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Follow-up to UNAIDS Programme Coordinating Board meeting

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

Summary

This report addresses the implementation of decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). It focuses on the implementation of decisions from the 47th and 48th Programme Coordinating Board meetings held in December 2020 and June 2021 and the special sessions held in March and October 2021. The report also highlights the contributions of UNDP and UNFPA to the global HIV response.

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I. Context

1. The AIDS pandemic remains a global health crisis, despite the progress achieved in the 20 years since the United Nations General Assembly held its first special session on HIV. Remarkable, yet uneven progress, has been made in scaling up access to treatment. An estimated 16.6 million AIDS-related deaths have been averted over the last two decades due to the global roll-out of HIV treatment, including a 47 per cent decline in AIDS-related mortality since 2010. In 2020, eight countries in a variety of geographic, epidemic, and socioeconomic settings had fully achieved the 90-90-90 targets,¹ and another 11 had reached 73 per cent viral load suppression among all people living with HIV. However, despite global commitments, 680 000 people were lost to AIDS-related illnesses and 1.5 million people were newly infected with HIV in 2020.

2. The 2021 Global AIDS Update report ([Confronting inequalities: lessons for pandemic responses from 40 years of AIDS](#)) shows stigma and discrimination, gender-based violence, the marginalization and criminalization of certain communities and a lack of access to health, education, and other essential services continue to fuel the epidemic. In 2020, key populations (gay men and other men who have sex with men, sex workers, transgender people, and people who inject drugs) and their sexual partners accounted for 65 per cent of HIV infections globally, and 93 per cent of infections outside of sub-Saharan Africa. The report also shows that in sub-Saharan Africa, adolescent girls and young women account for 25 per cent of all new HIV infections despite representing just 10 per cent of the population. Under-investment in the HIV responses of low- and middle-income countries was one of the major reasons why global targets for 2020 were missed: financial resource availability in 2020 was 29 per cent less than the \$26 billion (in constant 2016 United States dollars) that United Nations Member States committed to mobilizing annually by 2020.

3. The COVID-19 pandemic continues to adversely affect the global AIDS response by disrupting vital HIV services. The 2021 Global Fund Results report shows the devastating impact. There was a 22 per cent decrease in people getting tested for HIV compared to 2019 and an 11 per cent decrease in people accessing HIV prevention services. The pandemic has also deepened inequalities within and between countries, and people living with HIV, key populations and others at risk of HIV and tuberculosis have been affected. The Joint Programme, countries, and key partners mobilized a swift response to COVID-19, building on the expertise and experience of the HIV response to address challenges posed by the dual pandemics. The UNAIDS Programme Coordinating Board (PCB) received a [progress report](#) on the work of the Joint Programme undertaken in 2020 and held a [thematic segment](#) on COVID-19 and HIV.

4. The [47th](#) and [48th](#) Programme Coordinating Board meetings were in December 2020 and June 2021 and the Special Sessions were held [March](#) and [October](#) 2021. Key issues included the independent evaluation of the United Nations system response to AIDS in 2016-2019, the adoption of the Global AIDS Strategy, 2021-2026, and the approval of the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), 2022-2026 and the UNAIDS budget and workplan, 2022-2023.

5. The present report highlights UNDP and UNFPA results in addressing HIV in the context of their work supporting countries to achieve the Sustainable Development Goals (SDGs) and the pledge to 'leave no one behind'. Detailed results for both organizations are available in the UNAIDS UBRAF [performance monitoring reports](#) for 2020. The oral presentation at the first regular session 2022 of the UNDP/UNFPA/UNOPS Executive Board will also include a synopsis of the decisions and recommendations from the 49th Programme Coordinating Board meeting of December 2021.

¹ The 90-90-90 targets are: 90 per cent of people living with HIV know their HIV status, 90 per cent of people who know their HIV-positive status are accessing treatment, and 90 per cent of people on treatment have suppressed viral loads.

II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

A. Independent evaluation of the United Nations system response to AIDS during 2016-2019

6. The report of the [independent evaluation](#) of the United Nations system response to AIDS during 2016-2019 was presented at the 47th UNAIDS Programme Coordinating Board meeting. The evaluation concluded that the UNAIDS Strategy is highly relevant, a coordinated multisectoral United Nations response remains pertinent, and that the work of UNAIDS, especially at the country level, demonstrated the advantages of a Joint Programme. The report observed that the work of the Joint Programme was rights-based and needs-based, inclusive and participatory and that it was successful in engaging with civil society and other actors. The evaluation highlighted that the UBRAF, 2016-2021, does not work well as a tool for the prioritization of resource allocation. It noted that funding shortages negatively affected joint programming decisions and impeded HIV technical leadership, placing the Joint Programme under stress. The evaluation called attention to the shrinking HIV-specific expertise in the Joint Programme and urged action to maintain much-needed capacity. It noted that particularly Cosponsor HIV-specific human resources have declined, due to funding cuts in 2016 when the new UNAIDS Operational Model was introduced. The UNAIDS Secretariat capacity has also been reduced, though to a much lesser extent.

7. The [management response](#) outlined different actions towards strengthening planning, resource allocation, results and accountability, including by articulating the United Nations added value in the Global AIDS Strategy, 2021-2026, and indicating the Joint Programme's resource requirements and accountability measures in the UBRAF, 2022-2026. A Joint Programme capacity review is being undertaken to provide an overview of how diverse forms of expertise for multisectoral responses can be mobilized and leveraged further, as well as identifying the gaps and areas requiring reinforcement. Additionally, the Joint Programme will review and enhance the Joint Programme resource mobilization strategy and convene a funding dialogue.

B. Global AIDS strategy 2021-2026

8. At the March Special Session, the UNAIDS PCB adopted by consensus the [Global AIDS Strategy, 2021-2026](#) – End Inequalities, End AIDS. The three strategic priorities in the Global Strategy are to (a) maximize equitable and equal access to comprehensive people-centred HIV services; (b) break down legal and societal barriers to achieving HIV outcomes; and (c) fully resource and sustain HIV responses and integrate them into systems for health, social protection, and humanitarian settings. The Strategy uses an inequalities lens to close the gaps preventing progress to end AIDS, and highlights the importance of multisectoral approaches and partnerships. HIV prevention is a prioritized focus in the Strategy, especially for key populations globally and adolescent girls and young women in sub-Saharan Africa.

9. The Strategy sets out bold new targets and resource needs to be reached by 2025. These formed the basis for the [Political Declaration](#) on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which was adopted at the United Nations General Assembly High-Level Meeting on AIDS in June 2021. Member States agreed to reduce the annual number of new HIV infections to under 370 000 and AIDS-related deaths to 250 000, eliminate new HIV infections among children, end paediatric AIDS and eliminate all forms of HIV-related discrimination by 2025. They also committed to providing life-saving HIV treatment to 34 million people by 2025. Furthermore, Member States committed to increasing and fully funding the AIDS response. They agreed to invest \$29 billion annually by 2025 in low-income and middle-income countries. This includes investing at least \$3.1 billion towards societal enablers, including the protection of human rights, reduction of stigma and discrimination and enabling environments. They also committed to including peer-led HIV service delivery, including through social contracting and other public funding mechanisms.

C. United Nations Economic and Social Council resolution on the Joint Programme

10. The United Nations Economic and Social Council (ECOSOC) adopted a resolution on the Joint Programme in 2021, calling on the Joint Programme to support the effective, evidence-based, timely and multisectoral implementation of the Global AIDS Strategy, 2021-2026, and the 2021 Political Declaration on HIV and AIDS. ECOSOC also considered a report on governance issues by the UNAIDS Programme Coordinating Board. The resolution expresses appreciation for continuing to update and fulfil the Board's oversight role within its mandate, including by clarifying its oversight and accountability roles in the Modus Operandi and by establishing an Independent External Oversight Advisory Committee. It also requests the Secretary-General to submit a report on the establishment of two four-year term limits and performance expectations for the UNAIDS Executive Director position.

D. Unified Budget, Results and Accountability Framework, 2022-2026

11. At a Special Session in [October](#) 2021, the UNAIDS PCB approved the UNAIDS [UBRAF, 2022-2026](#) and the UNAIDS [budget and workplan 2022-2023](#). The UBRAF is the overall framework for the collective contribution of the Joint Programme to the global HIV response. The UNAIDS PCB approved the core budget for 2022-2023 and the budget allocation for the Cosponsors and the Secretariat, at a base of \$187 million per year, up to a threshold of \$210 million per year. The three scenarios presented will drive resource mobilization and guide planning in the case of budget shortfalls.

III. UNDP and UNFPA transformative results

12. The following section highlights the key achievements of UNDP and UNFPA, structured according to the strategic results areas of the UNAIDS UBRAF, 2016-2021. UNDP and UNFPA support countries in implementing the 2030 Agenda for Sustainable Development and the commitment to 'leave no one behind', in partnership with other United Nations entities and partners. In 2020, 146 UNDP country offices and 119 UNFPA offices supported national HIV and health responses.

13. The Joint Programme increased its focus on evaluations and used these to strengthen support to countries to ensure progress towards the 2030 targets. Following up on the evaluation of UNFPA contribution to the HIV response (2016-2019), UNFPA has strengthened HIV integration through its comprehensive sexual and reproductive health package; it is also reinvigorating comprehensive condom programming, and developing an HIV and sexual health strategy. UNDP organized a global dialogue to discuss lessons learned from the independent evaluation of the Global Commission on HIV and the Law to inform strategies and approaches to deliver on the ambitious targets in the Global AIDS Strategy and Political Declaration on removing societal and legal impediments to effective HIV responses. In 2021, an evaluation was undertaken of the Joint Programme's work on preventing and responding to violence against women and girls. UNDP and UNFPA are engaged in the ongoing evaluations of the Joint Programme's work on 'key populations' and 'sustainable financing'. An external review of the Global HIV Prevention Coalition called for an expansion of focus countries.

A. Strategic results area 1. HIV testing and treatment

14. At the end of 2020, 84 per cent of people living with HIV knew their HIV status, 87 per cent of people living with HIV who knew their HIV status were accessing antiretroviral therapy, and 90 per cent of people on treatment were virally suppressed. These seemingly small gaps add up, leaving more than one quarter (27 per cent) of people living with HIV globally not in treatment, and roughly one third with unsuppressed viral loads. These gaps are even larger within subpopulations, including children, young people and men.

15. In partnership with the Global Fund, UNDP supports countries' responses to HIV, tuberculosis, and malaria in some of the most challenging contexts. As of September 2021, UNDP manages 31 Global Fund grants as interim Principal Recipient in 22 countries as well as two regional programmes, covering an additional 12 countries. The partnership supports countries to implement large-scale health programmes, making health and community systems more resilient and helping countries strengthen their laws and policies to make sure that no one is left behind.

16. UNDP strengthens the capacities of national Governments and local organizations within countries so they can successfully take over full management and responsibility of grants. Since 2003, UNDP has transitioned out of 33 countries and three regional grants covering 17 countries. In addition, UNDP manages Global Fund resources for country coordinating mechanisms in 16 countries, helping to strengthen the engagement of key populations in their work, and provides technical and capacity development support to national entities serving as Global Fund grant recipients in 26 countries. In India, UNDP responded to a Global Fund request to provide technical assistance and share its experience with cash transfers to vulnerable populations. The Global Fund provided \$10 million for cash transfers and commodity support to key populations to address the impact of the COVID-19 pandemic on their livelihoods and access to services. In Sudan, UNDP worked with the Ministry of Health, the National Medical Supplies Fund and the World Food Programme to overcome logistical challenges to ensure continued HIV and tuberculosis services to reach the eight most in-need states in the country.

17. Through its partnership with the Global Fund, UNDP has saved an estimated 4.5 million lives. Key achievements in 2020 include:

- (a) Providing 1.4 million people with antiretroviral treatment;
- (b) Supporting HIV counselling and testing for 5 million people (including key populations in 25 countries);
- (c) Offering antiretroviral treatment to prevent vertical transmission for 84 000 pregnant women;
- (d) Treating 32 500 cases of tuberculosis.

18. Since the start of the COVID-19 pandemic, the Global Fund has introduced flexibilities and funding to support the response, making up to \$4.8 billion available for 2020-2023. To date, UNDP has helped countries to reprogramme \$10.9 million from existing grants in 12 countries and one regional grant covering 11 countries and to access \$279 million in additional funding through the COVID-19 Response Mechanism to be channelled through existing grants in 19 countries and one regional grant covering 11 countries. Support was also provided for the procurement of essential health products, equipment, and supplies for country responses to the COVID-19 pandemic for a total of \$169 million.

19. UNDP continued to work in close coordination with the UNAIDS Secretariat and the World Health Organization (WHO), providing technical support on strategies to increase access to medicines and other health technologies. For example, while supporting the Government of Brazil to evaluate the country's policy and regulatory framework related to clinical test data. UNDP also continued to work on capacity building on the use of competition law and policy. Finally, UNDP is part of the steering committee of the WHO-led COVID-19 Technology Access Pool (C-TAP) to facilitate voluntary technology transfer and local production of essential health technologies, such as diagnostics, in developing countries.

HIV-related services in humanitarian emergencies

20. In 2020, UNFPA approved emergency fund proposals from country offices to respond to the sexual and reproductive health and gender-based violence needs of people affected by humanitarian crises. UNFPA procured and delivered supplies worth \$19.4 million to 53 countries to support life-saving emergency obstetric and newborn care, clinical management of rape, voluntary family planning, prevention of HIV and the treatment of sexually transmitted infections. Most approved emergency fund proposals included the procurement of inter-agency reproductive health kits for crises that meet HIV-related objectives.

Condom programming

21. Due to the impact of COVID-19 on condom production and shipping as well as Global Fund grants expiring in 2019, the number of countries receiving condoms from UNFPA decreased in 2020; 13 fewer countries were receiving male condoms and eight fewer countries were receiving lubricants. The number of condoms procured by UNFPA in 2020 dropped by 44 per cent. Nonetheless, condom distribution potentially averted around 3.6 million sexually transmitted infections, 82 000 HIV infections and 2.3 million unintended pregnancies.

22. To address the declining condom use among young people, UNFPA conducted a systematic review of global condom programmes to better understand the interventions that work. In Guinea, UNFPA helped develop a new strategic plan for holistic condom programming using a “total market approach”; and 100 community mobilizers in 100 villages distributed 120,500 condoms. In Lesotho, the Ministry of Health developed new condom branding and packaging.

23. To mitigate the impact of COVID-19 lockdowns and closures, as well as increases in the cost of raw materials, UNFPA worked with suppliers on the reallocation of orders to support countries at risk of stock-outs of male and female condoms and lubricants. In the second quarter of 2021, in partnership with the Global Fund, 88 million condoms were distributed to 14 countries.

24. The COVID-19 pandemic exposed stark inequalities in HIV testing and treatment access and uptake during 2020. The Joint Programme will continue to support the scaling-up of HIV services, including innovative approaches introduced within the context of the COVID-19 pandemic, combined with work on protecting rights, advancing gender equality, removing barriers to access and developing the capacity of national programmes and systems. This will have an explicit focus on key populations and other vulnerable populations and strengthening systems, including vaccine equity. Work will continue through the Global Condom Community of Practice and the UNFPA and UNAIDS coordination and technical support roles within the Global Fund Strategic Initiative on Condom Programming.

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

25. New HIV infections among children declined by more than half (53 per cent) from 2010 to 2020. However, that momentum has slowed considerably, especially in western and central Africa, which is home to more than half of pregnant women living with HIV who are not on treatment. The COVID-19 pandemic had exacerbated these challenges. Mothers and children were unable to access care due to the initial lockdowns and curfews. Other concerns included supply-chain disruptions, redeployment of healthcare workers to the COVID-19 response, and widespread fear of contracting COVID-19.

26. UNFPA continued to lead the procurement and distribution of reproductive health commodities, including male and female condoms, lubricants, contraceptives, HIV test kits and sexually transmitted infections supplies, worth \$115 million. These efforts were supplemented by additional funding from the Global Financing Facility and technical assistance, which helped partner countries prioritize and plan for the continuation of sexual and reproductive health services, strengthening of frontline delivery, and removal of commodity constraints.

27. Women represent about one-third of the estimated 271 million people who use drugs and 20 per cent of the estimated 11 million people who inject drugs globally. Women in prisons represent around 7 per cent of the total prison population. The United Nations Office on Drugs and Crime (UNODC), UNFPA, WHO, UNICEF, UN-Women, the UNAIDS Secretariat and the international network of people who use drugs developed a technical brief on prevention of vertical transmission of HIV, hepatitis B and C, and syphilis among women who use drugs to support country efforts.

28. The Joint Programme will support countries to better integrate HIV services within maternal, newborn, child, and adolescent health platforms. UNFPA will continue the procurement of reproductive health commodities and provide support to countries to ensure correct projections, storage, and ‘last-mile’ distribution of commodities.

C. Strategic results area 3. HIV prevention among young people

29. Young people, including young key populations, accounted for 27 per cent of HIV infections in 2020. Young people face parental consent barriers to HIV and sexual and reproductive health services. They also have insufficient access to age- and developmentally appropriate and culturally relevant comprehensive sexuality education. The COVID-19 pandemic has had a major impact on adolescent and young people’s education as well as their sexual and reproductive health.

30. UNFPA achievements for adolescent and youth empowerment in 2020 included:

- (a) 35 countries delivered out-of-school comprehensive sexuality education;
- (b) 41 countries operationalized school-based comprehensive sexuality education;

(c) In 76 countries, at least two sectors, apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth;

(d) 83 countries had institutional mechanisms for the participation of young people in policy dialogue and programming.

31. Over 80 countries were supported to scale-up comprehensive sexuality education, in line with the United Nations International Technical Guidelines on Sexuality Education, which the United Nations Educational, Scientific and Cultural Organization (UNESCO) with UNFPA, UNICEF, UN-Women, WHO and the UNAIDS Secretariat produced in 2018. UNESCO and UNFPA have launched a Global Partnership Forum to support country uptake of the guidelines. A range of tools has been produced including a regional learning platform to facilitate knowledge exchange and learning across countries in Africa, and an updated version of the Sexuality Education Review and Analysis Tool.

32. To complement the revised guidelines, UNFPA led the development of the United Nations international technical and programmatic [guidance](#) on out-of-school comprehensive sexuality education. With support from Norway, UNFPA disseminated the guidelines in Colombia, Ethiopia, Ghana, and Malawi, with a strong digital and research component.

33. UNFPA has published a series of technical briefs to support adolescent sexual reproductive health reprogramming throughout the pandemic, notably the series, ‘My Body, My Life, My World Through a COVID-19 Lens’. One of the briefs focuses on integrating digital technologies.

34. UNFPA Tunisia, in partnership with the Arab Institute for Human Rights and the Tunisian Association of Reproductive Health, established an experts’ committee on comprehensive sexuality education to develop a reference that aligned with internationally agreed standards. In Zambia, UNFPA, together with the Ministry of General Education and implementing partners, supported the capacity of teachers to effectively deliver comprehensive sexuality education at the classroom level, including training in UNFPA-supported provinces.

35. The ‘Education Plus’ Initiative co-led by the heads of UNAIDS, UNESCO, UNICEF, UNFPA and UN-Women has reached out to 42 potential partners, established a ‘nerve centre’ of young women, and identified 16 ‘champion’ countries. The initiative is geared towards realizing high-quality secondary education for all young people while ensuring they have access to a “plus package” of interventions for empowerment, equality, sexual and reproductive health, and economic autonomy. It aligns with a key component of the work of the Global HIV Prevention Coalition, which includes technical support linked to Global Fund funding applications.

36. Through the United Kingdom Research and Innovation Council-Global Challenges Research Fund’s “Accelerating Achievements for Africa’s Adolescents” (Accelerate) Hub, UNDP, UNICEF, WHO, UN-Women and other Cosponsors are uniting with academic, government, bilateral and civil society partners to engage adolescents and young people as leaders in the HIV response. A partnership between the hub and the UNDP-led Accelerator Labs focused on integrating data, analysis, monitoring, and evaluation, including for adolescent girls and young women and HIV. The labs support 115 countries to map and test solutions and scale those that are most impactful and sustainable. In South Sudan, the partnership delivered vocational and financial literacy training to out-of-school adolescents and caregivers. Despite a major cut in funding, work continues the application of lessons from the Accelerate Hub through the scaling of services that can simultaneously advance multiple Sustainable Development Goals and mitigate the impact of the COVID pandemic. Analyses from nine African countries emphasize the importance of social protection, parenting, safe spaces, sexual and reproductive health, and education. UNDP and other partners are developing a paper on “the COVID-19 impact on the next generation: safeguarding education, health and nutrition”.

37. Joint Programme activities outlined above will continue and be intensified, including by improving access to sexual and reproductive health and HIV prevention and scaling up age- and developmentally appropriate and culturally relevant comprehensive sexuality education in schools and out-of-school settings.

D. Strategic results area 4. HIV prevention for key populations

38. Despite some progress, structural barriers, stigma, and discrimination still impede access of key populations to HIV and tuberculosis services. Across countries and regions, HIV prevention services

for key populations are unevenly accessible or absent; the COVID-19 pandemic negatively impacted their access to services. Community organizations have also noted that key populations have less access to social protection, including COVID-19 prevention and treatment programmes.

39. In 2020, UNDP supported 78 countries to advance access to HIV services for key populations. For example, the UNDP Global Fund partnership supported countries in reaching key populations with tailored combination prevention packages, reaching 162,000 people who use drugs in five countries; 352,500 gay men and other men who have sex with men in 22 countries; 272,600 sex workers in 22 countries; and 5,900 transgender people in three countries.

40. A total of 49 UNFPA country offices worked with key populations to support community-based and community-led programming, with 25 UNFPA country offices also working with sex worker communities and 19 UNFPA country offices with lesbian, gay, bisexual, trans or intersex(LGBTI) people, reaching, for example, 120 000 people from key populations in Uganda, 57 532 young key populations in Ethiopia, and 44 162 in Sudan. In Zimbabwe, 2,171 sex workers were reached, as were 5,557 in Kenya and 5,000 in Malawi, while in Zambia, 2,384 people from key populations were reached.

41. The COVID-19 pandemic highlighted the need for stronger social protection for people living with HIV and key populations. UNDP and the International Labor Organization (ILO) organized a global dialogue on this topic, bringing together participants from 52 countries to share strategies and good practices on how to develop and finance more inclusive social protection schemes. UNDP is already using the outcomes of the dialogue to inform policy and programming on the ground. For example, UNDP supported countries to consider including social protection for people living with HIV (focusing on key populations) in the Global Fund COVID-19 Response Mechanism proposals. In Latin America and the Caribbean, a regional dialogue organized with UNAIDS informed a roadmap with recommendations to scale up interventions.

42. The Economic Community of West African States (ECOWAS) launched a regional strategy on HIV, tuberculosis, and sexual reproductive health for key populations, developed with support from UNDP, UNFPA, the UNAIDS Secretariat, WHO and members of the Africa Key Populations Expert Group. The strategy aims to better consider key populations in the response to HIV in the ECOWAS region, including by strengthening strategic information, health systems and community services and addressing stigma and discrimination. UNDP and UNFPA continued providing support for the implementation of the Southern African Development Community (SADC) Regional Strategy for Key Populations.

43. UNFPA and the UNAIDS Secretariat co-led Global Prevention Coalition's "deep dive" series on key populations, focusing on HIV prevention, the delivery of integrated services and strengthening coordination and leadership of key population programmes. UNDP, UNFPA, UNICEF, the UNAIDS Secretariat, and WHO supported countries on geo-localized and data-driven prioritization to improve HIV services access for adolescent and young at-risk and key populations in Botswana, Côte d'Ivoire, and Zimbabwe.

44. UNDP is supporting data collection to assess key populations needs and improve access to prevention services, for instance in Kazakhstan, Kyrgyzstan and Uzbekistan; through young key populations micronarratives, in partnership with UNFPA and civil society in Georgia; through digital data collection to improve access to pre-exposure prophylaxis in Colombia; and at the regional level, through a survey in Latin America and the Caribbean; in partnership with the organization African Men for Sexual Health and Rights (AMShE) in Africa; the Interagency Task Team on young key populations in Asia and the Pacific; and the Eurasian Key Populations Health Network, with a focus on trans health.

45. The Joint Programme has found that regional programming can support South-South exchange on good practices on LGBTI inclusion. In 72 countries, UNDP has been partnering with governments, LGBTI people, civil society, the private sector and academia in combating violence and discrimination against LGBTI people and promoting equality and inclusive development. All regional UNDP LGBTI programmes have HIV and health components. Through the Being LGBTI initiative in the Caribbean, more than 400 human rights defenders have benefitted from capacity-building sessions; HIV prevention and testing have been scaled up for LGBTI persons in Guyana; and transgender women received mental health support in Haiti. In 2020, UNDP launched the Inclusive Governance Initiative in Africa, designed

to support countries to become increasingly accountable to, and inclusive of, their entire populations, including sexual and gender minorities. This will contribute to more enabling environments and responsive public services, advancing health and social norms that affirm rights and inclusion for all.

46. The Joint Programme invested in efforts to support young key populations through new out-of-school comprehensive sexuality education guidance, in line with the United Nations International Technical Guidelines on Sexuality Education, focus group discussions on the needs of adolescent and young key populations, and economic empowerment and peer support through the UNDP-supported Regional Youth Project on Leadership, Innovation and Entrepreneurship in Asia and the Pacific.

47. The Joint Programme developed a policy brief on COVID-19 and human rights, as well as a call to action on social protection in response to the COVID-19 pandemic. Working closely with “Youth LEAD” – a regional organization working with adolescent and young key populations – UNDP, UNFPA, UNICEF, the UNAIDS Secretariat and UN-Women conducted a rapid response survey to assess the impact of the COVID-19 pandemic on young people at higher risk or living with HIV in the Asia-Pacific region. UNDP, UNFPA and UNODC, together with WHO, the UNAIDS Secretariat and key population civil society organizations, issued a [joint statement](#) on the constraints and needs of key populations in the context of COVID-19 and access to services.

48. Key population programmes were disrupted due to the COVID-19 pandemic. Innovative approaches were developed using online, digital, and electronic media to continue to spread messages for key populations while in-person community visits were suspended. In eastern Europe and central Asia, UNFPA set up a regional hotline to provide information and services to people living with HIV and key populations affected by COVID-19. UNFPA trialled livelihood support through novel income-generating schemes and direct food assistance in Argentina, Bangladesh, Indonesia and Myanmar. In Panama, UNDP and the Global Fund worked with the Government and civil society to minimize the impact of COVID-19 on HIV prevention services for key populations. By using social media platforms and dating apps, partners delivered preventive health messages and offered follow-up services through local meetings for condom distribution and HIV testing.

49. Current data demonstrate that the global response is off-track for key populations. There is a need for stronger political will and targeted investment for scaling up HIV services and addressing social and structural barriers for key populations. The COVID-19 pandemic has had a disproportionate impact on key populations. UNDP and UNFPA will continue to support countries in addressing social and structural barriers for key populations and advocate for the safe and meaningful engagement of key populations in decision-making and service delivery.

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

50. Intersecting inequalities linked to age, gender identity or sexual orientation, income, class, ethnicity, and many others combined with pervasive gender discrimination render women and girls, especially those belonging to key populations, more vulnerable to HIV. The reduction of new HIV infections among women and girls has been slow and uneven across regions and increasing in others. The COVID-19 pandemic has exacerbated gender inequalities.

51. Key UNFPA achievements in gender equality and the empowerment of women in 2020 included:

- (a) 1.7 million girls received prevention or protection services and care related to child, early and forced marriages, with support from UNFPA;
- (b) 930,351 women and girls subjected to violence accessed essential services;
- (c) 36 countries have a national mechanism to engage men and boys in advancing gender equality;
- (d) 3,244 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms.

52. UNDP has supported 71 countries in improving gender equality, addressing gender-based violence and empowering women and girls in the context of HIV and health. For example, Eswatini passed a comprehensive law on sexual offences and domestic violence. UNDP also supported the creation of the Network of Vulnerable Women in the Middle East and North Africa and worked with the Maldives Ministry of Gender, Family and Social Services in setting up a call centre to provide services to victims of domestic and gender-based violence, persons with disabilities, the elderly, and people dealing with

mental health issues. Through the UNDP-Global Fund partnership, peer educators reached over 90,000 young women with HIV prevention services in Angola.

53. Through the European Union and United Nations Spotlight Initiative to eliminate all forms of violence against women and girls, UNFPA, UNDP, UNICEF, UN-Women, and others scaled up “SASA!”, an evidence-based community initiative, in eastern and southern Africa to prevent gender-based violence and HIV. SASA! Faith was piloted in Kenya with support from the United Nations Trust Fund to End Violence Against Women, and improved health service uptake, including couple testing.

54. With barriers to gender-based violence services due to the COVID-19 pandemic, UNFPA, UNDP, UN-Women, WHO and other partners used the protocols and lessons from the implementation of the essential services package across 60 countries to maintain, adapt and improve services for gender-based violence survivors – including access to post-exposure prophylaxis, through virtual referral, multidisciplinary mobile teams, telehealth and remote services.

55. In collaboration with SADC, the UNAIDS Secretariat, UNFPA and UN-Women piloted a gender-responsive oversight tool in Angola, Lesotho, Malawi, Namibia and Zimbabwe to monitor implementation of the United Nations Commission on the Status of Women resolution 60/2 on women, the girl child, and HIV and AIDS. UNDP, WHO, UN-Women and the UNAIDS Secretariat helped national AIDS coordinating bodies draft funding requests to the Global Fund, prioritizing gender-responsive interventions in over 14 countries in eastern and southern Africa. In Zimbabwe, this support resulted in \$20 million being allocated for programming to meet the needs of young women and girls in the context of HIV.

56. UNFPA, UNESCO and UN-Women supported efforts in sub-Saharan Africa and Asia and the Pacific to expand the availability of age- and developmentally appropriate and culturally relevant comprehensive sexuality education programmes that include a focus on unequal power dynamics and gender norms, improving HIV-related knowledge, encouraging safer sexual behaviour and access to sexual and reproductive health services for young people. In western and central Africa, over two million girls and boys improved their HIV knowledge through these programmes.

57. The United Nations University International Institute for Global Health (UNU-IIGH), UNDP, UNFPA, UN-Women and other partners established a gender and health hub. The hub seeks to increase uptake and investment in strategies that are effective in addressing gender inequalities in health systems and health outcomes. UNU-IIGH, UNDP, UNFPA, UN-Women, UNICEF and WHO are collaborating on a study titled “What Works in Gender and Health in the United Nations”. The study highlights critical lessons to successful gender integration in HIV and health work at programmatic and institutional levels.

58. UNFPA and WHO strengthened the capacity of health managers from 12 countries in eastern and southern Africa to integrate gender-based violence into sexual reproductive health and HIV programmes. UNFPA and UNICEF launched community-based services to expand sexual and reproductive health services and reduce gender-based violence against adolescent girls and young women in three districts in South Africa.

59. The COVID-19 pandemic is having devastating social and economic consequences for women and girls. Despite widespread acknowledgement of the efficiency of gender-sensitive HIV responses, many HIV strategies, programmes, and policies fail to use sex- and age-disaggregated data and integrate specific actions, indicators and budgets to address gender inequality as part of the HIV response. UNDP and UNFPA will continue to support countries to ensure national HIV responses prioritize and fund interventions that empower women, engage men and mobilize communities to shift gender norms in ways that can improve HIV prevention and treatment access for women and girls and other population groups.

F. Strategic results area 6. Human rights, stigma, and discrimination

60. Human rights barriers, stigma and discrimination constrain HIV responses. Denial of health services to people living with HIV occurs in some settings. The prevalence and the effects of discrimination are especially acute among people in key populations, who face multiple, overlapping forms of discrimination.

61. UNDP supported Governments, civil society and United Nations partners in 90 countries in reforming discriminatory laws and policies on HIV and tuberculosis, including through advocacy and training, and supported the creation of enabling environments through HIV legal environment assessments in several countries (Angola, Belarus, Benin, Burkina Faso, Burundi, India, Kenya, Lesotho, Malaysia, Moldova, Pakistan, the Philippines, Senegal, Sudan, Somalia and Thailand). In Moldova, this led to the expansion of in-vitro fertilization to women living with HIV under clearly defined conditions as well as removing HIV status as an impediment to child adoption and guardianship. In Somalia, the assessment's recommendations were included in the revised national HIV strategic plan and prioritized in the approved Global Fund grant. The Being LGBTI in Asia and the Pacific initiative successfully contributed to enabling environments and the development of transgender welfare policies in India, Pakistan and Thailand, and helped to advance the reform of gender identity laws in Thailand. UNDP and the UNAIDS Secretariat undertook a review of legal and policy trends impacting people living with HIV and key populations in Asia and the Pacific during 2014-2019 to inform future law and policy reform initiatives.

62. In Zimbabwe, UNDP, the UNAIDS Secretariat, UN-Women and ILO supported parliamentary processes on enabling environments for effective rights-based HIV responses addressing issues such as HIV criminalization, sexual offences provisions of the Criminal Code, and women's health. Sudan added people living with HIV as beneficiaries for legal aid services and deployed a legal counsellor to support the Sudanese people living with HIV Care Association. In Angola, a new Penal Code provision on decriminalizing same-sex conduct as well as aspects of sex work was adopted; and legal restrictions on adolescents' access to HIV testing without prior parental authorization are being reviewed.

63. UNDP continued to support the sensitization of the judiciary on HIV, tuberculosis, human rights and the law through the Judges' Forum for Eastern Europe and Central Asia, building on the experience of the Africa Judges Forum. As a result, courts in Tajikistan and Ukraine have institutionalized national judges' fora on strengthening the rule of law and protecting the rights of key populations, people living with HIV and people affected by tuberculosis. UNDP also developed a regional compendium of HIV-related cases for Eastern Europe and Central Asia.

64. UNDP, the UNAIDS Secretariat, the HIV Justice Network and the International Association of Prosecutors developed guidance for prosecutors for limiting overly broad use of criminal law in HIV-related cases. This guidance is addressed specifically to prosecutors because of the essential role they play in stopping the misuse of criminal law.

65. The Global Commission on HIV and the Law noted that digital health technologies can support people living with HIV to make more informed decisions and take control of their healthcare. However, new and emerging digital technologies also present human rights challenges, including possible infringement of the rights to privacy and non-discrimination. UNDP released guidance on the rights-based and ethical use of digital technologies in HIV and health programmes. The guidance presents a practical checklist and recommendations for governments, the private sector and donors to support countries on the adoption of digital technologies in HIV and health programmes. The Joint Programme will use this guidance to support national stakeholders in strengthening ethical and rights-based use of digital technologies in HIV and health programmes.

66. The Joint Programme supported several countries to address human rights violations related to COVID-19 measures. For example, in Mozambique, UNDP, ILO, UNODC, UN-Women and the UNAIDS Secretariat supported the Ministry of Justice, the Office of the Ombudsman, the national human rights commission and civil society to monitor HIV and COVID-19-related human rights violations and harassment during the delivery of essential services. UNDP, in partnership with the Office of the High Commissioner for Human Rights, supported national human rights institutions in Nepal, Sierra Leone and Zimbabwe to continue monitoring and addressing human rights violations during the COVID-19 pandemic.

67. UNDP and UNFPA, in collaboration with the UNAIDS Secretariat and other Cosponsors, provided policy and programme support to the implementation of the Global Fund strategy objective on removing human rights barriers, including support to the Global Fund's Breaking Down Barriers initiative. This was done by supporting country-led legal environment assessments and capacity building for enabling environments on rights-based HIV and tuberculosis programmes. The Joint

Programme also provided support to the development of a gender and human rights objective in the new Global Fund strategy.

68. The Global Partnership to eliminate all forms of HIV-related stigma and discrimination continues to support the 26 member countries. This contributed to the passing of an HIV anti-discrimination bylaw for public and private health centres in Iran and the inclusion of anti-stigma and discrimination efforts in the Iranian national HIV surveillance system. A community-led crisis response system was also established in Thailand, which has reported 183 cases from 34 provinces.

69. UNFPA published the global data for SDG targets 5.6.1 and 5.6.2 for the first time, showing that, on average, countries have achieved 87 per cent of enabling laws and regulations for HIV counselling and testing services, 91 per cent for HIV treatment and care services, and 96 per cent for HIV confidentiality. The data indicate that increasing levels of education have the greatest effect on women's decision-making on sexual and reproductive health.

70. Legislative responses to the COVID-19 pandemic introduced measures, including compulsory testing and treatment, lockdown and curfews and broad use of criminal laws, that impacted people living with HIV and key populations. UNDP, WHO, the UNAIDS Secretariat and partners of the COVID-19 Law Lab are undertaking legal and human rights analysis of COVID-19 laws and regulatory measures, working with countries to conduct legal environment assessments as part of COVID-19 recovery efforts.

G. Strategic results area 7. Investment and efficiency

71. The funding gap for HIV responses is widening. At the end of 2019, \$18.6 billion was available for the AIDS response in low-income and middle-income countries, almost \$1.3 billion less than in 2017. Domestic financing accounts for approximately 57 per cent of available financing for the global response. The impact of insufficient domestic funding is exacerbated in many countries through inefficiencies, including a failure to allocate limited resources towards the most effective interventions or to focus resources strategically by location or population.

72. Through the [SDG 3 Global Action Plan](#) for healthy lives and well-being for all, 13 multilateral health organizations are strengthening collaboration and coordination to reduce inefficiencies and provide more streamlined support to countries. UNDP is co-leading the accelerator on determinants of health with UN-Women, as well as the Equity Cluster, and participating in sustainable financing accelerator. UNDP is working with partners on health taxes, as well as gender and rights dimensions concerning COVID-19 vaccine equity. UNDP, WHO and the University of Oxford have launched a global dashboard on COVID-19 vaccine equity. WHO and UNFPA co-lead the Data and Digital Health accelerator and support countries in making disaggregated, high-quality data available to decision-makers at all levels. In Malawi and Nepal, UNFPA worked with partners supporting the Health Data Collaborative to strengthen data sources for countries to assess performance against health SDG targets, which resulted in Malawi adopting a Digital Health Strategy (2019-2022).

73. The Joint Programme supported 21 of 23 funding Global Fund funding requests for HIV in Window 1 (91 per cent), and 29 of 38 in Window 2. For Window 1, 96 per cent of funding (\$2.01 billion out of \$2.1 billion) went to countries that received support from the Joint Programme. For example, in Nigeria, UNDP provided technical assistance to develop an integrated gender and human rights approach in Nigeria's Global Fund 2021-2023 grants.

74. With local partners, UNDP, the UNAIDS Secretariat and the World Bank published "Tackling the world's fastest-growing HIV epidemic: More efficient HIV responses in eastern Europe and central Asia". It presents case studies and efficiency interventions in 11 countries to spotlight the growing epidemic, the importance of reaching key populations and migrants with targeted support, and the value of using efficiencies to improve coverage and outcomes.

75. UNDP, the Global Fund and the UNAIDS Secretariat released social contracting guidance for countries to increase service coverage effectively through partnerships with non-governmental organizations and advocated for and guided countries to put in place social contracting, including sharing of lessons across countries. UNDP, UNFPA, UNICEF, WHO and the UNAIDS Secretariat collaborated to provide technical assistance and leverage funding to community-based partners to close the treatment access gap by adapting service delivery to mitigate COVID-related disruptions.

76. Better data is essential for more efficient, and effective investments and services. With support from UNDP, nine Pacific Island countries have been supported to better capture data on populations disproportionately affected by HIV. In Burundi, Djibouti and Guinea-Bissau, the UNDP-Global Fund partnership, in collaboration with Governments pioneered a new mobile technology initiative that introduced real-time monitoring using mobile tablets to digitize HIV, tuberculosis and malaria data to map, track, prevent and treat health outbreaks in real-time. These district health information systems have now been expanded to include COVID-19 data. In Indonesia, the Ministry of Health was supported to put in a place a financial management system and policy guidelines, contributing to a more efficient absorption and use of resources.

77. Several high-burden countries now face the dual challenge of HIV and COVID-19, compounding financial stress. Resources dedicated to rebuilding health and social systems through the COVID-19 recovery present opportunities for supporting critical HIV-related needs. The Joint Programme will support reforms to promote a people-centred, whole-health system and multisectoral approach addressing the structural drivers of inequality, promoting progressive financing, universal health coverage, increased social spending and strengthening health surveillance and monitoring systems, enabled by digital tools and capabilities.

H. Strategic results area 8. HIV and health service integration

78. The integration of HIV with other health services and critical functions, including those related to data and strategic information, health governance, financing and policy frameworks, helps leverage efficiencies and synergies. Integration and access to social protection services are critical for a sustainable, successful HIV response.

79. UNFPA supported the development of integrated sexual and reproductive health services, tailored for different populations and community groups. For example, in India, community-based service providers were assisted to deliver sexual and reproductive health services for sex workers. UNFPA supported Cuba in tailoring adolescent sexual and reproductive health services for different young key population groups.

80. Addressing the links between HIV and cervical cancer, UNFPA supported cervical cancer services in several countries, including for women living with HIV. UNFPA, UNDP and WHO supported the UNAIDS Programme Coordinating Board special session [thematic segment](#) on cervical cancer and HIV, building on the WHO Cervical Cancer Elimination Strategy. UNFPA-supported programming in the United Republic of Tanzania reached over 25 800 clients with integrated sexual and reproductive health services. Building on an evaluation in 11 Arab countries, UNFPA and partners developed an enhanced framework for sexual and reproductive health care integration in primary care. In Nigeria, integrated cervical cancer and HIV services were showcased as part of a broader integrated non-communicable disease programme. In Botswana, UNFPA launched human papillomavirus self-sampling for improved detection of women at high risk for cervical cancer, leading to improved referral for women diagnosed with human papillomavirus.

81. UNFPA and WHO continued to co-lead the Inter-Agency Working Group on Sexual and Reproductive Health and Rights and HIV linkages, supporting the Working Group to increase and report on the integration of sexual and reproductive health, gender-based violence and HIV and sexually transmitted infection services. A new call to action for 2021-2025 was formulated and over 200 country snapshots were updated to facilitate monitoring of the implementation of the comprehensive sexual and reproductive health package. The comprehensive package was promoted for inclusion as an essential element of universal health coverage in the WHO Handbook and the accompanying learning platform.

82. Under the Global Fund grants managed by UNDP, 854 000 people living with HIV were screened for tuberculosis in HIV care or treatment settings in six countries. The national tuberculosis programme in Moldova is scaling up a mobile application for patients to video-record themselves taking medicines. This approach has almost doubled treatment adherence, compared to directly observed treatment.

83. As the technical lead in the COVID-19 Socio-economic Response Framework, UNDP provided COVID-19 support to 131 countries. This included working with other agencies, advancing human rights-based approaches – such as working on COVID-19 prevention and impact mitigation with key populations for HIV in Bhutan and supporting Seychelles in reaching at-risk communities, including

people living with HIV, with digital surveillance and mapping for contact tracing and containment. An HIV-specific review was conducted of national COVID socio-economic response plans in UNAIDS fast-track countries to assess existing and potential HIV/COVID-19 planning alignment and integration.

84. UNDP addressed the challenges of COVID-19 by supporting the adaptation of HIV and health service delivery – for example, through new and mobile testing points, digital tools and home tests in countries, including Cuba, Iran, Kyrgyzstan, Uzbekistan; provided safe spaces for accessing prevention for gay and other men who have sex with men and trans people in challenging operational environments; training and education of service delivery personnel on COVID-19 safety protocols and distribution of personal protective equipment among key populations. UNDP and the UNAIDS Secretariat ensured COVID-19 relief actions in the Dominican Republic, Guyana and Haiti included LGBTI communities and supported studies on COVID-19 on LGBTI persons in Barbados, Grenada, the Dominican Republic, Guyana and St. Lucia.

85. UNDP supported 38 countries in HIV-sensitive social protection, including in the context of COVID-19 response and recovery: strengthening digital systems in India to ensure that people living with and affected by HIV can access COVID-19 welfare packages; supporting women living with HIV in Djibouti to produce personal protective equipment; and providing emergency COVID-19 preventive kits and nutrition for key populations and people living with HIV in Zambia.

86. Although there has been progress in the appropriate integration of services, it is uneven, with more work needed in areas such as the integration of HIV in antenatal and postnatal services. Unfortunately, siloed service delivery remains the norm in too many settings. UNDP and UNFPA continue to monitor activities for the right mix and balance of HIV services, through integrated packages and stand-alone service provision options, to meet the needs of particular individuals and key populations.

IV. Conclusion

87. While much progress has been made in the global AIDS response, the COVID-19 pandemic is continuing to disrupt HIV and other essential services. The HIV and COVID-19 pandemics are showing us that global solidarity, stronger collaboration, innovation and new partnerships are vitally needed to safeguard and accelerate progress. The ambitious new Global AIDS Strategy and 2021 Political Declaration on HIV and AIDS provide a roadmap to get back on track to achieving the SDG target on ending AIDS.

88. The Joint Programme, working more collaboratively than ever before, is an example of the innovative, people-centred and agile multilateralism needed to strengthen a multisectoral response to AIDS, and will be critical to addressing the inequalities that continue to drive HIV epidemics. To continue to leverage the comparative advantages of diverse United Nations entities and relevant partners, it is crucial that the UBRAF is fully funded. Only with the required human and financial resources will the Joint Programme be able to most effectively support countries to deliver on the ambition of the Global AIDS Strategy.

89. As reflected in their new strategic plans for 2022-2025, UNDP and UNFPA remain committed to working with all partners to make up lost ground on HIV. Forty years of the AIDS response has seen many successes and failures. It has taught the world that it cannot defeat a pandemic unless all partners work together and invest the necessary resources to reach everyone in need, especially those furthest left behind, within and across countries. Only by ending inequalities can the world end the AIDS epidemic as a public health threat by 2030.