



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

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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

This report addresses the implementation of decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. The report focuses on the implementation of decisions from the forty-ninth and fiftieth Programme Coordinating Board meetings. It also highlights the contributions of UNDP and UNFPA to the HIV response and contains analysis of some of the main issues facing the Joint Programme.

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I. Context

1. The global AIDS response is under threat. The coronavirus disease (COVID-19) pandemic, along with economic and humanitarian crises, have disrupted HIV and health services, pushed an estimated 75 million to 95 million people into poverty, resulted in millions of students being out of school and caused spikes in teenage pregnancies and gender-based violence. Low- and middle-income countries have been challenged to respond as 60 per cent of the world's poorest countries are in or at high risk of debt distress. As a result, the AIDS response has faced serious pressure while communities that were already at greater risk of HIV are now even more vulnerable. Despite the historic 10-10-10 targets¹ of the 2021 Political Declaration and decades of advocacy and education, discriminatory attitudes and stigma towards people living with HIV remain alarmingly common across all regions. Growing inequalities, within and between countries, are stalling progress in the HIV response. Available funding in low- and middle-income countries has continued to decline, despite renewed commitments made by Member States in the [2021 Political Declaration on HIV and AIDS](#). Overseas development assistance from bilateral donors other than the United States of America has decreased by 57 per cent over the last decade. The HIV response in low- and middle-income countries is \$8 billion short of the amount needed by 2025.

2. The latest data from the Joint United Nations Programme on HIV/AIDS (UNAIDS) show that while new HIV infections fell globally in 2021, the drop was only 3.6 per cent compared to 2020—the smallest annual reduction since 2016. Approximately 1.5 million new HIV infections occurred last year—more than 1 million above the global 2020 targets. Eastern Europe and Central Asia, the Middle East and North Africa and Latin America have all seen increases in annual HIV infections over several years. In Asia and the Pacific – the world's most populous region – UNAIDS data now show that new HIV infections are rising where they had been falling. In 2021, key populations and their sexual partners accounted for 70 per cent of all new HIV infections globally, 94 per cent of new HIV infections outside of sub-Saharan Africa and, for the first time, the majority of new infections (51 per cent) in sub-Saharan Africa. Similarly, while the number of people on HIV treatment increased by 1.47 million in 2021, this represents the smallest increase since 2009. There were 650,000 AIDS-related deaths in 2021 despite effective HIV treatment and tools to prevent, detect and treat opportunistic infections.

3. There has been progress. More than 40 years into the AIDS response, much has been achieved. Countries as diverse as Italy, Lesotho, Viet Nam and Zimbabwe cut new HIV infections by more than 45 per cent between 2015 and 2021. Price reductions and cost-efficiency gains have helped to drive down unit costs, particularly for antiretroviral medicines and service delivery, helping HIV funds go further. Declining treatment costs per person have enabled many low- and middle-income countries to significantly expand their HIV treatment programmes in the past decade. Innovations and efficiencies have also freed funds to further expand programmes and scale high-impact interventions such as new antiretroviral formulations and new prevention technologies, including pre-exposure prophylaxis (PrEP). However, access to oral PrEP remains much too low for it to affect the course of the global epidemic. In 2021, more than 1.6 million people worldwide were receiving oral PrEP, which remains well short of the 2025 target of 10 million people. Despite recent increases, oral PrEP use is concentrated in several high-income countries and five countries in sub-Saharan Africa—Kenya, Nigeria, South Africa, Uganda and Zambia.

4. The forty-ninth and fiftieth Programme Coordinating Board (PCB) meetings were held in December 2021 and June 2022 respectively. Key issues discussed included the UNAIDS funding crisis affecting the cosponsors and the secretariat, the replenishment of the Global Fund to Fight

¹ The 10-10-10 targets call for less than 10 per cent of people living with HIV and key populations to experience stigma and discrimination; less than 10 per cent of people living with HIV, women and girls and key populations to experience gender-based inequalities and violence; and less than 10 per cent of countries to have punitive laws and policies.

HIV/AIDS, Tuberculosis and Malaria and the first report of the UNAIDS Independent External Oversight Advisory Committee.

5. The present report also includes highlights of results achieved by UNDP and UNFPA in addressing HIV in the context of their work supporting countries to achieve the Sustainable Development Goals and the pledge to leave no one behind. Detailed results for both organizations are available in the [UNAIDS unified budget, results and accountability framework \(UBRAF\) 2021 performance monitoring reports](#). The oral presentation at the first regular session 2023 will include a synopsis of decisions and recommendations from the fifty-first PCB meeting, as well as any other relevant updates.

II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

UNAIDS funding crisis

6. In her report to the fiftieth PCB meeting in June 2022, the UNAIDS Executive Director stressed that while the PCB had approved the UBRAF in 2021 with the threshold of \$210 million per year, projections estimate that a figure of \$152 million for 2022 is more likely, negatively impacting the work of the cosponsors and the secretariat. This is due to declining contributions, currency fluctuations and some announced and anticipated reallocations of official development assistance. The Executive Director stressed that the situation was not sustainable. The lack of predictable and sustainable funding for the UBRAF was jeopardizing progress. The cuts and the accompanying unpredictability will hamper the ability of the Joint Programme to deliver on the goals of the Global AIDS Strategy 2021–2026. It is important to note that this funding gap will negatively impact national responses, which are already off track, and jeopardize attainment of key UBRAF milestones and the goals for 2025 of the 2021 Political Declaration on HIV and AIDS.

7. For 2022, the Joint Programme is facing a gap of \$58 million from the PCB- approved higher threshold for the UBRAF of \$210 million, and some \$30 million in relation to UNAIDS investment and expenditure in 2021. This represents a very small fraction of the \$21 billion that is available annually for the HIV response in low- and middle-income countries. However, for UNAIDS and its countries and partners, the gap is extremely significant and threatens the core work of the cosponsors and UNAIDS secretariat.

8. In June 2022, it was communicated to cosponsors that only \$1.6 million of the flexible core allocation of \$2 million per cosponsor for 2022 would be disbursed. UBRAF funding is catalytic and synergistic in terms of maintaining the requisite capacity to make country-level resources work and leverage additional funds for the HIV response. For example, the UNFPA flexible core allocation is focused principally at country and regional levels, supporting cost sharing of key technical expertise and leveraging \$100.3 million for programming in 2020-2021. Using the flexible core UBRAF, of which more than 70 per cent is spent at the regional and country levels, UNDP leveraged \$510 million for country-level HIV responses in 2020-2021.

9. The PCB took note of the alarming funding situation and reiterated its full trust and commitment to the work of UNAIDS. In view of the pressing funding situation, the PCB requested that its Bureau urgently convene an informal inclusive multi-stakeholder task team, consisting of PCB members, observers, cosponsors, the non-governmental organization delegation and other stakeholders, to discuss options for resolving the immediate funding crisis for the 2022-2023 biennium. Cosponsor representatives on the task team are UNDP, the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO) and the World Bank.

10. The PCB called on the Bureau to utilize the informal multi-stakeholder task team to, in advance of the UNAIDS structured funding dialogue in November 2022, develop

recommendations on voluntarily based sustainable funding of the UBRAF, to be presented and discussed at the December 2022 PCB meeting.

11. At the time of writing, the task team had met five times and proposed a series of short- and longer-term resource mobilization options for the Joint Programme. Recommending that UNAIDS achieve the core funding level of \$210 million, its proposed options are discussed below.

Addressing the impact of currency fluctuations on the Joint Programme's funding

12. Even though all top 10 donors to the core UBRAF in 2021 maintained or increased the level of their contributions for 2022 in domestic currencies, as of October 2022, the Joint Programme had experienced a loss of \$22 million as a result of exchange rate fluctuations (compared to June 2021).

13. To make up for and protect against future losses in contributions to the Joint Programme associated with currency fluctuations, the task team identified and the PCB endorsed two options. The first is to request Governments to increase their contributions for 2022 and 2023 with funds equal to the amounts lost as a result of changes in foreign currency exchange rates. The second is that the secretariat institute a memorandum of understanding with donors to ensure that contributions to UNAIDS are made using preferential currency rates (as determined by each donor).

14. Following the issuance of the interim report of the PCB Bureau (28 July), the secretariat engaged in conversations with numerous donors regarding the feasibility of these options. While these efforts may generate some additional funding in 2022, the task team determined that these options should guide resource mobilization efforts beginning in 2023.

Ongoing solidarity and engagement by the PCB, including continuing to commit to core funding for the Joint Programme

15. Consistent with the common understanding of the duties of governing boards, the task team agreed that PCB members have a duty of care to ensure the solvency and sustainability of the Joint Programme. The task team emphasized the importance of a “fair share” approach to funding of the Joint Programme. At a moment of financial peril for UNAIDS, the task team determined that PCB members could do more to address the immediate funding crisis.

16. The PCB Bureau endorsed the recommendations of the task team that the 11 donor PCB members as well as individual high-income members of PCB donor constituencies increase their voluntary commitment to UNAIDS by \$1 million. The task team also recommended that the 11 low- or lower-middle-income PCB members be asked to contribute \$500,000 to the Joint Programme.

17. Following up on these recommendations, the task team co-chairs and the UNAIDS Executive Director sent letters to the permanent missions of these countries requesting these increases in voluntary contributions. Similar letters have been sent to Member States that belong to PCB constituencies but do not sit on the PCB itself. The secretariat and task team co-chairs are currently engaged in conversations with various donors to advocate for these additional year-end contributions.

Leveraging the relationship of the Joint Programme with the Global Fund

18. Given that the Joint Programme plays a key role in the success of the Global Fund, the task team agreed that the programme should better leverage this relationship to generate additional funding. The task team identified several options for evolving the relationship with the aim of ensuring the long-term viability of the Joint Programme as an essential contributor to the success of the Global Fund. The task team recommended that UNAIDS engage in discussions with the Global Fund regarding a new funding mechanism or arrangement between the Global Fund and the Joint Programme to mobilize at least \$31 million in new funding for the core UBRAF. Another option is to develop a new funding mechanism or arrangement between the Global Fund and the

Joint Programme which directs funding to support country allocations for Joint Programme technical support.

Better leveraging regular resources (core) and other resources (non-core) funding

19. The task team undertook an extensive discussion of the differing trajectories for regular resources (core) funding (on the decline) and other resources (non-core) funding (on the rise) as well as some confusion associated with these two categories. The task team discussed the need to explore better leveraging of core and non-core funds at the global, regional and country levels for fully funding the UBRAF. The secretariat emphasized that its overarching aim for resource mobilization is to obtain full funding of the UBRAF “core funding.” Task team members acknowledged that many government donors, foundations and private companies prefer to earmark their contributions for specific purposes or scopes of work. The task team encouraged the secretariat to consider whether there is scope to use certain earmarked funds more flexibly as core UBRAF funding, which could be shared with cosponsors as appropriate, understanding the complexities of donor requirements/earmarking. In particular, classifying more contributions as core funding, it was noted, could cover the gap in the cosponsors’ access to UBRAF resources.

20. The Committee of Cosponsoring Organizations met to discuss the funding crisis on 26 October 2022. They agreed on developing a prioritized joint resource mobilization plan between cosponsors and the secretariat, including at the level of principals. Given the nature of the ongoing funding crisis, the Committee furthermore agreed to develop scenarios to present to the PCB in June 2023 to inform the discussion on the 2024-2025 UBRAF workplan and budget. A working group is being established which includes UNFPA, UNICEF, UNODC, WHO and the International Labour Organization as cosponsor representation. The scenarios will consider the Joint Programme capacity assessment undertaken in 2021, the outcomes of the PCB task team on the funding crisis, the upcoming Multilateral Organisation Performance Assessment Network assessment of the UNAIDS secretariat, the current operating model and how regular resources (core) and other resources (non-core) funds received are prioritized and allocated.

21. The Committee also agreed to maintain the mission-critical flexible core and country envelope funding for cosponsors but would disburse this in tranches. The amount of the first tranche for 2023 is still under discussion, with an agreement that a second tranche be informed by the outcomes of the PCB task team recommendations and scenario planning. This takes into account the importance of the country envelopes and the central core allocation in supporting country-level work.

UNAIDS Joint Programme capacity assessment

22. Following up on the independent evaluation of the United Nations system response to AIDS 2016-2019, an assessment of the capacity of the Joint Programme was undertaken to provide an understanding of available and needed cosponsor and secretariat human and financial resources to leverage effective action across sectors, as well as other capacity available to the Joint Programme. The consulting firm Oxford Policy Management was commissioned to undertake this assessment.

23. Key findings of the assessment include:

- (a) Funding for the HIV response is declining, with donors shifting to support the HIV response in fewer countries and towards other development priorities. The assessment shows a decline in Joint Programme funding, particularly for cosponsors;
- (b) As a result, most cosponsors report continuing decreases in HIV regional and country human resource capacity (i.e., staff numbers and grades) in recent years and the loss of more experienced HIV staff. This has been exacerbated by the move to a revised operating model in 2016 where cosponsor funding from the core UBRAF was cut by over 50 per cent. It is important to note that the UNAIDS secretariat mobilizes resources in the name of the Joint Programme and keeps 70 to 75 per cent of the core

resources raised for the secretariat function. Eleven cosponsors share the remaining 25 to 30 per cent of core resources raised. In the current context, many cosponsor staff at country level now are multifunctional, covering a range of issues in addition to HIV. Without additional funding and capacity strengthening, the decline in cosponsor HIV capacity is likely to continue;

- (c) In 2020, the secretariat accounted for 26 per cent of the total number of Joint Programme staff, with four cosponsors (UNFPA, UNDP, UNICEF and WHO) accounting for approximately 41 per cent and seven cosponsors accounting for the remaining 33 per cent. The difference is more significant in terms of full-time equivalent (FTE), with the secretariat accounting for 43 per cent of total Joint Programme FTE in 2020. Among cosponsors, UNDP, UNICEF, WHO and UNFPA accounted for the highest proportions of total Joint Programme FTE (a total of 38 per cent), whereas the World Food Programme (WFP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Office of the United Nations High Commissioner for Refugees (UNHCR) had the lowest proportions of total Joint Programme FTE.² Through its alignment exercise, the secretariat has reduced its staff numbers and shifted the allocation of staff from headquarters to regional and country levels. This staffing reorganization is however unlikely to greatly affect the imbalance in distribution of Joint Programme resources between the secretariat and cosponsors;
 - (d) Delivering the goals of the Global AIDS Strategy depends not only on the number of Joint Programme staff (of sufficient seniority, experience and technical expertise) but also on staff having the required knowledge, skills and commitment to operationalize the strategy. This includes a need for strong political will to engage in dialogue on sensitive issues such as human rights, concerns related to lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, drug use, prison services and adolescent sexual and reproductive health. It also requires expertise in priority issues central to the mandates of UNDP and UNFPA, i.e., combination prevention for key populations and adolescent girls and young women; gender equality; human rights; and investments and efficiencies;
 - (e) The smaller regional and country presence combined with reduced availability of technical capacity have lessened the ability of cosponsors to establish relationships with policymakers, influence and engage in policy dialogue with Governments and respond to requests from countries for technical support. The assessment notes that the capacities of cosponsors have already decreased to below “mission-critical” level or would do so if there were further reductions in staffing, and this has affected the performance of both the Joint Programme and country-level performance in some instances.
24. The assessment recommends that the Joint Programme strengthen diversified joint resource mobilization and strategic allocation of UNAIDS core financial resources to deliver on its mandate and the Global AIDS Strategy, including ensuring that allocation to cosponsors is sufficient, together with non-core resources, to support the required level of cosponsor capacity. This should include efforts to maintain and increase critical HIV expertise across the Joint Programme, with a systematic approach to staff capacity-building that includes regular reviews.
25. The assessment notes that limited resources need to be allocated strategically to priority areas or issues and countries where the Joint Programme can make a difference. For example, this should focus on areas where the United Nations has a comparative advantage; where it is possible to optimize existing resources and integration within the existing development architecture; and on priority thematic issues where the most impact and momentum can be achieved and maintained. The Joint Programme is encouraged to review expectations of what can realistically

² UNDP: 10.9 per cent of full-time equivalent (FTE); UNICEF: 10.7 per cent of FTE; WHO: 8.3 per cent of FTE; UNFPA: 8.1 per cent; compared to WFP: 2.4 per cent, UN-Women: 1.7 per cent and UNHCR: 0.4 per cent of FTE.

be done in regions and countries where capacity is very limited and seek to reduce transaction costs by simplifying and streamlining procedures.

Independent organizational oversight reports

26. The UNAIDS Independent External Oversight Advisory Committee, established by the PCB at its forty-sixth meeting, presented its first report to the PCB at its fiftieth meeting, accompanied by related reports of the internal auditor, external auditor and Ethics Office, and the management response. Both the external auditor and the Advisory Committee alerted the PCB to the tenuous funding situation and the criticality of sustainable financing for the continued operation of the Joint Programme.

27. Board members noted that the Joint Programme should have sufficient capacity and funding to fulfil its mission and implement its core programmes. Urgent action is needed to prevent potentially irreversible losses across the entire Joint Programme. The PCB requested UNAIDS to develop a resource mobilization strategy that would enable it to move beyond recurring funding shortfalls. The Board noted that business-as-usual funding dialogues with the usual partners were insufficient. Member States called for urgent action on this important matter in consultation with the PCB Bureau, cosponsors, existing and new donors and other relevant initiatives.

Global strategic initiatives

28. The Joint Programme is working with partners on a series of global strategic initiatives. In July, at the International AIDS Conference in Montreal, UNAIDS, UNICEF, WHO and partners, including the Global Fund and the United States President's Emergency Plan for AIDS Relief, announced the formation of the Global Alliance to End AIDS in Children by 2030. The aim of the alliance is to address persisting inequalities in the global effort to prevent and treat HIV in children. The political launch for the initial 12 countries was expected to take place in November 2022 in Abuja, Nigeria, under the auspices of President Muhammadu Buhari.

29. UNAIDS, UNFPA, the United Nations Educational, Scientific and Cultural Organization , UNICEF and UN-Women continue to work together to galvanize support for Education Plus. This joint initiative aims to: (a) enable all girls to complete a free, quality secondary education, a major protective factor to prevent and mitigate the impact of HIV; and (b) through secondary education systems, enable their access to a core essential package of support and services for their safety, health, social and economic inclusion as they navigate their passage into adulthood. The initiative was launched in July in Lusaka by President Hakainde Hichilema of Zambia at the African Union midyear summit. Education Plus also featured prominently at the recent Transforming Education Summit.

30. UNDP is leading the development of a global strategic initiative on the 10-10-10 targets. Countries that advance punitive laws, including criminalization, are shown to have less successful HIV responses, with lower rates of HIV-positive individuals knowing their status, lower rates of uptake of treatment and lower rates of viral suppression among people living with HIV. Conversely, countries that have legal environments advancing non-discrimination, independent human rights institutions and gender-based violence responses have fared much better, with greater knowledge of HIV status and higher rates of treatment and viral suppression. Despite some progress, no country is on track to reach the 10-10-10 targets by 2025. Bold action to assess and scale innovative policies and practices on the path to removing punitive and discriminatory laws, including criminalization, for people living with HIV, other key populations, women and girls, would help countries and communities mitigate the impact of criminalization, increase access to services and improve prevention, treatment and care outcomes.

31. The global strategic initiatives aim to intensify and amplify the Joint Programme's catalytic action with strategic "push" and partnerships at global, regional and country levels to accelerate progress in selected results areas where inequalities driving the HIV epidemic remain acute. Combining advocacy for change, mobilization of resources and partnerships with specific tailored

action to surge support to countries and communities in selected regions and countries, will contribute to the implementation of the Global AIDS Strategy. Fully in line with and falling within the UNAIDS UBRAF, these initiatives will further demonstrate the Joint Programme's added value in galvanizing action for an ambitious vision. Actions will include promoting integrated and innovative approaches as well as strong joint advocacy and development of guidance. The global strategic initiatives are part of a re-energized joint resource mobilization effort to engage donors with an attractive, well-designed, specific and time-bound initiatives aimed to catalyse progress through clearly delineated areas of interventions.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

32. At the fiftieth PCB meeting, Mr. Peter Sands, Global Fund Executive Director, and Dr. John Nkengasong, United States Global AIDS Coordinator and Special Representative for Health Diplomacy, were keynote speakers. They both emphasized the need for a fully funded UBRAF and a full Global Fund replenishment, while highlighting the collective interdependence of the Global Fund and UNAIDS. Mr. Sands stressed the importance of the Global Fund's partnership with the Joint Programme, which provides vital leadership, data and technical support to make the money work at country level, adding that a fully funded Joint Programme was crucial for the Global Fund to have maximum impact. Dr. Nkengasong said that UNAIDS was expected to support the reduction of inequalities, remove structural barriers and promote human rights—all challenging areas of work—and cosponsors had to provide technical guidance and other wide-ranging support to countries. Only a fully resourced Joint Programme could fulfil those roles. The Joint Programme remained central to the success of the global HIV response by supporting countries in science and rights-based policies and programmes.

33. Since the Global Fund was established in 2002, cosponsors and the UNAIDS secretariat have supported more than 100 countries to attract, implement and leverage more than \$18 billion in Global Fund investments. Driven by a shared commitment to ending the global AIDS epidemic as a public health threat, the partnership has helped countries to scale up HIV and tuberculosis interventions and to strengthen resilient and sustainable systems for health, contributing to preventing millions of people from acquiring HIV and dying from AIDS-related causes. The partnership between the Joint Programme and the Global Fund works at every level of the latter's business model, from Joint Programme advocacy for a fully funded Global Fund to supporting strategic information, strategy, allocation, funding applications and catalytic investments. It also works towards leveraging the Joint Programme's strong country presence in every country with Global Fund grants, either directly or through individual cosponsors, to monitor and support grant implementation.

34. Through its partnership with the Global Fund, UNDP helps countries to implement large-scale health programmes in some of the most challenging settings. As of October 2022, UNDP was managing 28 Global Fund grants as interim principal recipient in 20 countries facing capacity constraints, complex emergencies and other development issues, and two regional programmes covering 14 countries. UNDP strengthens the capacities of national Governments and local organizations so they can successfully take over and manage Global Fund grants. Since 2003, UNDP has transitioned out of 33 countries and three regional grants covering 17 countries. UNDP also supports Global Fund country coordinating mechanisms in 16 countries, helping to strengthen the engagement of key populations, and provides capacity development support to national entities serving as Global Fund grant recipients in 26 countries. Through several regional programmes, including the Global Fund Africa Regional Grant on HIV, UNDP has contributed to enabling legal and policy environments, empowering regional and local key population groups and capacity-building of health workers, judges and legislators to address stigma and human rights barriers. Since the start of the COVID-19 pandemic, UNDP has also helped 22 countries and an additional 11 countries covered by the regional Western Pacific grant to access additional funding of \$347.5 million through the Global Fund's COVID-19 Response Mechanism.

35. UNFPA engages with the Global Fund on several levels, including through a memorandum of understanding on procurement. In 2021, this accounted for 54 per cent of all condoms and a third of lubricants that UNFPA procured and shipped in 2021 for a total value \$9.2 million. Additionally, UNFPA jointly administers, with the UNAIDS secretariat, the comprehensive condom programming strategic initiative. UNFPA has acted as a subrecipient for grants totalling \$56 million in countries such as Indonesia, Sudan and Zimbabwe; plays an advisory and technical assistance role to various actors and other processes related to the Global Fund including concept note development and grant application, development and implementation; and participates as a member, alternative or contributes via partners in 57 country coordinating mechanisms.

36. The Global Fund Seventh Replenishment Conference in September 2022 raised approximately \$14.25 billion (to date) for the partnership's work over the next three years as guided by its [Strategy Framework \(2023-2028\)](#). To support the next funding cycle (2023-2025), UNDP and UNFPA are working with other members of the Joint Programme to support countries in developing their funding applications.

III. Transformative results achieved by UNDP and UNFPA

37. The following section highlights the key achievements of UNDP and UNFPA support to 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 2021, 147 UNDP country offices and 121 UNFPA offices supported national HIV and health responses.

38. The Joint Programme increased its focus on evaluations, using them to strengthen support to countries to ensure progress towards the 2030 targets. The [joint evaluation of the work of the United Nations Joint Programme on AIDS on preventing and responding to violence against women and girls](#) was shared as a conference room paper at the forty-ninth meeting of the PCB. The evaluation found that the Joint Programme is supporting countries to work collaboratively to some extent with women's and relevant civil society networks in addressing gender equality, HIV and violence against women and girls. However, inadequate attention is being paid to transformative approaches to address the structural and root causes of gender inequality, HIV and violence against women and girls. The Joint Programme also supported an [independent evaluation of the work of UNAIDS with key populations \(2018-2021\)](#). The Joint Programme is recognized for supporting key population responses. However, the evaluation suggests that advocacy to defend human rights needs to increase, and programming to address inequalities and pockets of high incidence needs to be prioritized. Inclusive planning processes are needed to enhance the relevance of Joint Programme activities, as well as a stronger monitoring and reporting system. To ensure financial sustainability, there is a need for more investments for key populations as well as integration of HIV services and making universal health coverage work for different key population groups. The [annual report on evaluation and evaluation plan 2022-2023](#), also presented at the forty-ninth meeting, highlighted other joint evaluations under way, which in 2022 include those on country envelopes, and work at country level and the contribution to United Nations Sustainable Development Cooperation Frameworks.

39. In July 2022, the UNFPA Evaluation Office published guidance on integrating the principles of leaving no one behind and reaching the furthest behind in UNFPA evaluations. As outlined in the UNFPA Strategic Plan, 2022-2025, HIV is considered one of the core factors affecting the furthest behind and is often associated with discrimination and exclusion.

40. In October 2022, the secretariat updated the [UNAIDS Results and Transparency Portal](#). This contains the performance monitoring report package; a new summary leaflet (as requested by donors and other PCB members); infographics on selected areas; and regional and country reports.

41. Highlights of UNDP support are described below. In 2020-2021, UNDP:
 - (a) Supported 147 countries around HIV and health, including through collaborations with partners on integrated approaches in line with the role envisaged by the reform of the United Nations development system;
 - (b) Assisted 67 countries to improve gender equality, address gender-based violence and empower women and girls in the context of HIV and health. For example, through the European Union and the Spotlight Initiative, UNDP, UN-Women, UNFPA and other partners provided 650 000 women and girls with gender-based violence support services, despite COVID-19-related constraints and lockdowns. UNDP partnered with the Republic of Korea Sunflower Centres to provide a one-stop shop to support survivors of sexual and gender-based violence by ensuring access to counselling, medical assistance and legal support in Kyrgyzstan. The model was scaled up in Albania, Indonesia and Liberia. Gender equality also requires working with men and boys and transforming ideas of masculinity. The UNDP “Targeting Men, Transforming Masculinities” initiative, launched in 2020, has been active in seven countries (the Bolivarian Republic of Venezuela, Costa Rica, Côte d'Ivoire, Lebanon, Thailand, Ukraine and Zambia);
 - (c) Supported 78 countries to improve access to services and rights for key populations. Under programmes financed by the Global Fund, UNDP supported countries in providing key populations with tailored combination prevention, reaching 335,800 people who use drugs in five countries; 585, 500 gay men and other men who have sex with men in 12 countries; 519, 250 sex workers in 12 countries; and 10,000 transgender people in Cuba, Panama and the Oceania subregion. UNDP has continued to work with Governments, civil society, key populations and United Nations partners on enabling environments for key populations. In Zambia, UNDP supported the development of a national protocol for the medical management of intersex people, the first of its kind in Africa;
 - (d) Supported the Governments of Benin and Madagascar to revise their laws, including provisions to recognize the specific needs of key populations and adolescents. UNDP and the Africa Key Population Experts Group convened a series of webinars on the “Renewed Key Populations Advocacy Agenda for Africa”, resulting in a joint advocacy strategy for key populations and their allies to influence major donors such as the Global Fund for inclusion of sexual and gender minorities as a strategic focus in their plans. Parliamentarians for Global Action and UNDP also organized an African Parliamentary Forum on sexual and gender minorities with parliamentarians from 13 sub-Saharan African countries to share examples and best practices of the role of parliamentarians in promoting LGBTI+ affirming legislation, supporting, and protecting human rights;
 - (e) Continued to work with Governments, civil society, United Nations entities and other partners to advance the recommendations of the Global Commission on HIV and the Law in 90 countries. For example, in Tunisia, UNDP supported the development of a chapter on human rights in the new National HIV Strategic Plan 2021–2023, which was used to inform the development of the concept note for the Global Fund 2020–2022 funding cycle. This work has also contributed to the repeal of the law that criminalizes HIV transmission in Zimbabwe, a new Penal Code provision on decriminalizing same-sex conduct as well as aspects of sex work in Angola, and to Sudan adding people living with HIV as beneficiaries for legal aid services;
 - (f) Supported 86 countries in digital solutions and innovation for health. Examples include work with partners to assess HIV-related stigma in health-care settings (Egypt); provide health and psychosocial information to young people living with HIV (Ghana); provide care to victims of domestic and gender-based violence (Maldives); reach key populations with HIV testing and prevention services (Panama); and support COVID-19 contact tracing and containment among people living with HIV and other vulnerable populations (Seychelles);
 - (g) Since 2003, UNDP has partnered with the Global Fund to support HIV, tuberculosis and malaria responses in some of the world’s most challenging contexts. This partnership has helped

save 7.3 million lives, bringing HIV testing and treatment to almost 63 million people and treating over 1.1 million people living with tuberculosis. The partnership supports Governments in implementing large-scale health programmes, making health and community systems more resilient and helping countries strengthen enabling environments;

(h) In 2021, UNDP provided 1.5 million people with HIV treatment, 3.6 million people with counselling and testing for HIV, 71,000 pregnant women with antiretrovirals for prevention of mother-to-child transmission of HIV, 92,000 people with successful treatment for tuberculosis and 2,300 people with treatment for multidrug-resistant tuberculosis.

(i) As part of the UNDP COVID-19 response, 62 countries received support for vaccine equity, 131 countries received health systems support, 32,408 health-care workers were newly hired, over 8,300 community-based organizations were supported to respond to the pandemic, nearly 1.9 million people (56 per cent women) received cash transfers and over 1.1 million health-care workers trained.

42. Highlights of UNFPA support in 2020-2021 are described below.

43. UNFPA co-convened the Global HIV Prevention Coalition and the Global Prevention Working Group, which strengthened HIV prevention programming and policy in 28 focus countries (accounting for almost three quarters of annual new HIV infections globally in 2020) and beyond. The external review of the Prevention 2020 road map found that the Coalition had restored attention to primary HIV prevention in the global health agenda and in national HIV responses, built consensus on a unifying narrative around five pillars of primary HIV prevention, and intensified focus on subnational locations and populations at highest risk. The [HIV Prevention 2025 Road Map](#), launched in July 2022, traces the path to go from 1.5 million new HIV infections in 2020 to fewer than 370,000 by 2025. The road map has a 10-point action plan for country-level actions to reach the 2025 targets and get on track to end AIDS as a public health threat by 2030. Sexual and reproductive health and rights are critical components of the foundation, including through integrated service delivery platforms. All countries—whether or not they participated in the Coalition in the past—have to intensify their HIV prevention efforts to end the AIDS epidemic.

44. In October 2022, UNFPA, UNAIDS and partners brought together HIV prevention experts and implementers from the 28 countries with the highest rates of new infections to establish why they are failing to decline at scale, discuss solutions, identify technical support needs and help countries set ambitious prevention targets and identify elements to include in Global Fund proposals.

45. Key results achieved by UNFPA around prevention included 165,000 new HIV infections averted, 4.7 million unintended pregnancies averted and 7.3 million sexually transmitted infections averted.

46. In Asia and the Pacific, a study provides recommendations for inclusive social protection for sex workers after research considering responses to COVID-19 in three Asian countries. The research demonstrates that the sex workers were excluded from social protection schemes as well as experiencing violence and discrimination, and often blamed for transmitting COVID-19. Cash and voucher assistance is seen as one solution, working with humanitarian assistance schemes and assuring allocations for emergency food and housing.

47. UNFPA programmes and partners supplied almost 1.5 billion condoms (male and female) to low- and middle-income countries, with total procurement costs of \$41 million. In 2020, UNFPA spent over \$19 million to procure and ship 724.6 million male condoms and 5.5 million female condoms. In 2021, UNFPA spent approximately \$22 million to supply over 744 million male and almost 8 million female condoms, 41 per cent of which were donated to countries in Eastern and Southern Africa. Shipments of lubricants increased markedly from 69.5 million units in 2020 to almost 180 million in 2021. Sixty-five countries had a logistics management system reaching the last mile. The UNFPA-led United Nations international technical and programmatic guidance on

out-of-school comprehensive sexuality education was published in 2020 in English, French, Russian and Spanish. Between 2018 and 2021, with UNFPA support 57 countries operationalized school-based curricula for comprehensive sexuality education and 42 countries developed out-of-school programmes.

48. Additional achievements for adolescent and youth empowerment (cumulative 2018–2021) include: 10.6 million marginalized girls reached by life-skills programmes; in 91 countries, at least two sectors apart from the health sector had strategies that integrated sexual and reproductive health of adolescents and youth; and 96 countries had institutional mechanisms for the participation of young people in policy dialogue and programming.

49. Additional achievements in gender equality and the empowerment of women (cumulative 2018–2021) include: 3.8 million women and girls subjected to violence accessed essential services; 61,000 disabled women and subjected to violence accessed essential services; 7.6 million girls received support from UNFPA for prevention and/ or protection services and care to child, early and forced marriage; 45 per cent of countries in humanitarian crisis had a functioning inter-agency gender equality-based violence coordination; 19,864 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory sociocultural norms; and 49 countries have a national mechanism to engage men and boys in advancing gender and reproductive rights norms.

50. Additional achievements in utilization of integrated services (cumulative 2018– 2021) include: 61 countries had a national and reproductive health workplan prioritizing services for marginalized people; and 116 million women and young people were reached with sexual and reproductive health services

V. Conclusion

51. The global HIV response is in danger. Progress on prevention has faltered, global shocks have exacerbated risks and resources for HIV are under threat. At a moment when international solidarity and a surge of funding is most needed, too many high-income countries are cutting back aid and resources for global health are under serious threat. It is still possible to get the HIV response back on track. This requires both national action and international solidarity.

52. The latest UNAIDS report sets out the devastating consequences if urgent action is not taken to tackle the inequalities which drive the pandemic. It shows that on the current path, the number of new infections per year would be over 1.2 million in 2025, the year in which United Nations Member States have set a goal of fewer than 370,000 new HIV infections. That would mean not just missing the pledge on new infections but overshooting that pledge by more than three times. Millions of avoidable HIV infections every year are making it ever harder and more expensive to ensure people living with HIV have access to lifesaving treatment and the targets to end the AIDS pandemic by 2030 are reached.

53. Last year, world leaders agreed on a road map to end AIDS by 2030, set out in the 2021 Political Declaration on HIV and AIDS. It is achievable and affordable. Indeed, ending AIDS will cost much less money than not ending AIDS. Importantly, actions needed to end AIDS will also better prepare the world to protect itself against the threats of future pandemics.

54. The Joint Programme has an important role to play but is also under threat. Countries depend on a robust and fully funded UNAIDS to support effective national AIDS responses. However, unless the acute budget gap for UNAIDS is closed, the Joint Programme will lack the means to catalyse achievement of HIV prevention targets; collect, and effectively use strategic information to drive results; advance human rights of people living with HIV and other key populations and undertake essential advocacy.

55. The replenishment for the Global Fund, although not fully reaching its target, is a cause for hope and shows what can be accomplished in partnership with government, civil society, the United Nations system, foundations and the private sector. It also shows solidarity with the

multilateral system. The Global Fund needs a strong Joint Programme to help make the money work in technically sound, strategic and impactful programming.

56. The engagement and rallying of financial support by governing bodies of the Joint Programme and of each cosponsor is needed now more than ever to guide the evolution of the Joint Programme and ensure a continued well-coordinated and effective multilateral response to HIV in these turbulent times. Thirteen of the 22 members of the UNAIDS PCB are also members of the UNDP/UNFPA Executive Board. Members can help shift the Joint Programme from crisis footing to a thriving partner more able to effectively support country responses until globally agreed targets are reached for everyone.

57. The Joint Programme capacity assessment shows that the UNAIDS footprint is severely constrained at the current funding levels. In the face of current critical financial pressures and funding levels, the secretariat and cosponsors will work collectively to ensure the Joint Programme has sufficient human and financial resources. As agreed at the meeting of the Committee of Cosponsoring Organizations, cosponsors and the secretariat will develop scenarios for responding to different levels of funding, including adaptations to the current operating model. The level, allocation and disbursement of all funds available to the Joint Programme are critical components for navigating the current crisis, including, among other things, how both the UBRAF core and the non-core funds raised by the secretariat are allocated among the secretariat and cosponsors.

58. The stalling of progress in the HIV response is a problem that can be solved. There are four decades of progress and evidence on what works. In 2021, world's Governments pledged, to implement the necessary shifts in policies and public investment. This should include fully funding the Joint Programme. Additional tools exist, including new and emerging long-acting medicines for prevention and treatment, but to realize their potential, access needs to be scaled up dramatically. UNDP and UNFPA remain committed to supporting countries in reaching the 2025 targets set out in the Political Declaration and taking the bold actions needed to end inequalities to end AIDS.
