICEF, UNFPA and WHO; an updated version of the UNDP-Global Fund capacity development toolkit, with a section on critical enablers of gender equality and human rights; the WHO consolidated guideline on the sexual and reproductive health rights (SRHR) of women living with HIV, developed in consultation with women living with HIV, UNFPA, OHCHR and the UNADS secretariat; and the UNFPA position paper and online tool on engaging men and boys for gender equality and SRHR.

56. UNDP, UNFPA, UN-Women and the World Bank helped countries to integrate gender equality into national HIV strategies, operational plans, monitoring and evaluation frameworks and budgets. As a result, HIV responses in 11 countries (Cameroon, China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe) included gender equality and women's rights issues. UNDP supported 11 countries to integrate HIV, health and gender into environmental impact assessments.

57. During the seventy-second session of the General Assembly, the United Nations and European Union launched the Spotlight Initiative to eliminate all forms of violence against women and girls, with an initial contribution of 500 million euros. UN-Women, UNDP and UNFPA are providing technical support to countries to support programming. In Africa, the joint initiative focuses on eliminating sexual and gender-based violence and harmful practices that limit the ability of women, particularly young women, to prevent HIV.

58. UNDP, UNFPA, UN-Women and WHO supported the design and implementation of national action plans on ending violence against women in Argentina, Paraguay, Peru and Viet Nam. The support of UNFPA and UN-Women in Viet Nam led to a national thematic project on GBV prevention and response for the period 2016–2020, which includes measures to prevent and address sexual violence and implement integrated GBV/HIV services. UNDP supported Zambia to improve access to justice for violence survivors through fast-track courts in 6 of 10 provinces. These efforts resulted in a decrease in the duration of the case review period from two years in 2012 to 30 days in 2017 and an increase in the number of reported cases. In South Sudan, UNDP supported training for 341 police officers, prosecutors, social workers, judges and community leaders on investigating and responses to sexual and gender-based violence.

59. In 2016 and 2017, UNDP and UNFPA contributed to evidence and action on GBV and HIV. For example, in the Arab States, as part of a joint programme, UNDP, UNFPA and UN-Women, with support from the United Nations Economic and Social Commission for Western Asia, conducted an assessment of violence against women and the law. The assessment covered criminal law, family law and labour law in 20 Arab countries to determine if they are in line with international standards and are working in practice. In partnership with the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project and the University of the West Indies, UNDP completed a regional study on GBV, key populations and HIV in Barbados, El Salvador, Haiti and Trinidad and Tobago. Findings show that laws and policies that discriminate continue to legitimize a social environment that fuels violence directed at key populations.

60. UNFPA, UNDP, UNICEF, UN-Women and UNAIDS supported efforts to implement laws to end child marriage in Africa. UNDP and UNFPA assisted the SADC Parliamentary Forum in finalizing the Model Child Marriage Prevention Act. UNFPA, UNICEF and Girls Not Brides supported Burkina Faso, Mozambique, Uganda and Zambia to develop national action plans to end child marriage. UNFPA empowered more than 65,000 girls and 285,000 community members, increasing their knowledge and access to SRH services to prevent child marriage.

Strategic Results Area 6: Human rights, stigma and discrimination

61. Removing punitive laws, policies and practices that hinder HIV responses is critical to fulfilling the 2030 Agenda for Sustainable Development, the Political Declarations on HIV/AIDS and the UNAIDS 2016–2021 Strategy. The report of the Global Commission on HIV and the Law continues to provide an important framework for ongoing efforts to promote rights-based HIV responses. To mark the fifth anniversary of the Commission's report, UNDP organized a global expert consultation to review progress and challenges in the implementation of the Commission's recommendations in the context of the 2030 Agenda.

62. With support from UNDP, UNFPA and other partners, 18 countries in sub-Saharan Africa reported results related to strengthening legal and policy environments for SRH, HIV and tuberculosis (Angola, Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Sierra Leone, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe).

63. Building on a collaboration with UNAIDS and the United Nations Economic and Social Commission for Asia and the Pacific that has supported almost 30 countries to address legal and policy barriers that hinder effective responses to HIV, UNDP provided support to review and draft HIV-related laws and policies in Bhutan, Lao People's Democratic Republic, Pakistan, Thailand and Viet Nam; to the adoption of the HIV law in India; and to parliamentary processes in the Cook Islands, Nepal and Palau.

64. In 2016–2017, UNDP and UNAIDS secretariat contributed to the Global Fund's initiative on scaling up human rights programmes in 20 countries. UNDP has provided policy and programme support to countries, including Democratic Republic of the Congo, Kenya, Kyrgyzstan, Malawi, Mozambique, Namibia, Senegal and Zimbabwe, to develop funding requests to the Global Fund, with a focus on defining and costing interventions to address human rights and gender-related barriers.

65. As part of its partnership with the Global Fund in Africa, UNDP is working with leading African CSOs such as AIDS Rights Alliance for Southern Africa, the Kenya Legal and Ethical Issues Network on HIV and AIDS, ENDA Santé and Southern African Litigation Centre to support countries in removing legal and human rights barriers to accessing HIV and tuberculosis services in 10 African countries.

66. As part of its partnership with the Global Fund in South Asia, UNDP, with the Asia Pacific Forum of National Human Rights Institutions and 17 national human rights commissions, including five from South Asia (Afghanistan, Bangladesh, India, Nepal and Sri Lanka), developed an action plan to promote and protect human rights in the context of sexual orientation and gender identity. Human rights institutions in Bangladesh and Nepal established dedicated positions to address violations against at-risk populations, a first for the region.

67. In 2016, UNDP, with the International Development Law Organization, supported the engagement of CSOs to provide legal aid for people living with HIV and key populations in the Arab States. This led to the establishment of the Middle East Network for Legal Aid to support civil society's provision of legal aid and rights-based advocacy.

68. UNDP worked closely with the Stop TB Partnership to develop and roll out joint guidance on legal environment assessments for tuberculosis, which ensures compatibility with the HIV legal environment assessment operational guide and enables joint assessments of laws and policies concerning HIV and tuberculosis.

69. In 2017, in support of the implementation of the action plan of the Agenda for Zero Discrimination in Health-Care Settings, 12 United Nations entities issued a joint United Nations statement on ending discrimination in health care settings, committing to working together to support Member States in taking coordinated multisectoral action to eliminate discrimination in health-care settings. Together with USAID, UNAIDS and other partners, UNDP convened the Asia Regional Consultation on Addressing HIV-related Stigma and Discrimination in Health-care Settings in May 2017 at which 120 government, civil society and health sector representatives developed 12 country action plans to address stigma and discrimination in health-care settings.

70. UNFPA supported delivery of rights-based, people-centred SRH services in many countries, including Bangladesh, Egypt, Indonesia, Kenya, Myanmar, Nepal, Pakistan, the Philippines, South Sudan, Zambia and Zimbabwe, ensuring non-discrimination against sex workers and other key populations.

71. Strengthening research on global and country-level accountability mechanisms for SRHR, UNFPA supported documentation of case studies on countries supporting national human rights institutions), review of SRHR issues and a global analysis of how SRHR issues were reflected and taken action on in the second cycle of the universal periodic review and also helped to position SRHR strategically in intergovernmental negotiations including at the Human Rights Council. Ninety-six per cent of the global and regional development agendas developed during 2017 addressed SRHR, reproductive rights, gender equality, the needs of adolescents and youth and population dynamics.

Strategic Results Area 7: Investment and efficiency

72. Sustainable financing and investment remains a major challenge. UNAIDS estimates that the Fast-Track AIDS response will cost an estimated $31.1 billion in 2020 and $29.3 billion in 2030. Meanwhile, investments needed to implement the 2030 Agenda in full are projected to be $3.5 trillion to $5 trillion dollars per year. While more integrated approaches and increased innovative financing are necessary, addressing allocative and technical inefficiencies in existing resources and assets will also enhance the sustainability of the response, especially in a context of reduced international funding.

73. A key challenge for sustainability is the inclusion of HIV within the universal health coverage framework. WHO, the World Bank, and UNDP have been providing technical assistance and funding to help countries define a sustainable path to universal health coverage. UNDP supported seven Governments in sub-Saharan Africa on cross-sectoral financing for HIV, health and universal health coverage. This resulted, for example, in South Africa including a co-financing component on HIV, tuberculosis and STIs in its National Strategic Plan 2017–2022.

74. UNDP, the World Bank and UNAIDS continued to support investment cases and optimal allocation of resources that prioritize high-impact locations, populations, and programmes. UNDP support to the development of sustainable financing approaches for HIV and health extended to 10 countries in Eastern Europe and Central Asia. UNDP supported Governments and civil society to develop road maps for social contracting which facilitated the implementation of HIV service delivery by civil society.

75. In its efforts to promote sustainable financing for national HIV responses with specific focus on access of key populations to services, UNDP partnered with Open Society Foundations and the Global Fund to convene a global consultation on social contracting. Nine social contracting models were analysed and guidance on social contracting was developed with the aim of supporting countries to improve the sustainability of HIV responses, including service provision to key populations. Social contracting is increasingly important in middle-income country contexts where international assistance is declining.

Strategic Results Area 8: HIV and health service integration

76. Through joint and individual activities, the Joint Programme worked to ensure that people living with, at risk of and affected by HIV have access to integrated services, including for HIV, tuberculosis, SRH, harm reduction and food and nutrition support. The Joint Programme also works with partners to integrate HIV in other programmes, including humanitarian responses, education, decent work and human rights.

77. UNFPA supported the training of about 1,500 health-care workers to strengthen the integration of SRH/HIV/GBV services and expand the number of facilities providing them in Botswana, Lesotho, Malawi, Namibia, Swaziland, South Africa and Zambia. New and draft national policies, strategies, frameworks, assessments and analyses were included in the integration process in Botswana, China, Colombia, Kenya, Kyrgyzstan (for key populations), Malawi and Zambia. Support to NGOs in Swaziland helped to reach almost 38,000 adolescents and youth with integrated information and services, and in Kenya, peer educators reached 1,086 first-time young mothers aged 10–24 years, 32 of whom were found to be living with HIV and referred to treatment. Varying delivery models in Bangladesh (drop-in centres), Republic of Moldova (positive initiative), Tajikistan (trust point), Ukraine (outreach and referral) and Mexico (pre-exposure prophylaxis) have increased access for key populations. UNFPA and UNAIDS have supported Kenya, South Africa, Swaziland and Uganda to undertake a situational analysis on SRH/HIV/GBV integration and continue to support Prevention Coalition countries in implementing the Prevention 2020 Road Map, including establishing national prevention targets.

78. Through a project funded by the Swedish International Development Cooperation Agency to strengthen the provision of integrated SRH/HIV and sexual and gender-based violence services in 10 countries in Eastern and Southern Africa, UNFPA and UNAIDS have documented and shared information on good practice and achieved several milestones. For example, UNFPA, WHO and the

International Planned Parenthood Federation produced infographic country snapshots of SRH and HIV linkages for 25 countries, providing an overview of national-level data for more than 150 indicators. The SRHR and HIV Linkages Index, a 30-indicator dashboard for integration to track progress, support advocacy, extend knowledge of the drivers and effects of linkages and highlight data gaps across 60 countries, continues to be promoted.

79. UNDP, under the umbrella of the United Nations Sustainable Development Group, is supporting countries to achieve the Sustainable Development Goals using the mainstreaming, acceleration and policy support (MAPS) approach. In 2016–2017, the HIV team supported 27 MAPs engagements by providing an analysis of the HIV and health situation in-country and identifying strategic opportunities to integrate these issues in the road maps developed to support countries in implementing the 2030 Agenda. Up to 23 additional missions are planned for 2018.

80. UNDP, together with partners, continued to support countries in building resilient and sustainable systems for health. These include: building the capacity of health workers; strengthening government capacities to deliver services; removing human rights- and gender-related barriers to HIV services; acting on co-morbidities; and strengthening preparedness for health emergencies. For instance, UNDP supported the Zimbabwe Ministry of Health to roll out the Ministry of Finance Public Financial Management System in the health sector, resulting in real-time budgeting, electronic payment in all 59 districts and an accounting system at a central, provincial and district level for Global Fund grants. UNDP has developed a strategy on capacity development for resilient and sustainable systems for health which accompanies the existing online capacity development toolkit.

IV. Conclusion

81. The 2030 Agenda requires enhanced United Nations collaboration as outlined in the Secretary-General's December 2017 report on the repositioning of the United Nations development system and General Assembly resolution 72/279 of 31 May 2018 on the repositioning of the United Nations development system (UNDS) in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system. The revised UNAIDS operational model is a step towards stronger partnership and providing stronger, more integrated support to countries to achieve the Sustainable Development Goal target on AIDS and contribute to the 2030 Agenda more broadly.

82. In response to requests from Member States, the strategic plans of UNDP, UNFPA, UNICEF and UN-Women include a common chapter aiming for increased collaboration in several areas of vital importance for the HIV response, in particular eradicating poverty, improving adolescent and maternal health, achieving gender equality and the empowerment of women and girls, and ensuring greater availability and use of disaggregated data for sustainable development.

83. In line with the Secretary-General’s 2018 report to the General Assembly on HIV/AIDS, ending AIDS as a public health threat by 2030 will require concerted efforts, investments and partnerships to: (a) increase access to, and uptake of, HIV testing services; (b) accelerate efforts to end tuberculosis and other co-infections and co-morbidities; (c) implement the Prevention 2020 Road Map to accelerate reductions in new HIV infections; (d) sharpen the focus on human rights, gender equality and key populations; and (e) leverage the experiences of the Joint Programme for impact and contributing to United Nations reform efforts.

84. UNDP and UNFPA, as founding cosponsors of UNAIDS, will continue to support countries in effective, efficient and rights-based responses towards meeting national HIV targets in the context of the 2030 Agenda and the pledge to leave no one behind.

Annex. Revised UNAIDS division of labour