Agenda Item 4.1

UNAIDS/PCB (46)/20.10

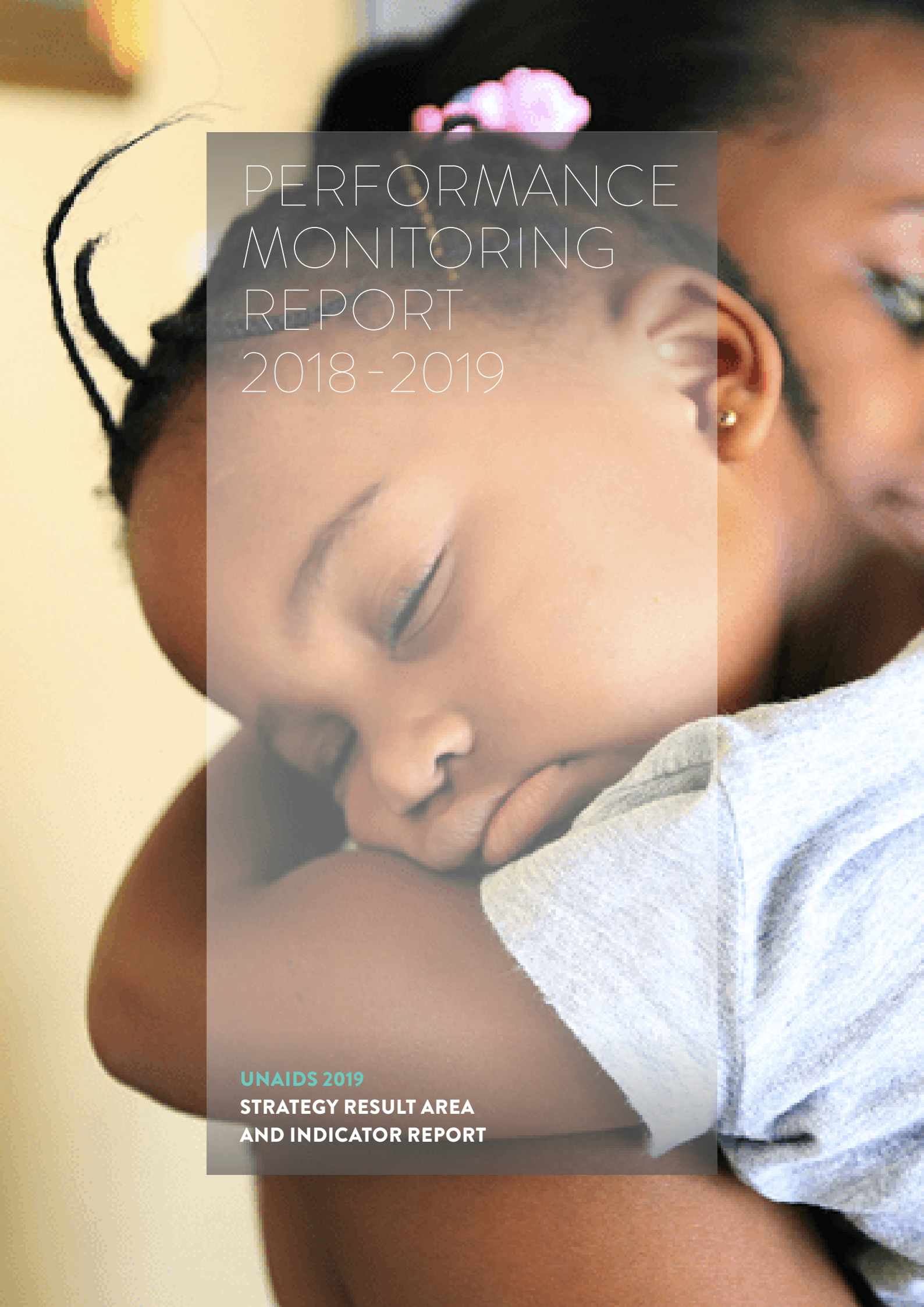
UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

PERFORMANCE MONITORING:

SRA INDICATOR REPORT

UNAIDS

23-25 June 2020 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 29 May 2020



PERFORMANCE MONITORING REPORT 2018 - 2019

UNAIDS 2019

STRATEGY RESULT AREA AND INDICATOR REPORT

Contents

SRA 1: HIV Testing And Treatment

Fast-Track commitment:

Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets:

- By 2020, 90% of all people living with HIV will know their HIV status;
- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy;
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

SRA 1:

Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment.

Global overview

1. Of the 37.9 million [32.7 million – 44.0 million] people living with HIV in 2018, 79% [67–92%] were aware of their HIV status, with 8 million people living with HIV unaware of their HIV status. As of end-June 2019, 24.5 million [21.6 million–25.5 million] people, 62% [46–74%] of all people living with HIV, were accessing antiretroviral therapy (ART). Only 53% [43–63%] of people living with HIV had achieved viral load suppression in 2018. The most recent data on treatment access from 2018 indicates important age and sex variations: 68% of adult females (15 years and older) living with HIV had access to treatment compared 55% of adult males. Approximately 54% of children living with HIV aged 0–14 years were receiving HIV treatment.

2. Progress has slowed in recent years. Accelerated and targeted action is required to reach the 13 million people who need ART but are not receiving it, and to increase the proportion of people living with HIV who have suppressed viral loads.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

HIV testing

3. Most 2019 UBRAF milestones[1] for HIV testing were reached, except for the target of 80% of countries offering HIV partner notification services, which was narrowly missed (77% of countries reported offering those services). Where policies endorse partner notification, coverage of such services often remains low and partner services are often of variable quality. WHO provided countries technical support and tools for implementing partner services and worked to ensure that these services are consistent with a human rights-based approach.

Legend		
		
Meets or exceeds 2019 milestone	is equal to or greater than 50% of 2019 milestone	Does not meet the milestone (less than 50% of milestone)

1. The complete set of 2019 indicator milestones are found in the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF).

Indicator 1.1 Percentage of countries with selected HIV testing services in place		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—80%	**Status**	53%	60%	58%	64%
Measurements[2]					
The country offers targeted testing services		95%	94%	97%	99%
The country offers lay providers testing		85%	85%	85%	83%
Quality assurance (laboratory) of testing and re-testing before ART initiation		91%	95%	93%	94%
The country offers HIV partner notification services		64%	69%	68%	77%

4. New, consolidated HIV testing service guidelines were launched by WHO in November 2019, updating HIV self-testing recommendations and including new recommendations for social network testing for key populations and dual HIV-syphilis testing in all antenatal clinics.

5. A set of HIV testing indicators and an associated harmonized scorecard (developed with PEPFAR and other partners) are being used by 45 priority countries to inform development of Global Fund concept notes and PEFPAR Country Operational Plans. Countries need to pivot toward more strategic, efficient and effective testing programmes; WHO has provided guidance in all regions to support this shift, which is further supported by the Joint Programme. WHO also established a differentiated HIV testing services country support model with the Global Fund for 14 countries, including monthly meetings, tracking progress and providing technical support.

6. An estimated 210 000 children living with HIV aged 5–9 years did not receive ART in 2018,[3] mostly due to not having been diagnosed during infancy. UNICEF promotes targeting of infants and young children missed by PMTCT with multifaceted case-finding approaches. These include ensuring point-of-care testing technologies are available to facilitate early infant diagnosis (EID), testing all children of adults living with HIV (using family-based index case testing), and effective integration of HIV testing of older children in health and social service settings.

7. The Joint Programme provided direct support for testing services. To date the ILO's VCT@WORK Initiative has tested over 6.8 million workers and their families, reaching more men and helping close the testing and treatment gap for men. Through UNDP's partnership with the Global Fund 13 million people received counselling and testing for HIV. In 2018 and 2019 UNHCR provided HIV counselling and testing to more than 800 000 people, including over 250 000 pregnant women.

8. The ILO, WHO and partners promoted intensified HIV testing (including self-testing) in more than 30 countries through the development of tools and guidance, training of national staff and the testing of vulnerable workers in economic sectors where HIV risk is elevated. In Zambia, a partnership focused on adolescent-friendly services involving UNICEF, WHO, UNFPA, the UNAIDS Secretariat and UNHCR resulted in 718 000 adolescents being tested for HIV within the first 9 months of the programme. UNFPA supported the 2Gether for SRHR programme in 10 countries, expanding testing and treatment in antenatal care and primary healthcare facilities.

9. UN Women piloted initiatives to address unequal gender norms have improved HIV testing. The HeForShe community-based initiative engaged men and women in dialogues around gender norms, violence against women and HIV prevention with tavern owners and traditional/faith leaders in several districts in South Africa. This resulted in improved attitudes and behaviours among participating men and women; 58% of the participants (46% of them being women and 54% men) reported accessing HIV testing, with 100% of people who tested HIV-positive linked to care. The initiative was expanded and resulted in almost 18 000 men who had been lost to follow-up restarting HIV treatment.

2. Multiple measurements for each indicator allow for disaggregated analysis, which can help with comparing data and relationships for components of the indicator; and revising components, if necessary, to ensure the relevance of the indicator over time.

3. Background Note: 45th PCB Thematic segment: Reducing the impact of AIDS on children and youth, (December 2019)

10. By end-2019, 77 countries had adopted self-testing policies, while many others were developing them. The ILO and WHO rolled out self-testing in workplaces in Kenya, South Africa, Zambia, and Zimbabwe. Supplementary technologies were also introduced, including WHO's testing guidelines app and its "HIV Testing Services Dashboard", an interactive data tool that maps testing services and policy indicators.

11. In 2019 WHO provided direct technical assistance to more than 50 countries to improve their testing services and established five global HIV testing technical working groups. Prioritizing the integration of HIV testing in contraceptive services, a taskforce was formed to support post-ECHO (Evidence for Contraceptive Options and HIV Outcomes) priorities and a policy brief by the UNAIDS Secretariat and WHO supported national integration efforts in high-incidence settings in eastern and southern Africa.

Access to HIV treatment

12. As of July 2019, 93% of low- and middle-income countries and 100% of Fast-Track countries had adopted a Treat All policy, compared with 84% in 2018 and 40% at the end of 2016. Full implementation of the Treat All approach was reported in 115 (84%) of low- and middle-income countries.

Indicator 1.2 Percentage of countries adopting WHO HIV treatment guidelines		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—60%	**Status** ●	40%	52%	53%	60%
Measurements					
Treat All policy is adopted		64%	80%	93%	95%
The country has adopted task shifting or task sharing in provision of ART		65%	68%	69%	75%
Policies/strategies for ART retention and adherence in place		91%	94%	90%	95%
A programme for nutritional support to people on ART is in place		75%	74%	68%	75%

13. In 2019 WHO updated its consolidated guidelines on the use of antiretroviral (ARV) drugs for treating and preventing HIV, including guidance on the use of dolutegravir-based regimens as the preferred first-line treatment, changes in preferred second-line regimens and for early infant diagnosis and treatment. Initial studies had pointed to a possible link between dolutegravir (DTG) and neural tube defects (birth defects of the brain and spinal cord that cause conditions such as spina bifida) in infants born to women using the drug at the time of conception. WHO rapidly engaged with countries and partners, including civil society, to address the policy and programming implications of those findings. A clinical and programme data review conducted during 2019 found that the risk significantly lower than initially indicated.

14. An important reason for updating guidelines in 2019 was the emergence of evidence from WHO's drug resistance surveillance network. It showed that 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10%. In 2019, 95 low- and middle-income countries reported transitioning to DTG-based HIV treatment regimens.

15. As of July 2019, 49 countries had implemented WHO-recommended HIV drug resistance surveys, and 35 countries were in the planning phase. The WHO Network of HIV drug resistance laboratories has expanded: by the end of 2019, it included 31 laboratories worldwide which WHO had designated to support surveillance activities.

16. The UNDP-Global Fund partnership is providing 1.4 million people with ART for HIV. The Joint Programme also increased treatment access, uptake and success by addressing key social and structural factors. In 2019, WFP reached over 1.2 million people living with HIV on ART, tuberculosis (TB) patients and their households with take-home rations or cash-based transfers in 22 countries across three regions. A 2018 WFP study enrolled 4655 malnourished people living with HIV on ART and Directly

Observed Treatment Short Course (DOTS) from both refugee and host populations in Cameroon. The study showed that provision of nutritional support was associated with an annual nutritional recovery rate of 97%; a death rate of 2.0%; a nonresponse rate of 1.4%; and a default rate of 0% in 2019. During 2018–2019, the World Bank's active health, nutrition, and population portfolio exceeded US$ 14.5 billion in net commitments.

Fast-Track cities

17. The Joint Programme continued its leading role in the Fast-Track Cities Initiative, with over 300 cities and municipalities worldwide having joined this effort since its launch in 2014. However, significant effort is needed at country level to ensure that all Fast-Track cities allocate the necessary resources to achieve the agreed targets.

Indicator 1.4 Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—80%	**Status** 🔴	21%	30%	33%	37%
Measurements					
The country has identified high-burden cities		81%	83%	82%	85%
		Countries with high-burden cities			
		2016 [N=71]	**2017** [N=73]	**2018** [N=72]	**2019** [N=75]
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track targets		21%	30%	33%	37%

18. In 2019, essential technical support from the Joint Programme, PEPFAR and other partners enabled 15 high-burden cities (Blantyre, Durban, Jakarta, Johannesburg, Kampala, Kigali, Kingston, Kinshasa, Kyiv, Lagos, Lusaka, Maputo, Nairobi, Windhoek and Yaoundé) to accelerate their responses towards reaching key targets, and to strategically implement activities that are aligned to local and national priorities.

19. Significant progress has been made in the HIV response in these 15 cities. Kigali, Rwanda, reached 91–94–89 by the end of 2019. In Nairobi, Kenya, capacity building activities to improve the quality of services for key populations and young people have led to a significant increase in uptake of integrated services. Among young people, aged 10–24 years, the number of people taking an HIV test more than doubled in one year to reach almost 350 000 in 2019, and the number of people linked to care increased from 1910 to 4235 in the same period. The number of facilities offering integrated young people and key population-friendly services increased from 5 at the start of the project to 22 in 2019.

Adolescents and children

20. The number of countries providing quality health-care services for children and adolescents was lower than the 2019 milestone target. Countries are improving treatment adherence among children and adolescents and they are providing HIV testing services for children under five. However, treatment coverage increased only slightly from 52% to 54% in 2017–2018 among children aged 0–14 years.

21. An estimated 1 million [610 000 – 1.5 million] adolescents aged 15–19 years were living with HIV in 2018. Accurate data on the level of treatment access in this age group is unavailable due to poor collection of age-disaggregated data. Additionally, strategies for identifying older children living with HIV outside the health sector (e.g. via linkages with social protection) are still not in place in many countries.

Indicator 1.3 Percentage of countries adopting quality health-care services for children and adolescents		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—80%	**Status** 🟡	51%	56%	56%	57%
Measurements					
A strategy/measure to address loss to follow up/adherence/retention issues for children/adolescents is in place		74%	78%	80%	82%
Provider-initiated testing and counselling is available in all services for children under five[4]		78%	80%	81%	86%
Strategies for identification of older children living with HIV beyond the health sector, such as linkages with social protection (orphans and vulnerable children), are in place		61%	63%	65%	64%

22. With the introduction of point-of-care machines, 8 sub-Saharan African countries dramatically reduced the turnaround time for infant test results from an average of 55 days to zero days and significantly improved timely HIV treatment initiation rates (92%). In 2019, UNICEF initiated and expanded point-of-care machines in 14 countries in eastern and southern and west and central Africa.

HIV in humanitarian emergencies

23. In 2019, the Joint Programme continued to work to ensure that people affected by humanitarian emergencies have access to HIV prevention, treatment, and care services. Sixty-eight percent of countries with humanitarian emergencies integrated HIV into their national emergency response plans. The Inter-Agency Task Team (IATT) on HIV in Humanitarian Emergencies, co-convened by UNHCR and WFP, has 76 members from 29 organizations (including UNICEF, UNFPA, UNODC, WHO, the Secretariat and IOM as other UN members).

Indicator 1.5a Percentage of countries where HIV is integrated in national emergency preparedness and response and HIV integrated in country national plan		**2016** [N=N/A]	**2017** [N=59]	**2018** [N=67]	**2019** [N=68]
2019 milestone—80%	**Status** 🟡	N/A	66%	66%	68%
Measurements					
The country has a national emergency preparedness and response plan		N/A	67%	76%	77%
HIV is integrated in the country's national emergency preparedness and response plans		N/A	66%	66%	68%

24. To better support teams at global, regional and country levels, WFP and UNHCR (supported by the UNAIDS Secretariat) developed documents and other materials on integrating HIV into the Inter-Agency Standing Committee cluster mechanism at country-level. The Joint Programme provided training to improve the HIV response in emergency settings, including at the annual Health Cluster Coordinator Training for country health cluster coordinators, and a workshop with participants from seven southern African countries.

4. Not Applicable" is a response option for this indicator measurement. "Not applicable" can be chosen by country respondents if the epidemic is not generalised in their country. "Not applicable" responses are included in the numerator (with "yes" responses) as defined in the UBRAF Indicator Guidance.

25. To provide support to various emergencies, the Inter-Agency Task Team organized thematic teleconferences at a global level, providing a platform for information exchange and coordination on key humanitarian challenges in settings such as Mozambique, South Sudan, Venezuela and Yemen.

26. WFP provided food and nutrition support to people vulnerable to HIV, people living with HIV and TB patients, as reported by 74% of countries and in 18 humanitarian, refugee and other food insecure contexts across four regions, including providing nutrition services to 15 000 people living with HIV affected by Cyclones Idai and Kenneth. In response to Cyclone Idai, UNICEF worked with the Joint Programme (in Mozambique), WHO (in Malawi) and UNDP (in Zimbabwe) to ensure access to medicines and continuation of treatment for children, adolescents and young people living with HIV.

Indicator 1.5b Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		**2016** [N=40]	**2017** [N=37]	**2018** [N=43]	**2019** [N=46]
2019 milestone—80%	**Status**	**People affected by humanitarian emergencies**			
		73%	78%	72%	74%
People affected by emergencies are relevant in the context of the country epidemic		45% [N= 40/88]	42% [N=37/88]	49% [N=43/88]	52% [N=46/88]
Food and nutrition support (this may include cash transfers) is accessible to this key population		73%	78%	72%	74%

27. In 2018–2019, the Joint Programme improved the accessibility of HIV services for populations affected by humanitarian emergencies. In 2019, 90% of countries reported providing basic HIV services, HIV services for key populations and services for sexual and gender-based violence for refugees/asylum seekers as shown in the table below. 87% of countries reported the same for internally displaced persons.

Indicator 1.5b Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies[5]		**2016** [N=48]	**2017** [N=46]	**2018** [N=51]	**2019** [N=59]
2019 milestone—80%	**Status**	**Refugees and asylum seekers**			
		85%	89%	80%	90%
Refugees/asylum seekers are relevant in the context of the country epidemic		55% [N= 48/88]	52% [N=46/88]	58% [N=51/88]	67% [N=59/88]
HIV services for key populations		90%	93%	86%	93%
Services (including PEP) for survivors of sexual and gender-based violence		90%	91%	90%	98%
Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		92%	98%	98%	98%

5. "Not applicable" is a response option for this indicator measurement. ""Not applicable" refers to the relevance of the population group for the epidemic in the country and to the entire package of services ,as defined in the UBRAF Indicator Guidance. "Not applicable" responses were excluded from the calculation.

Indicator 1.5b Percentage of countries offering HIV-related services for populations affected by humanitarian emergencies		**2016** [N=40]	**2017** [N=38]	**2018** [N=42]	**2019** [N=47]
2019 milestone—80%	**Status** ●	**Internally displaced persons**			
		78%	84%	79%	87%
Internally displaced persons are relevant in the context of the country epidemic		45% [N= 40/88]	43% [N=38/88]	48% [N=42/88]	53% [N=47/88]
HIV services for key populations		93%	97%	86%	96%
Services (including PEP) for survivors of sexual and gender-based violence		88%	89%	93%	94%
Basic HIV services: HIV testing, PMTCT, treatment (ART, TB, STIs)		95%	97%	95%	96%

28. UNHCR helped ensure the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries. Among 42 refugee hosting countries surveyed by UNHCR in 2019 (most in sub-Saharan Africa), 88% reported that refugees could access ARV medicines (and 100% for free first- and second-line TB drugs) provided through national health systems, and 96% said they provide access to EID to refugees. All 9 countries of the 14 WHO priority countries for voluntary medical male circumcision that were surveyed in eastern and southern Africa provided that service for refugees through their health services.

29. UNHCR trained more than 3500 health-care workers and laboratory workers and more than 4000 community health workers and peer educators to provide treatment, care and support, including effective viral load testing and management of TB/HIV coinfection. In 2018–2019, UNHCR continued as the sub-grantee of a 21-month, US$ 2.8 million regional grant with the Intergovernmental Authority for Development on HIV and TB, which is focused on scaling up HIV and TB services in 13 refugee camps in Djibouti, South Sudan, Sudan and Uganda; the project has improved coordination mechanisms with refugee stakeholders and improved linkages with national HIV and TB programmes.

30. UNHCR, in collaboration with WFP inputs, estimated that 479 million people were affected by humanitarian emergencies in 2016, and that about 1 in 14 people living with HIV was affected by humanitarian emergencies. UNHCR released guidelines, with Save the Children, on improving adolescent sexual and reproductive health in refugee settings and finalized, with WHO, a manual on the clinical management of rape and intimate partner violence.

31. UNFPA reached 19 million people in 56 countries with humanitarian assistance, supplies and information. In partnership with JSI, UNFPA also launched the Inter-Agency Reproductive Health Kits Country Forecasting Tool to help countries plan and estimate need for RH Kits and bulk supplies, including for STI and HIV prevention. In 2019, UNFPA provided over 12 200 health kits to 53 countries, thereby assisting around 1.4 million people with access to male and female condoms, treatment of STIs, kits for clinical management of rape and rapid lab screening of blood donations.

32. In 2018–2019, the World Bank continued work to improve access to HIV treatment in humanitarian settings. A World Bank project supported health responses in drought-affected populations in Kenya, with 47 million people (almost 100% coverage, up from a baseline of 26%) accessing a basic package of health services, and over 15 million people accessing health care and food supplements.

Access to medicines and commodities

33. In 2019, the Joint Programme continued to advocate for sustainable and affordable access to quality HIV medicines. The World Health Assembly, in Decision 71(8) in 2018, requested WHO to develop a comprehensive roadmap on access to medicines and vaccines for 2019–2013. In 2019, the World Health Assembly resolved to improve the transparency of markets for medicines, vaccines and other health products as part of efforts to expand access.

34. To support improved availability of HIV medicines and diagnostics, the WHO-convened forecasting working group for HIV and hepatitis medicines and diagnostics estimated the market size for pre-exposure prophylaxis (PrEP) and forecasted global demand for HIV diagnostics. A comprehensive database on drug regulatory status was developed and updated to reflect the in-country marketing authorization of HIV medicines, which will facilitate transparency and inform procurement and distribution decisions. Similarly, the Global Price Reporting Mechanism for HIV, hepatitis C, TB and malaria provided countries with pricing benchmarks to enhance their negotiating powers during procurement processes.

35. WHO developed a tool for determining specifications and quantities for efficient procurement of essential equipment and laboratory commodities for HIV, which assists in benchmarking procurement prices for essential commodities. To ensure future availability of essential HIV medicines, WHO conducted a survey of the market of active pharmaceutical ingredients of ARV drugs among 13 manufacturers.

36. UNDP supported 23 countries from the Southern African Development Community and the Economic Community of West Africa States regions to implement the African Union Model Law on Medical Product Regulation, which is aimed at promoting and protecting the public health of Africa's citizens.

Key challenges and future actions

37. Efforts to achieve and sustain the 90–90–90 targets face important challenges. They include the COVID-19 pandemic, an urgent need to scale-up differentiated approaches to HIV testing (including those that do not demand attendance at health facilities), and difficulties associated with closing remaining gaps in HIV testing, treatment uptake, retention in care and viral suppression, and addressing the testing and treatment needs of key populations, which is essential to reaching the 90-90-90 target and ending the epidemic.

38. Adoption and implementation of the WHO treatment guidelines varies across regions and the transition to DTG-containing regimens must speed up. Social and structural factors that affect HIV treatment uptake and success—including unequal gender norms, violence against women and stigma and discrimination—must be addressed more effectively. Low paediatric HIV treatment coverage is a major concern, especially in western and central Africa, and ensuring treatment access and good outcomes in refugee situations is becoming increasingly complex.

39. To address these challenges, the Joint Programme will maximize efficiencies and savings in HIV testing and treatment services, including through pooled procurement, innovative testing approaches and continued actions to address legal and human rights barriers.

    - The VCT@WORK Initiative will be intensified with a focus on HIV self-testing in partnership with WHO, UNITAID and national stakeholders.
    - WHO will complete a full revision of the consolidated treatment guidelines to ensure ready access to up-to-date guidance for decision-makers.
    - Technical and policy guidance will be intensified to improve innovation and access to health technologies, including through UNDP production of a supplement to its guidance on leveraging competition law to increase HIV treatment access.
    - UNHCR will strengthen monitoring and community-based programming, in and out of camps, to increase treatment adherence among displaced populations.
    - The World Bank will continue to develop evidence and provide technical assistance in support of its lending operations that provide funding for HIV testing and treatment, including work to ensure their inclusion in health benefit packages.
    - UNICEF will work to improve patient tracking to minimize loss to follow up and collaborate with partners to support uptake of family-centred service delivery models; and UNFPA will issue a new manual, with updated specifications, for IARH kits.

SRA 2: Elimination Of Mother-To-Child Transmission

Fast-Track commitment

Eliminate new infections among children by 2020, while ensuring that 1.4 million children have access to HIV treatment by 2020

SRA 2

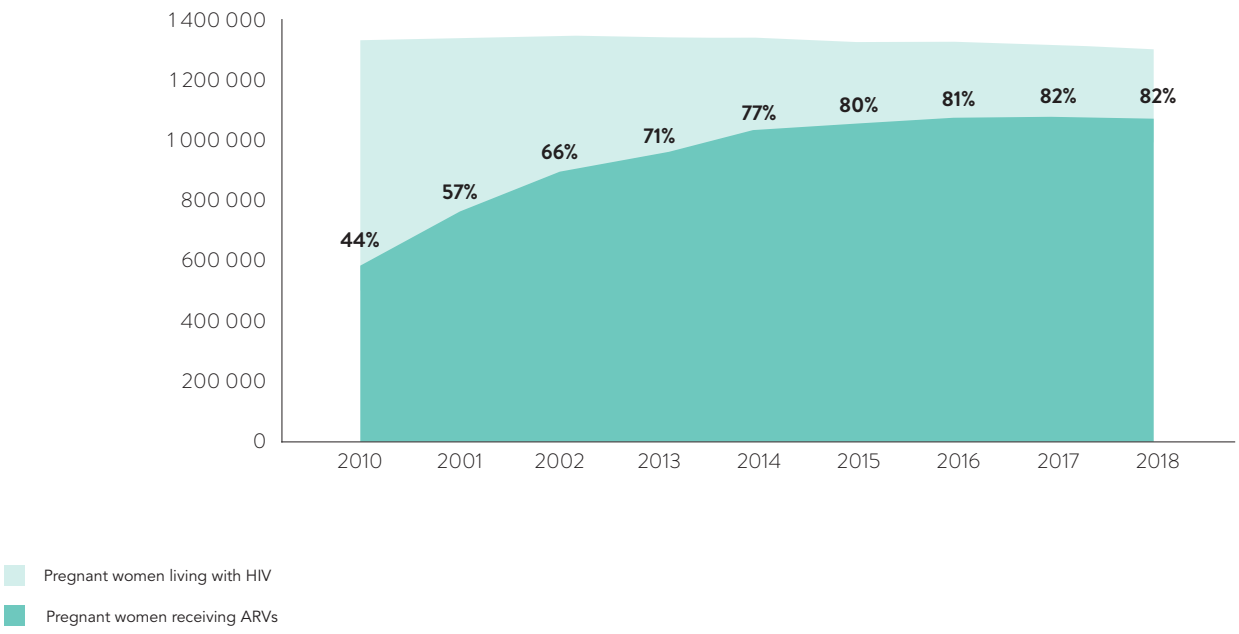
New HIV infections among children eliminated and their mother's health and well-being is sustained.

Global overview

40. Although elimination of new infections among children and sustaining health and wellbeing of mothers remains within reach, the pace of progress in the proportion of pregnant women living with HIV accessing ART has plateaued at about 82% globally in recent years and the global average rate of mother-to-child transmission continues to be high, at 12.7%. The world missed the super-Fast-Track target to reduce the number of new paediatric HIV infections to fewer than 40 000 by 2018 and it is not on track to meet the target of 20 000 by 2020.

41. Other elements of the EMTCT strategy continue to lag. About 740 000 women aged 15–49 years acquired HIV in 2018, which highlights the need to improve primary HIV prevention for women and girls of reproductive age. Gains on the four primary UBRAF measurement indicators for SRA 2 vary considerably across the indicators and among regions and countries. There has been significant progress in the percentage of countries offering lifelong ART to all pregnant women, but achievements in engaging networks of women living with HIV for effective EMTCT have been more modest.

Figure 1.
Number of pregnant women living with HIV and number receiving antiretrovirals (ARVs) for the prevention of mother-to-child transmission, 2010–2018



Indicator 2.1 Percentage of countries implementing latest EMTCT guidance		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—95%	**Status** 🟡	64%	67%	64%	67%
Measurements					
Lifelong treatment is offered to all HIV-positive pregnant women		99%	100%	98%	100%
Repeat testing of HIV-negative pregnant and breastfeeding women is offered[6]		85% [N=39]	90% [N=39]	92% [N=39]	90% [N=39]
Partner testing of HIV-positive pregnant women in antenatal care settings is offered		91%	89%	88%	92%
Networks of women, including of women living with HIV, are engaged in EMTCT strategy development and service implementation		75%	76%	74%	74%

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

42. The Joint Programme worked to close gaps in preventing the vertical transmission of HIV and improve health outcomes for pregnant women and children living with HIV.

43. WHO led the development of guidelines on the triple elimination initiative for HIV, syphilis and hepatitis B virus. To date, WHO has certified the elimination of mother-to-child transmission of HIV and/or syphilis in 13 mostly low-burden countries or territories. The Joint Programme continues to actively promote the "path to elimination" for high-burden countries.

44. WHO developed and disseminated a tool to improve integration of contraception and HIV services to counter the potential negative effects of DTG on the foetus in early pregnancy, and HIV testing guidance was updated in 2019 to address dual HIV syphilis testing. Since the first report of a new HIV outbreak in Pakistan in April 2019, WHO's collaboration with the UNAIDS Secretariat and UNICEF strengthened the Government's efforts to ascertain the source of the outbreak. Technical support for HIV testing, paediatric HIV treatment and family counselling was provided, and adequate supplies of rapid diagnostic tests and ARV medicines for both adults and children were ensured.

45. UNICEF, in collaboration with WHO, the UNAIDS Secretariat and PEPFAR, introduced an analytical and programming framework for the "Last Mile to EMTCT" to help countries prioritize interventions to reduce new child infections to fewer than 20 000. Using the Spectrum model, the tool generates a stacked bar chart that enables decision-makers to understand the reasons why new HIV infections continue to occur and identify where in the PMTCT service cascade corrective intervention are required.

46. Furthermore, as part of the collaboration with UNFPA, UNAIDS Secretariat and WHO (2gether4SRHR), UNICEF supported networks of young mothers living with HIV and their babies in Lesotho, Malawi and Zimbabwe, and it supported the mentor-mother programme in Eswatini, Mozambique and South Africa. UNICEF trained maternal clinic health workers in newborn care and PMTCT, contributed to increased linkage of women and their babies to ART and improved retention in care.

47. With more than 700 000 women worldwide held in prisons on any given day, UNODC in 2019 worked to bring national services in prisons into line with the "Technical Guide on Prevention of Mother-to-Child Transmission of HIV in Prisons", developed by UNODC, jointly with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat. UNHCR provided HIV testing and counselling to more than 250 000 pregnant women affected by humanitarian emergencies in 35 countries in Africa, Asia and the Middle East. It also launched an online training course on PMTCT for programme managers and clinicians in risk-prone, emergency-affected or fragile settings.

6. This indicator measurement is only applicable to generalised epidemic with HIV prevalence of higher than 1%.

48. WFP integrated food and nutrition support to PMTCT programmes and maternal, newborn, child health and nutrition services in 21 countries across three regions. In 2018–2019, WFP provided nutrition support to 10 536 mothers through the EMTCT programme, and to 426 326 malnourished pregnant and lactating women through generalized food and nutrition support programmes. WFP also indirectly supported pregnant and breastfeeding women who are vulnerable to HIV through its targeted nutrition programmes, which reached 5.6 million women globally.

49. In settings with high HIV prevalence, a major Joint Programme effort has focused on the prevention of HIV infection and the prevention of unintended pregnancies among women living with HIV. In 2018–2019, UNFPA invested US$ 174.5 million on reproductive commodities (including emergency contraceptives, male and female condoms, HIV test kits and lubricants) in 22 UNAIDS Fast-Track countries.

50. Securing the additional financing needed for EMTCT efforts was also an important part of the Joint Programme's work in 2019. As of 2019, the World Bank had issued over US$ 2 billion in bonds in support of efforts to improve women and children's health. The Global Financing Facility, which is dedicated to maternal, child and adolescent health, supported country-led efforts in 36 countries and used performance-based financing to improve outcomes. A major replenishment raised over US$1 billion in new commitments to expand support to the 50 countries with the world's highest maternal and child mortality burdens. There are already signs of decreasing neonatal and under-5 mortality evident in 27 of these countries including Fast-Track countries such as Mozambique and the United Republic of Tanzania.

Key challenges and future actions

51. None of the 13 countries or territories validated for EMTCT are in sub-Saharan Africa, a region which accounted for 86% of all new HIV infections in children in 2018. To date, high-burden countries have not met the strict elimination criteria due to the much higher prevalence of HIV among women of reproductive ages, keeping rates of new infections above 50 per 100 000 live births. Currently, these countries are working to obtain validations as being on the "path to elimination".

52. Only about 50% of HIV-exposed infants are tested in the first 2 months of life, and many of those who test HIV-positive receive suboptimal regimens and formulations. Among pregnant women, treatment adherence is not ideal and loss to follow-up remains high.

53. Retention is impeded by weak health systems, an over-reliance on facility-based services, insufficient decentralization and differentiation and the levying of user fees, which deter service utilization. Other hindrances include long waiting times at clinics, stigmatizing attitudes of health-care providers, inconvenient appointment scheduling, high transport costs, and lack of money for food. Although food and nutrition services clearly improve service uptake and retention, there are limited opportunities to integrate food and nutrition in EMTCT programmes. In prisons, serious challenges remain in preventing mother-to-child transmission of HIV, as prisons often do not provide gender-responsive health care and neglect women's need for sexual and reproductive health (SRH) services.

54. A range of actions will be taken to accelerate progress towards EMTCT.

- UNICEF will work with the UNAIDS Secretariat and WHO to roll out its "EMTCT Last Mile" framework so countries can use a consultative, evidence-based process to roll out high-impact policies and practices.
- WHO will provide revised guidance for processes and criteria for validation of "triple elimination".
- UNFPA will intensify its promotion of linkages between HIV prevention programming for women and girls, family planning and testing and treatment services.
- UNHCR will continue to promote the integration of PMTCT services in humanitarian settings.
- WFP will continue advocating for and supporting the inclusion of food and nutrition support in national HIV and TB programmes and will mobilize funding to implement these integrated strategies.
- UNODC will roll out its "Technical Guide on Prevention of Mother-to-Child Transmission of HIV in Prisons", with a focus on priority countries, and collaborate with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat to finalize the "Technical Brief on Prevention of Mother-to-Child Transmission of HIV, Hepatitis B, C and Syphilis among women who use drugs".
- The World Bank will further integrate critical EMTCT elements in broader health and social protection efforts, including project lending and support, innovative financing, and leveraging the power of the private sector through partnerships and International Finance Corporation investments.

SRA 3: HIV Prevention And Young People

Fast-Track commitment

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.

SRA 3

Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.

Global overview

55. Year-on-year declines in new HIV infections globally have grown smaller in recent years. The annual number of new infections (all ages) since 2010 declined from 2.1 million in 2010 to 1.7 million in 2018, a 16% reduction. At the sametime , new infections have increased in at least 40 countries since 2010, most of them with comparatively small HIV epidemics. Due to under-investment in primary HIV prevention, the world is off-track for reducing the annual number of new HIV infections by 2020 to 500 000.

56. Globally, an estimated 1.6 million adolescents (10–19 years) were living with HIV in 2018, an increase of 4% since 2010. Girls accounted for 4 in 5 of the 190 000 new HIV infections among adolescents in sub-Saharan Africa in 2018. Despite a 25% decline in new infections among adolescent girls and young women (15–24 years) since 2010, the annual number of new infections in that population is still more than 3 times higher than the global target set for 2020.

57. The number of countries with policies for life skills-based HIV and sexuality education has increased, with 72% of countries reporting them at secondary level and 55% at primary level (increases of 8% and 11%, respectively, since 2016). However, HIV knowledge levels among young people remain unacceptably low. Reasons include inadequate investments in comprehensive sexuality education (CSE) for in-school and out-of-school youth, including young key populations. Particularly strong efforts are needed to address the HIV knowledge and prevention needs of adolescent girls and young women. That area of work will be the focus of a new joint initiative led by the Heads of Agencies of UNAIDS Secretariat, UNESCO, UNFPA, UNICEF and UN Women, in close collaboration with fellow Cosponsors and other partners.

58. Condoms are estimated to have averted nearly 50 million new HIV infections since the beginning of the HIV epidemic. However, universal availability of quality-assured male and female condoms has decreased from 81% in 2016 to 78% in 2019. In sub-Saharan Africa, fewer than half the condoms needed were available in 2019.

59. Although there are encouraging signs of high-level programme and policy change for HIV prevention, political commitment for prevention has not yet translated into the resources or action that would be needed to reach our ambitious targets.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

60. The Joint Programme worked in 2018-2019 to reinvigorate the combination prevention agenda.

Strengthening combination prevention for adolescents and young people

61. Led by UNFPA and the UNAIDS Secretariat, the Global HIV Prevention Coalition, with 28 participating countries, continues to strengthen political commitment for primary prevention by setting a common agenda. The Coalition reinforced prevention leadership in several global fora, including four Prevention Working Group meetings, two meetings of National AIDS Committee Directors and before the Nairobi Summit on ICPD +25, where ministerial representatives from 27 coalition countries recommitted to accelerate the pace of implementation of the commitments to HIV prevention and SRHR.

Indicator 3.1 Percentage of countries with combination prevention programmes in place		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—60%	**Status** 🟡	32%	39%	39%	39%
Measurements					
Quality-assured male and female condoms are readily available universally, either free or at low cost		81%	86%	81%	78%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools		44%	50%	51%	55%
Gender responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools		64%	70%	68%	72%
Young women are engaged in HIV prevention strategy development and service implementation		66%	78%	77%	80%

62. In 2018–2019, UNFPA supplied 2.53 billion male condoms (US$ 56.5 million) and 28.8 million female condoms (US$ 13.0 million). This is estimated to have averted over 12.5 million STIs and nearly 300 000 new HIV infections and succeeded in reducing the price of female condoms by 18%. UNHCR distributed over 10 million condoms to people of concern.

63. WHO led work on voluntary medical male circumcision, including the development of new guidance to inform effective and ethical scale-up and maintained an information clearinghouse in collaboration with FHI360 and the AIDS Vaccine Advocacy Coalition. The World Bank also provided modelling evidence on the cost-effectiveness of scaling up that intervention.

64. By the end of 2018, at least 40 countries had adopted WHO's oral PrEP recommendation. WHO released a module on PrEP scale-up for adolescents and young adults and provided direct support for PrEP rollout in Eswatini, Mozambique, Namibia and South Africa. WHO and the UNAIDS Secretariat convened a 13-country meeting in Asia and the Pacific to support PrEP programming in the region.

65. In 2018–2019, UNESCO reached nearly 15 million learners with life-skills based HIV and sexuality education through the "Our Rights, Our Lives, Our Future" (O3) programme, which strengthens access to good quality CSE and youth-friendly services across sub-Saharan Africa and aims to reach 24.9 million learners by 2022.

66. The capacities of over 65 countries were strengthened to support the delivery of quality CSE. This was done by implementing the revised UN International Technical Guidelines on Sexuality Education, led by UNESCO in partnership with UNFPA, UNICEF, UN Women, WHO and the UNAIDS Secretariat. The guidelines were translated into 17 languages. To complement the revised guidelines, UNFPA developed international guidance on CSE in out-of-school settings and launched a three-year out-of-school CSE programme in seven countries. UNHCR worked to ensure HIV and SRH access among young people affected by humanitarian crises, releasing guidance on adolescent SRH in refugee situations and reaching 5000 young people in the Central African Republic and 12 000 in Rwanda through community outreach and campaigns.

67. As part of the Global Prevention Coalition's focus on effective prevention and SRH for adolescent girls and young women, the Joint Programme (through work led by UNESCO, UNFPA, UNICEF and UN Women) strengthened the knowledge and skills of more than 330 000 girls and young women (aged 10–24 years) in Mozambique on SRHR and HIV prevention, with 26% of participants accessing voluntary HIV testing and counselling. To improve service targeting and quality for adolescent girls and young women, the Global Prevention Coalition convened a consultation in May 2018 on geographic focus and risk-based coverage, identifying optimal service delivery platforms and priority policy actions, and strengthening programme monitoring. UN Women supported Zimbabwe's national AIDS council to implement its Global Fund grant, which focused on the rollout of the SASA! community-based initiative to prevent HIV and violence against young women and girls.

68. To increase knowledge of HIV status among young people, members of the Joint Programme reached 18 000 young people in Nigeria and 100 000 in Kenya with HIV testing promotion and services. In Botswana the ILO, UNAIDS Secretariat and partners provided technical and financial support to mobilize, train and equip 60 young champions to support HIV testing for young people.

Meeting the HIV-related education and health needs of young people

69. In 2018–2019, the Joint Programme supported countries to strengthen country capacity to meet the HIV-related health and education needs of young people. Eighty-eight percent of Fast-Track countries reported having supportive adolescent and youth SRH policies, and 61% reported integration of the core indicators for measuring the education sector response to HIV in their national education monitoring systems.

Indicator 3.2a Percentage of Fast-Track countries that are monitoring the education sector response to HIV		**2016** [N=33]	**2017** [N=33]	**2018** [N=33]	**2019** [N=33]
2019 milestone—60%	**Status** 🟢	58%	61%	61%	61%
Measurements					
The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of the IATT on education		58%	61%	61%	61%

Indicator 3.2b Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place		**2016** [N=33]	**2017** [N=33]	**2018** [N=33]	**2019** [N=33]
2019 milestone—90%	**Status** 🟡	91%	91%	91%	88%
Measurements					
Supportive adolescent and youth sexual and reproductive health policies are in place		91%	91%	91%	88%

70. To address broader social and structural issues that affect young people's HIV vulnerability and service access, WFP provided school meals or snacks to over 16.4 million children and take-home rations in the form of food or cash to over 630 000 children in more than 64 000 schools in 61 countries. WFP provided technical assistance to government-led school feeding in an additional 10 countries.

71. In addition, 3.4 million children received school feeding in emergency contexts. Through the World Bank's Sahel Women's Empowerment and Demographic Dividend Project, as of 2019, more than 10 000 girls and adolescents received scholarships or other material support to attend and remain in school, and more than 3400 safe spaces were created for over 100 000 vulnerable and out-of-school girls.

72. An important trial run by the Government of the Kingdom of Eswatini (with the financial support from the Joint Programme, the Global Fund and the United Kingdom's Department for International Development) concluded that girls who received an education grants incentive had 23% lower odds of acquiring HIV, while girls receiving grants and additional incentives were 37% less likely to become infected.

73. Innovative approaches to youth engagement using information and communications technology (ICT) and social media are being explored to provide young people with knowledge and skills through youth-friendly media, including:

- a UNESCO-supported feature film on adolescents in Belarus and UNESCO support for websites and social media communities in eastern Europe and central Asia;
- a UNESCO smartphone application for CSE in western and central Africa; community radio programming that reached over 100 000 young people with information on HIV and SRH in Mozambique;

- a UNICEF platform that enables young people to increase comprehensive knowledge on HIV and SRH (including sexual and gender-based violence); and

- a WFP-supported interactive social media platform in Eswatini that educated 172 846 adolescents and young people regarding ART, TB, SRH and nutrition.

74. To generate evidence to guide and inform the use of ICTs and social media to reach young people, UNESCO commissioned two evidence reviews, while UNESCO, UNFPA, UNICEF and Youthlead convened a workshop that brought together social media influencers, digital content producers/marketers and civil society on using online platforms for quality CSE. UNDP and UNICEF co-edited a special supplement of the *Journal of the International AIDS Society*, "Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030".

75. UNDP, UNICEF, UN Women, WHO and other Cosponsors are working with government, bilateral and civil society partners under the umbrella of the UK Research and Innovation Council-Global Challenges Research Fund's "Accelerating Achievements for Africa's Adolescents" (Accelerate) hub to engage adolescents and young people as leaders in the HIV response. The hub leverages development synergies for HIV and is expected to improve outcomes for 20 million adolescents and children in 34 countries across Africa. The ILO forged a strategic alliance with the Africa Union's New Partnership for African Development to review existing programmes dedicated to infrastructure development in Africa to optimize job creation opportunities for young people, including young people living with HIV.

Key challenges and future actions

76. Efforts to put the world on track to end the epidemic face considerable challenges that include diminishing financial resources for the global HIV response, neglect of key social and structural issues (pertaining to social protection, human rights, gender equality and women's empowerment, employment and livelihoods) and a failure to implement effective innovations (e.g. PrEP) at appropriate scale. Adolescent girls and young women in some settings continue to be at very high risk of HIV infections (as documented by the ECHO trial), and opposition to CSE persists. The prevention needs of young key populations receive inadequate attention and access to youth-friendly HIV services and education is too limited.

77. Important opportunities also exist and can be leveraged further, including service platforms for voluntary medical male circumcision that reach millions of young males, growing recognition of the centrality of CSE to achievement of SDG 4, and digital tools that have a unique to reach and engage young people.

78. To address persistent challenges and seize opportunities, the Joint Programme will support implementation of the Prevention 2020 Roadmap and accelerated action in the 28 Prevention Coalition countries and support expansion of condom programming (including through the Africa Beyond Condom Donation initiative), voluntary medical male circumcision and PrEP.

79. The UNAIDS Executive Director and the Heads of UNESCO, UNFPA, UNICEF and UN Women will launch a joint initiative to accelerate action for adolescent girls and young women in Africa, with a specific focus on promoting completion of secondary education, and empowering them to build healthy, vibrant futures.

80. To increase access to good-quality CSE in and out of schools, UNESCO will launch a global status report on CSE and UNFPA will disseminate out-of-school CSE guidance in 4 regions and launch 7 country demonstration projects. UNESCO will also join with UNFPA and partners to support the process to generate a high-level commitment on CSE and SRH services for adolescents and young people in western and central Africa.

81. Other significant actions to strengthen HIV prevention will include:

    - support from UNHCR to scale-up HIV and SRH, voluntary medical male circumcision and PMTCT in humanitarian settings;

    - continued work by UNDP, UNICEF, UN Women and WHO on the UK Research and Innovation Council-Global Challenges Research Fund's "Accelerate Hub";

    - support for the scale-up of appropriate, focused programmes for PrEP for adolescent girls and young women;

    - intensified leveraging of WFP's school meals programming, with a special focus on adolescents and with clear linkages to the HIV response;

    - support from the World bank for combination prevention programmes through diverse lending portfolios;

    - continued work to build the evidence base for HIV prevention; and

    - support for diverse testing initiatives, including the VCT@WORK initiative and HIV self-testing, with a particular focus on reaching young people, especially young key populations.

SRA 4: HIV Prevention And Key Populations

Fast-Track commitment

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.

SRA 4

Tailored HIV combination prevention services are accessible to key populations, including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants.

Global overview

82. The epidemic's burden on key populations continues to increase. Along with their sexual partners, key populations accounted for an estimated 54% of new HIV infections globally in 2018, including 95% or more of new infections in eastern Europe and central Asia and the Middle East and North Africa, 78% in Asia and the Pacific, 65% in Latin America (65%), and 64% in western and central Africa. Notwithstanding the enormous HIV burden experienced by key populations, the world is not on-track to meet its Fast-Track commitments for targeted combination prevention services. There are wide gaps for people who inject drugs and incarcerated people.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

83. Although short of the Fast-Track target, the proportion of countries implementing HIV programmes for sex workers and gay men and other men who have sex with men increased from 66% in 2018 to 73% in 2019. A similar increase was reported for people in prisons and other closed settings (from 50% to 56%). There has been a slight decrease in the number of countries providing prevention services for people who inject drugs in the past four years, and only a few countries report the availability of gender-sensitive assessments for people who inject drugs (30% in 2019). Further validation of these key population indicators is needed, as they currently do not provide information on the extent of implementation, programme geographic reach and key population coverage within each country.

Indicator 4.1 Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
Key population: gay men and other men who have sex with men, sex workers					
2019 milestone—80%	**Status** 🟡	66%	70%	66%	73%
Key population: prisons and closed settings					
2019 milestone—35%	**Status** 🟢	50%	50%	51%	56%

Indicator 4.1 Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies	**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
Measurements				
The country has size and prevalence estimates for gay men and other men who have sex with men	81%	84%	82%	89%
The country has size and prevalence estimates for sex workers	88%	88%	90%	95%
The country has size and prevalence estimates for prisoners and closed settings	57%	58%	57%	60%
Comprehensive packages of services for gay men and other men who have sex with men in line with international guidance defined and included in national strategies	75%	81%	82%	86%
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies	84%	88%	91%	93%
Comprehensive packages of services for prisoners and closed settings in line with international guidance defined and included in national strategies	56%	57%	60%	67%
Gay men and other men who have sex with men are engaged in HIV strategy/ programming and service delivery	89%	89%	89%	86%
Sex workers are engaged in HIV strategy/programming and service delivery	89%	89%	88%	86%
Indicator 4.2 Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs Countries with epidemic among people who inject drugs, implementing interventions in combination	**2016** [N=33]	**2017** [N=35]	**2018** [N=36]	**2019** [N=41]
2019 milestone—50% **Status** ●	64%	60%	61%	56%
Measurements				
The country has a significant epidemic among people who inject drugs	38%	40%	41%	47%
	Countries with significant epidemics among people who inject drugs			
	2016 [N=33/88]	2017 [N=35/88]	2018 [N=36/88]	2019 [N=41/88]
Opioid substitution therapy	64%	63%	61%	56%
Needle and syringe programmes	79%	74%	78%	76%
HIV testing and counselling	85%	86%	92%	98%
Antiretroviral therapy	88%	86%	94%	98%
Gender-sensitive – people who inject drugs	**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
A gender-sensitive HIV needs assessment is available for people who inject drugs	19%	30%	28%	30%

84. The Joint Programme undertook extensive advocacy for action to address the needs of key populations, including the introduction by the Global Prevention Coalition of specific coverage targets for key populations, efforts to highlight key populations at the ICPD +25 Nairobi Summit and other high-profile forums. UNDP, UNFPA and WHO made technical inputs to the World Association for Sexual Health's Declaration on sexual pleasure, including affirming the rights of all key populations to freedom of expression of diverse sexual orientation and gender identity.

85. A range of activities were undertaken.

- The Joint Programme supported implementation of HIV prevention programmes for key populations through the further rollout and translation of implementation tools for sex workers (>14 countries), people who use drugs (>14 countries), and young key populations (>25 countries).

- Normative guidance was developed to inform national responses for key populations, including technical guidance on services for people who inject drugs, a policy brief on HIV prevention in prisons and other closed settings, and WHO guidance on HIV self-testing, which included a specific focus on key populations.

- UNDP, UNICEF, UNFPA and the UNAIDS Secretariat developed a toolkit for adolescent and young key populations, which facilitates the design and implementation of customized programmes for young people from key populations and provides access to good practices.

- The Joint Programme supported development of a key population strategy by the Southern African Development Community and organized the Asia-Pacific Youth Forum to disseminate new findings and address efforts to achieve the 90–90–90 targets among young key populations.

- UNDP worked in 89 countries to support law and policy reform and partnered in 53 countries on rights and inclusive development for lesbian, gay, bisexual, transgender and intersex people, including in the areas of HIV and health. Support was provided to MPact for the development of a technical brief on working with young men who have sex with men.

- UNDP supported a free legal aid network in 10 countries in eastern Europe and central Asia that served more than 12 000 clients (mainly sex workers and people who use drugs) and launched a similar network covering 8 countries in the Middle East and North Africa. Working with the UNAIDS Secretariat and the Global Fund, UNDP convened a consultation on best practices and lessons learned on programmes for key populations, with participants from 37 countries.

- UNFPA collaborated with the Global Network of Sex Work Projects on advocacy and dissemination of the Sex Work Digest.

- A 13-country meeting in Asia and the Pacific, convened by WHO and the Secretariat, supported PrEP programming for key populations.

86. The Joint Programme undertook extensive work to support HIV programming, human rights and community empowerment for LGBTI people.

- UNDP, ILO, UNESCO and the World Bank collaborated to develop the LGBTI inclusion index, which comprises a set of 51 proposed indicators in the areas of health, education, civil and political participation, economic empowerment, security and violence.

- UNESCO published a technical brief on monitoring violence based on sexual orientation and gender identity/expression (SOGIE) and a technical brief "Bringing it out in the open", and produced a synthesis report on SOGIE-based violence in schools in China, the Philippines, Thailand and Viet Nam.

- The ILO produced a paper on protection against SOGIE discrimination in relation to employment and occupation and provided technical and financial assistance to 36 countries in different regions on nondiscrimination legislation, policies and programmes, including addressing LGBTI-related discrimination. The ILO also completed the first phase of development of a toolbox for addressing LGBTI concerns in the workplace.

- In Malaysia, a World Bank pilot study tested motivational interviewing principles to increase HIV testing among gay men and other men who have sex with men, highlighting challenges regarding stigma and discrimination and access to HIV testing and treatment services.

87. The Joint Programme also carried out activities to support HIV programmes for sex workers.

- UNHCR rolled out HIV prevention and community outreach activities for female sex workers in 42 communities across 8 states in Venezuela, guided by a population-specific HIV prevalence study.
- Through management of the Global Fund programme in Indonesia, UNFPA reached 289 730 female sex workers, almost 125 000 of whom received HIV testing services.
- The UNDP-Global Fund partnership provided testing and counselling for key populations, including sex workers, in 25 countries.
- In Egypt, UN Women assisted female sex workers and women living with and affected by HIV to access HIV services, including violence prevention and legal advice.
- In Kenya, ILO and partners, including the Highway Community Health Resource Centre, brought HIV services to sex worker hotspots in Mlolongo and Mombasa, where 3063 truckers and 1115 female sex workers took HIV tests.

88. Other efforts went towards strengthening HIV prevention services for people who use drugs or live in prison settings.

- UNODC led efforts to increase country capacity in 21 countries, reaching over 250 experts to reduce HIV risks related to the use of specific subcategories of stimulant drugs.,
- UNODC, with the support of UN Women, WHO and the UNAIDS Secretariat, trained more than 1400 service providers in 13 countries on strategies for effectively serving women who inject drugs.
- UN Women and UNODC adapted UNODC's "Practical guide for service providers on gender-responsive HIV services" and improved the knowledge and advocacy skills of women who use drugs from 5 provinces of Indonesia.
- UNHCR provided harm reduction services to more than 9100 people who inject drugs in Iran.
- WHO organized a peer exchange (from Burundi to Kenya, a pioneer of harm reduction on the African continent) to encourage the rollout of harm reduction services to people who use drugs in Africa.
- UNODC helped to establish referral systems and increase collaboration between prisons and local community health service providers, contributed to ensuring continuity of care of HIV and TB services, and supported adherence to medical ethics in prisons.

Key challenges and future actions

89. Challenges include the downward trend in overall HIV funding, increasingly conservative policy environments in many settings, deep-rooted gender norms that resist support to people of diverse sexual orientation and gender identity, and legal and policy frameworks that criminalize the behaviours of key populations.

90. The focusing of finite HIV resources on high-burden settings contributes to a neglect of settings with low overall HIV burdens but substantial burdens among key populations. Effective, tailored and strategically targeted programming for key populations requires careful planning and delivery. However, such efforts are undermined by a shortage or absence of data on population size, service coverage, access barriers and social/structural factors (e.g. violence) experienced by key populations.

91. Programming bottlenecks can include geographical gaps, incomplete identification and engagement of particular groups and sub-groups (e.g. female and adolescent key populations), limited availability and disaggregation of population estimates (e.g. for sex and for LGBTI), poor quality monitoring or poor service implementation, and barriers to accessing social protection.

92. To accelerate gains in the HIV response for key populations, the Joint Programme will intensify or embark on several activities.

- The Joint Programme will continue supporting the rollout of implementation tools for key populations, the LGBTI Inclusion Index and the HIV prevention toolkit for adolescents and young people from key populations, and encourage and support countries to include key populations organizations in their Global Fund applications.
- WHO will develop updated consolidated guidelines for key populations in 2020–2021.

- UNHCR and UNFPA will finalize guidance on meeting the health and protection needs of people who sell sex in humanitarian settings. Efforts will focus on monitoring emerging hotspots of HIV transmission, linking key populations to appropriate and cost-efficient services and monitoring implementation.

- To promote law and policy reform, situation assessments of key populations will be conducted, the capacity of the judiciary and parliamentarians will be built, and access to justice services for key populations will be supported.

- UNFPA will disseminate specifications for personal lubricants and procure safe and non-toxic lubricants. UNDP will follow up on the recommendations of legal environment assessments on law and policy reforms, conduct "deep dive" situation assessments of key populations to increase access to services, invest in capacity development of the judiciary, increase investment in capacity development of parliamentarians, and support access to justice services for key populations.

- The ILO, UNDP, UNODC, WHO and the UNAIDS Secretariat will collaborate to scale-up comprehensive intervention packages for the prevention, treatment and care of people who inject drugs, use stimulant drugs or live in prisons.

- UN Women will advocate for responding to gender and power dynamics within key populations, and for engaging women key populations.

- ILO will promote recommendations on violence, harassment and HIV in the world of work. Working with communities will remain a priority, including working indigenous communities.

SRA 5: Gender Inequalities And Gender-Based Violence

Fast-Track commitment

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.

SRA 5

Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate-partner violence to mitigate risk and impact of HIV.

Global overview

93. Globally, more than half of the people living with HIV are women and girls. In 2018, 18.8 million women aged 15 and older were living with HIV, compared with 17.4 million men. Since 2010, HIV treatment coverage among women and men has more than doubled but it continues to be higher among women than men (68% versus 55%), largely due to successful programmes focused on prevention of mother-to-child transmission of HIV. Despite the increased availability of ARV medicines, HIV-related illnesses remain a leading cause of death among young women of reproductive age (15–24 years) globally.

94. Between 2010 and 2018, the number of new HIV infections among women aged 15 years and older declined by 17% globally, from 890 000 to 740 000. Among young women aged 15–24 years, new infections declined by 25% over the same period. However, new infections among women are increasing in eastern Europe and central Asia, the Middle East and North Africa, and Latin America.

95. Adolescent girls and young women continue bear a disproportionate burden of HIV in sub-Saharan Africa. Progress in HIV prevention among women and girls is undermined by many of the same root factors that drive the HIV epidemic, including unequal gender norms, violence against women, gender-based discrimination and institutional biases. Knowledge on HIV prevention among adolescent girls and young women has remained alarmingly low in the last two decades.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Integrating gender equality into national HIV responses

96. About two-thirds of countries (68% in 2019) report having integrated gender equality and transformation of unequal gender norms in their national policies and strategies. However, implementation lags and data on costing and financing gender-transformative interventions in the national HIV response remains scarce. More nuanced UBRAF indicators are needed to measure and capture the progress around gender-responsive efforts, particularly what relates to changing unequal gender norms.

Indicator 5.1 Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—60%	**Status** ●	48%	60%	58%	68%
Measurements					
Assessments of the social, economic and legal factors that put women and girls at risk of HIV are available		74%	77%	75%	78%
Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting		85%	89%	91%	92%
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys		63%	73%	72%	81%

97. The Joint Programme was active on many fronts to address the gender dimensions of the HIV epidemic.

- The UNAIDS Secretariat updated a Gender Assessment Tool and worked together with UNDP, UNFPA, UN Women and other partners to support gender analyses and prioritize gender equality interventions in national HIV responses.
- UN Women helped build the capacity of 17 national AIDS coordinating bodies to address gender inequality in HIV policies and programmes, including conducting gender analysis of the HIV epidemic and integrating gender-responsive actions and indicators in HIV strategies.
- UN Women led a global expert group on financing for gender equality interventions and for women's organizations in HIV responses.
- The ILO and partners led the work on adoption of the Violence and Harassment Convention No. 190, while UNDP trained Country Coordination Mechanisms on gender equality and HIV.
- Together with other Cosponsors, UNDP assisted AIDS commissions to design Global Fund Concept Notes that prioritize gender-responsive interventions.
- UN Women, the UNAIDS Secretariat and UNFPA supported the Southern African Development Community to develop a gender-responsive oversight tool to monitor and oversee the implementation of Resolution 60/2 on Women, the Girl Child, and HIV/AIDS of the UN Commission on the Status of Women, with the tool adapted for country-specific use in five southern African countries.

Promoting leadership of women living with HIV

98. The Joint Programme enhanced the leadership skills and capacities of women living with HIV to participate in national HIV responses.

- UN Women invested in the leadership skills and capacities of women living with HIV to participate in the national HIV responses in more than 30 countries.
- Women living with HIV, with the support of UN Women and the UNAIDS Secretariat, successfully advocated for inclusion of gender equality actions and indicators in Ukraine's national HIV strategy.
- The Joint Programme's support aided the International Community of Women Living with HIV in Latin America to establish a network of young women living with HIV to catalyse national implementation.
- UNDP supported the establishment of a Network of Vulnerable Women in the Middle East and North Africa to advocate for prevention of HIV and violence against women in the region.
- The WHO Director-General established an Advisory Group of Women Living with HIV to advise WHO in the areas of HIV and SRHR.
- With support from WHO and the UNAIDS Secretariat, women living with HIV developed a Checklist for Community Engagement to implement the WHO Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV.

99. Women living with HIV benefitted from income-generation activities and improved their access to HIV services and adherence to HIV treatment.

- More than 10 000 women living with HIV in 30 countries benefitted directly from UN Women support, resulting in expanded access to HIV services and economic empowerment.
- The ILO, the UNAIDS Secretariat and partners improved the business skills of young women and men in the United Republic of Tanzania (who in turn created their own businesses and local revolving fund).
- WFP provided nutritional support and training to more than 10 000 adolescent girls, young women and women living with HIV in Latin America.
- UNHCR piloted MADE51[7] projects that improved livelihoods of women and engaged them into community dialogues to challenge harmful gender norms, prevent violence and enhance their awareness of HIV and sexual health issues.
- The World Bank provided livelihood support to 324 000 women in Nigeria, including women living with HIV.

100. UN Women and other partners ensured meaningful engagement of women living with HIV in the national-level and regional-level reviews of progress and challenges encountered in the implementation of the Beijing Declaration and Platform for Action through civil society forums and inter-ministerial meetings. These fora helped to highlight the priorities of women and girls affected by HIV in the national reviews.

Transforming unequal gender norms to prevent new HIV infections

101. A range of the Joint Programmes activities focused on transforming unequal gender norms.

- In Kenya and the United Republic of Tanzania, ILO, WHO and the UNAIDS Secretariat helped transform harmful masculinities among more than 70 000 people (61% men) to encourage men to access HIV testing.
- Through the World Bank's Sahel Women's Empowerment Project, 210 000 young women in 5 countries improved their life skills education and access to reproductive, child and maternal health services, including HIV prevention.
- The UNFPA "We Decide" programme enhanced the access of women and young people with disabilities to HIV information, prevention, treatment and care services, violence prevention information, and SRHR.
- UN Women scaled-up evidence-based interventions to transform unequal gender norms and prevent violence against women, as well as reduce gender-based stigma and discrimination, and enhance access to HIV testing and treatment in 15 countries.

102. The Joint Programme intensified its role in facilitating socioeconomic support to girls and women.

- Cosponsors and the Secretariat supported programmes to enable girls to remain in school and ensure they could access conditional cash transfers as a strategy to prevent HIV.
- World Bank engagement in Zambia benefitted 49 865 young women and girls from extremely poor households, covering school fees for 25 239 girls and ensuring they could stay in school as a protective factor against HIV. School drop-out rates fell from 5.8% to 3.9%.
- Support for Global Fund grant implementation in Namibia resulted in the development of a minimum package of care, including access to conditional cash transfers.
- WFP increased girls' school enrolment and attendance rates by distributing monthly rations and nutritional commodities to girls, also contributing to the HIV prevention.
- UNESCO, UN Women, UNICEF and others adapted and rolled out the new "Connect with Respect curriculum tool" in Asia and the Pacific and in eastern and southern Africa to transform unequal social norms, address school-related violence and prevent HIV among adolescent girls.

7. UNHCR has created MADE51, a global initiative that connects refugee artisans with social enterprises to facilitate the design, creation and marketing of unique home décor and fashion accessories across the world.

- UNESCO, UNICEF and other partners engaged in joint global campaigns, such as #EndSRGBV and *'Safe To Learn'*, to mobilize the education sector to end school-related violence and increase awareness on HIV and violence among students and teachers.

Preventing violence and HIV

103. By 2019, only 59% of countries (52 of 88) reporting against the UBRAF indicators reported having laws or policies and services addressing gender-based violence. Studies show that women who experience or fear intimate partner violence are 50% more likely to acquire HIV.

Indicator 5.2 Percentage of countries with laws and/or policies and services to prevent and address gender-based violence		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—60%	**Status** 🟡	43%	55%	60%	59%
Measurements					
Disaggregated data on prevalence and nature of gender-based violence are available and used		64%	70%	73%	78%
Legislation and/or policies addressing gender-based violence exist		95%	98%	100%	100%
A mechanism to report and address cases of gender-based violence is available, e.g. special counselling centres, ombudsman, special courts and legal support for victims		94%	95%	95%	95%
HIV, sexual and reproductive health, and gender-based violence services		67%	73%	77%	74%

104. Technical assistance enabled countries to ensure that national actions plans and policies on violence against women also prioritized HIV prevention.

    - UNDP supported 71 countries to review and improve policies to address the intersections of violence, HIV and alcohol abuse.
    - UN Women supported Guatemala's inclusion of actions and strategies for women living with HIV in the National Plan for the Prevention and Elimination of Domestic Violence 2019–2028.
    - With UNESCO's support, the South Sudan education strategy incorporated actions to prevent and address school-related violence.
    - UN Women, UNDP and UNFPA worked with partners across 20 countries in the Middle East and North Africa to repeal discriminatory laws that forced women to marry their rapists.

105. The Joint Programme invested in scaling-up evidence-based interventions to prevent violence and HIV infection, and to enhance survivors' access to services. UNDP worked in 7 countries to integrate a cofinancing approach that addresses the links between HIV and violence. In Zimbabwe, UN Women worked with national partners to implement the SASA! intervention,[8] which reached almost 20 000 people (75% women) with community-based outreach activities to prevent HIV-related and gender-based violence.

106. Female refugees were supported to access sexual violence prevention information and services along with HIV prevention, treatment and care. This was done by implementing the Minimum Initial Service Package for Reproductive Health in Emergencies and by rolling out the Gender-based Violence Information Management System across 32 humanitarian operations.

107. UN Women and UNFPA supported 60 countries to adapt and roll out the Essential Services Package, which helped improve services for survivors of violence against women, including access to post-exposure prophylaxis. The UNFPA programme "2gether 4 SRHR" developed new operational guidance and standards on gender-based violence, HIV and sexual and reproductive health and rights in humanitarian settings in 10 sub-Saharan African countries.

8. *SASA!* is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV by addressing imbalance of power between men and women, boys and girls.

Key challenges and future actions

108. Progress towards gender equality and the elimination of gender-based violence is hindered by many factors, including gaps in the availability and use of data on rates of intimate partner violence, especially in the context of schools and humanitarian settings. Limited knowledge and technical skills programming with a gender lens in national AIDS coordinating bodies hamper recognition of the impact of unequal gender norms on HIV interventions. In addition, community-led HIV responses that challenge unequal gender norms, prevent violence against women and HIV, and expand access to HIV services are not sufficiently prioritized and financed in national HIV programmes.

109. Engagement of women living with HIV as advocates and leaders in the HIV response continues to be challenged by limited funding, which affects institutional capacity. Joint Teams rarely prioritize the scale-up of initiatives that transform unequal gender norms, which often require at least 3-5 years to demonstrate measurable changes in the lives of women and men. The 2020–2021 biennium saw a reduction in UBRAF core resources dedicated to SRA 5 compared to the 2018–2019 (from US$ 9.32 million to US$ 7.80 million), thus limiting the Joint Programme's capacity to appropriately prioritize this work.

110. The Joint Programme will undertake or actively support a range of actions to advance gender equality and eliminate gender-based violence.

- To accelerate progress towards gender equality in the context of the HIV response and elimination of gender-based violence, the Joint Programme will work to leverage the 25th Anniversary of the Beijing Platform for Action and the Generation Equality Forum to advocate for a more gender-transformative HIV response and for meaningful engagement of women living with HIV.

- UN Women, UNDP, UNICEF, UNFPA and UNESCO will capitalize on the UN/EU Spotlight Initiative to addresses the intersection of violence against women, HIV and sexual and reproductive health and rights as well as leaving no one behind.

- The Joint Programme will advocate for the integration of gender equality dimensions in target setting for social enablers, drawing from a policy brief which UN Women will develop to define gender-transformative interventions in the context of the HIV response.

- The Joint Programme will support the scale-up of community-based and -led gender-responsive interventions to improve HIV outcomes, transform unequal gender norms, prevent violence and HIV and enhance access to HIV testing, treatment and care, and continue to promote the leadership and meaningful participation of networks of women living with HIV and adolescent girls and young women in the HIV response, including those facing intersecting and multiple forms of discrimination.

SRA 6: Stigma And Discrimination And Human Rights

Fast-Track commitment

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

SRA 6

Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed.

Global overview

111. Stigma and discrimination continue to be major impediments to an effective HIV response. In 26 countries with recent population-based survey data, more than half of respondents expressed discriminatory attitudes towards people living with HIV. People who have experienced or who fear stigma or mistreatment are less likely to access HIV services or remain engaged in care.

112. Much too often, discriminatory attitudes are reflected and reinforced by punitive laws and policies. In 2018:

- 75 countries criminalized HIV non-disclosure, exposure or unintentional transmission;
- 77 countries outlawed sex work explicitly or criminalized some aspect of sex work;
- 68 countries criminalized consensual same sex conduct;
- most countries criminalized some aspect of drug use and there was a death penalty for drug-related crimes in 35 countries;
- 48 countries and territories had HIV-related restrictions in place for entry, residence, work and/or study permits; and
- prosecutions of people living with HIV for allegations of HIV exposure, non-disclosure or transmission have occurred in more than 70 countries in recent years.

Indicator 6.2 Percentage of countries with mechanisms in place providing access to legal support for people living with HIV		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—65%	**Status** ●	53%	58%	61%	65%
Measurements					
Any mechanisms in place to record and address cases of discrimination in relation to HIV		73%	80%	82%	83%
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues including gender-based discrimination (for example dispossession due to loss of property and/or inheritance rights in the context of HIV)		77%	84%	83%	83%
HIV sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel and members of the judiciary and members of national human rights institutions conducted		70%	73%	76%	78%

113. The share of countries reporting mechanisms in place to record and address cases of HIV-related discrimination rose from 73% in 2016 to 83% in 2019. In 2018, 83% of countries reported having mechanisms in place that promote access to legal support for HIV-related issues, including gender-based discrimination in the context of HIV (compared with 84% in 2017).

Indicators 6.1, 6.2 and 6.3	2015 Baseline	2018 Progress	2019 Progress	Interpretation
6.1 Percentage of countries positively addressing laws and/or policies presenting barriers to HIV prevention, treatment and care services	Baseline: With the exception of 4 countries (Argentina, Chile, Thailand, Uruguay) all had some law or policy that present barriers to delivery of HIV prevention, testing and treatment services	[0/88]	[0/88]	Countries continue to perform poorly in respect of HIV screening for general employment purposes and HIV-related travel restriction: 8% [7/88], 10% [9/88] and 6% [5/88], 7% [6/88] in 2018 and 2019, respectively.
6.2 Percentage of countries with mechanisms in place providing access to legal support for people living with HIV	Baseline: 44% 2017: 50%	61% [54/88]	65% [57/88]	Angola, Colombia, Lao PDR, Papua New Guinea and South Sudan do not meet any of the three sub-indicators.
6.3 Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings	Baseline: 21% 2017: 28%	31% [27/88]	33% [29/88]	Angola, Argentina, Bangladesh, Bolivia, Chad, Chile, Gabon, Haiti, Panama, Paraguay, Tunisia and Zimbabwe do not meet any of the three sub-indicators

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Developing normative guidance for rights-based HIV response

114. The 2018 Supplement to the report of the Global Commission on HIV and the Law included 30 key recommendations, which drew on recent developments in HIV science and took account of important contextual changes. The latter included the increased use of digital technologies, shrinking space for civil society, trends towards more restrictive immigration policies, migrants' reduced access to HIV services, the growing use of conscientious objection in healthcare, and the SRHR of women and girls.

115. UNDP and the International Centre for Human Rights and Drug Policy, in partnership with OHCHR, WHO, the UNAIDS Secretariat and a coalition of UN Member States and leading human rights and drug policy experts, developed and launched the International Guidelines on Human Rights and Drug Policy. The guidelines were cited soon after their release by the Colombian Constitutional Court when it decriminalized personal use and possession of cannabis. The Secretariat and UNDP published an explanatory brief on the prevalence and negative consequences of HIV-related travel restrictions.

Removing punitive law, policies, practices, stigma and discrimination that block effective HIV responses

116. The Joint Programme supported countries to decrease stigma and discrimination in the health sector. In 2019, 66% of countries (an increase of 9% from 2016) reported having measures in place for redress in cases of stigma and discrimination and 52% of countries reported the availability of up-to-date assessments on HIV-related discrimination. In addition, 65% of countries reported having pre- and in-service training for health-care workers on reducing stigma and discrimination (including gender-sensitive stigma and discrimination reduction, and SRHR).

Indicator 6.3 Percentage of countries with measures in place to reduce stigma and discrimination in health-care settings		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—50%	**Status** 🟡	27%	31%	31%	33%
Measurements					
Health care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to the SRHR of women living with HIV in all of their diversity and throughout their lives		58%	59%	64%	65%
An up-to-date assessment on HIV-related discrimination in the health sector is available (either through the Stigma Index or another tool)		50%	50%	50%	52%
Measures in place for redress in cases of stigma and discrimination in the health-care sector		57%	63%	64%	66%

117. The Joint Programme undertook a wide range of actions to promote human rights and eliminate stigma and discrimination.

- Cosponsors and the Secretariat supported 10 countries to undertake HIV legal environment assessments, which contributed to reform of the penal code (in Angola) and enhanced law enforcement training (in Eswatini), and collaborated with partners to analyse punitive legislation in Angola, Colombia, Indonesia, Kenya, Nepal, Uganda and Yemen.
- UNFPA established the first global database of laws and regulations on sexual and reproductive health and rights across over 100 countries.
- The ILO and Gallup launched a 50-country study to understand the reasons for persistently high levels of HIV-related stigma and discrimination in the world of work, in order to inform the design of interventions to reduce HIV-related discrimination.
- The Joint Programme supported communities of women living with and affected by HIV and key populations to advocate for gender-responsive implementation of HIV laws, social insurance and anti-discrimination mandates in a new 2019 Labour Code in Viet Nam. Similar implementation support was provided to partners in Kenya, Mozambique, Uganda and United Republic of Tanzania, and to Syrian and Palestinian refugees and migrant key populations in Lebanon.
- UNDP, in collaboration with the UNAIDS Secretariat, strengthened the capacity of judges from more than 50 countries (in Africa, the Caribbean, and eastern and central Asia) to protect and promote the human rights of key populations and people living with or affected by HIV.
- UNDP also supported efforts to include human rights, law and HIV into the programmes of judicial education institutes at national and regional levels. UN Women sensitized 12 500 community members In Uganda on positive gender norms and relations that promote women's property and land rights, particularly in the context of HIV.
- With advocacy in 17 countries, UNHCR promoted access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement and an end to mandatory HIV testing for asylum seekers, refugees, internally displaced populations and other marginalized groups.
- UNHCR also facilitated the inclusion of emergency affected communities into national HIV programmes, plans and legislation, through advocating for the inclusion of refugees into national responses.

Empowering communities to know their rights and challenge violations of human rights

118. In response to a call from the PCB NGO Delegation, UN Women, UNDP, the Secretariat and GNP+ co-convened the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. Thirty countries have been invited to join the Partnership and commit to address HIV-related stigma across 6 settings, working alongside UNAIDS Cosponsors: healthcare (WHO),

education (UNESCO), workplace (ILO), justice (UNDP), individual/communities (UN Women), emergency/humanitarian (UNHCR and WFP). Central African Republic, Cote D'Ivoire, Iran, Jamaica, Kyrgyzstan, Laos, Moldova, Mozambique, Nepal, Papua New Guinea, Senegal, South Africa, Thailand and Uganda have confirmed their membership in the Partnership. The co-conveners supported baseline assessments under the Global Fund's Breaking Down Barriers Initiative which aims at scaling up human rights interventions in 20 countries.

119. UN Women facilitated the engagement and inputs of women living with HIV in the country reporting processes on implementation of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in five countries. In Tajikistan, for example, members of the national network of women living with HIV submitted an alternative report to the CEDAW Committee and presented the report during the CEDAW Committee session. This contributed to the CEDAW Committee calling for the government to decriminalize HIV transmission, promote comprehensive sexuality education and eliminate discrimination against female sex workers accessing HIV services.

120. Young people in French-speaking countries in Africa now have enhanced access to information on locally available health, protection and legal services through the mobile app Hello Ado, developed by UNESCO and the Réseau Africain pour l'Education, la Santé et la Citoyenneté. The app was developed with a specific focus of linking adolescent and young key populations to CSE content, protection and legal services. It was piloted in Côte d'Ivoire, the Democratic Republic of Congo and Mali in 2019.

121. UNESCO undertook media campaigns in four countries to reduce discrimination against people living with HIV, and UNFPA supported country-level advocacy of the rights of people living with HIV and other interventions in eight countries.

Key challenges and future actions

122. While domestic investment in HIV responses are increasing in many countries, these resources often do not support programmes that address legal barriers and the human rights of key populations. Stigma and discrimination persist, including among women and girls and key populations. Laws and policies restricting the activities of nongovernmental organizations is a growing concern. In many countries, asylum seekers, refugees and other migrants are excluded from national HIV programmes and migrants are frequently subjected to mandatory HIV testing. People living with HIV and key populations are also raising concerns about the increasing use of digital technologies including biometrics, molecular HIV surveillance, unified digital ID in HIV-related programming and the implications for human rights especially in the context of criminalization.

123. To strengthen and sustain the human rights underpinnings of the HIV response, the Joint Programme will engage in several initiatives and activities, including:

- work with Global Partnership countries to develop national action plans and interventions to address HIV-related stigma and discrimination;
- support the scale-up of human rights programmes, including through Global Fund grants;
- support people living with HIV to challenge discriminatory and punitive laws;
- support country-level policy and legal reform of employment and workplace regulations;
- advocate for stronger anti-stigma laws and for legal aid services for people living with HIV; and
- advocate for engagement of women living with HIV in the monitoring of women's human rights.

124. UNDP will lead inter-agency work to develop and roll out prosecutorial guidance regarding HIV-related cases and practical guidance for ensuring that digital technologies are used in a manner that safeguards confidentiality and privacy in HIV programming. Results from a 50-country study on HIV and employment will be published. Work will also continue to ensure non-discrimination with respect to access to quality SRH services and full inclusion of refugees and internally displaced people in national HIV responses.

SRA 7: Investment And Efficiency

Fast-Track commitment

Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers.

SRA 7

The HIV response is fully funded and efficiently implemented based on reliable strategic information.

Global overview

125. Ensuring sustainability remains a challenge. Funding for the HIV response has stagnated, with HIV spending totalling US$ 20.6 billion (in constant 2016 US dollars) in 2017, in large part due to increased domestic investments, which account for 57% of all funding. Around US$ 22 billion is spent each year on HIV responses in low- and middle-income countries. In 2018, total funding for HIV programmes decreased for the first time in more than a decade, dropping by about US$ 1 billion in low- and middle-income countries. The successful Global Fund replenishment in 2019 was a positive development, on the other hand.[9]

126. A Fast-Track response requires an estimated investment of U$ 26.2 billion globally in 2020, which would then steadily decrease to about US$ 23.9 billion annually in 2030.[10] Those amounts are substantially higher than current funding levels. In addition to resource mobilization, substantial work remains to be done to achieve sustainable country-led responses, including greater efficiency, innovation and integration. While there are some country examples of progress, improvements through better targeting and efficiency are not yet routine.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

127. The proportion of countries with a completed HIV sustainability and/or transition plan increased but remains well short of the 2019 milestone of 60%. In 2019, only 36% of countries had a sustainability plan that featured increasing domestic public and private sector investment in the HIV response and influenced policy and resource generation and allocation for the country.

9. Sources: https://www.unicef.org/about/execboard/files/2020-EB2-HIV-AIDS-EN-2020.01.13.pdf and https://www.fcaaids.org/wp-content/uploads/2020/03/ULTIMATE-2018-FCAA-RT-Report.pdf

10. Source: https://www.avert.org/professionals/hiv-around-world/global-response/funding

Indicator 7.1a Percentage of countries with a HIV sustainability plan developed		**2016** [N=27]	**2017** [N=29]	**2018** [N=38]	**2019** [N=44]
2019 milestone—60%	**Status** 🟡	30%	28%	32%	36%
Measurements					
The country has developed an HIV sustainability and/or transition plan		31%	33%	43%	50%
		Countries who have developed an HIV sustainability and/or transition plan			
		2016 [N=27/88]	2017 [N=29/88]	2018 [N=38/88]	2019 [N=44/88]
The plan indicates sustainability increasing domestic public investments for HIV over the years		96%	93%	95%	98%
The plan has influenced policy and resource generation and allocation in the country		93%	86%	89%	89%
The plan covers financial contributions from the private sector in support of the HIV response		33%	34%	34%	41%

Efficiency, effectiveness and transitioning

128. To maximize efficiencies, impact and return on investments, the Joint Programme supported countries in prioritizing high-impact locations, populations and programmes in their HIV responses. In 2019, 50% of countries reported having and using up-to-date quality HIV investment cases, with most countries (78%) using computerized monitoring systems to provide routine district-level data (an increase of 5% from 2016).

129. Working with national partners, World Bank teams carried out more than 35 allocative and implementation efficiency studies and additional care cascade analyses to enable 18 countries improve outcomes with available funds. UNDP policy and technical support to 10 countries in eastern Europe and central Asia both increased and optimized HIV investment. Examples included Montenegro's decision to earmark domestic funds to NGO-provided HIV-related services and Serbia's development of minimum services packages for HIV services to key populations.

130. The Working Group on Investment and Efficiency, co-convened by UNDP and the World Bank, increased the focus on investments and efficiencies, and helped country teams integrate efficiency work into country workplans and served as a platform for updating HIV investment case methods and national strategic plan guidance.

Indicator 7.1b Percentage of countries with up-to-date quality HIV investment cases (or similar assessing allocative efficiency) that is being used		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—70%	**Status** 🟡	48%	47%	47%	50%
Measurements					
A computerized monitoring system that provides district level data on a routinely basis including key HIV service delivery variables (ART and PMTCT)		73%	73%	74%	78%
The country tracks and analyses HIV expenditures per funding source and beneficiary population		65%	64%	65%	68%
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)		73%	72%	70%	69%

131. The Joint Programme continued to promote innovation in HIV service delivery by supporting countries to develop and use innovative prevention technologies and examine broader HIV testing methods. Though only 40% of countries reported having all the elements of the UBRAF indicator measurements related to new and emerging technologies, most countries (83%, n=88) reported utilizing social media/information and communication technologies (an increase of 6% from 2016).

Indicator 7.2 Percentage of countries with scale-up of new and emerging technologies or service delivery models		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—50%	**Status** 🟡	32%	34%	35%	40%
Measurements					
Social media/information and communication technologies		77%	81%	82 %	83%
e-health and/or m-health tools for priority HIV services		45%	45%	48%	52%
Diagnostics for rapid diagnosis, combined HIV/syphilis and for monitoring of viral suppression		60%	70%	75%	75%

132. WHO applied a system-wide approach to analysing efficiencies across health programmes in several countries, including Estonia, Ghana, Nigeria, Sri Lanka and South Africa, and identifying factors that compromise governments' ability to sustain or improve coverage of priority disease interventions, including HIV. The approach identified cross-cutting actions for HIV programmes, such as consolidating key functions (e.g. information technology, supply chains, laboratories, trainings), improving coordination of planning and budgeting across programmes, aligning financial management systems with service delivery objectives, and linking programmatic priorities to broader health sector reform processes.

133. The Joint Programme worked to support and effectively leverage universal health coverage (UHC) efforts. WHO and the World Bank co-convene UHC2030, a multistakeholder forum, and were closely involved in the development, launch and implementation activities around the UHC2030 statement on key principles to guide countries in transitioning from external funding. Those principles have informed transition planning for HIV in several countries (e.g. Cote D'Ivoire and Morocco) and were incorporated in the UNAIDS global guidance and its framework on sustainability and HIV response results. The World-Bank led review of UHC financing, supported by UNDP and others, served as the basis of the 2019 G20 Finance Ministers and Leaders' first-ever session and outcome document focused on the importance of sustainable financing for UHC-based health systems.

134. The Joint Programme also improved the efficiency and effectiveness of HIV interventions through innovative mobile and e-health strategies. UNICEF increased HIV prevention information to adolescents through supporting the introduction of e-health tools such as the "Secret Client" mobile app in China and a mobile app in India. In South Africa, a World Bank impact evaluation of a new smartphone app concluded that the app could significantly strengthen linkage to care for young people living with HIV if used widely. WHO worked closely with Unitaid to develop innovations to simplify service delivery and reduce costs. WHO also developed an app that, among other things, helps people make better decisions about using PrEP and reduce their risk of acquiring HIV.

Securing sufficient funding for the HIV response

135. In 2018–2019, the Joint Programme worked on several tracks to close the HIV funding gap.

- UNICEF expanded funding for point-of-care technology initiation and scale up in 10 countries.

- WHO, the Secretariat and UNICEF garnered additional high-level support for EMTCT programmes in western and central Africa.

- The 2019 Nairobi Summit on ICPD25 generated billions of dollars in private and public sector pledges for initiatives integrating HIV.

- UNDP continued to ensure that countries receive necessary financial and capacity building support, including by facilitating access to Global Fund resources to bridge HIV funding gaps and successfully implement grants.

136. Joint Programme activities also enhanced the efficiency of national responses.

- UN Women and the United Nations University worked together to strengthen allocative efficiencies, gender equality and development synergies by highlighting and recommending innovative strategies such as cofinancing for gender equality programmes between the HIV and other sectors such as education, health and social development.

- UNDP and the London School of Hygiene and Tropical Medicine-supported STRIVE Research Consortium strengthened allocative efficiencies by supporting four countries in sub-Saharan Africa to model, cost and plan cross-sectoral cofinancing approaches for investment in high-impact interventions that advance the HIV and other SDG targets simultaneously. South Africa included its modelling to expand cash plus care for adolescent girls in KwaZulu-Natal in its Global Fund HIV funding request.

- UNDP and WHO leveraged investment cases on noncommunicable diseases/tobacco control in 28 countries to strengthen countries' attention to comorbidities. Following UNDP/WHO support for investment cases, at least five countries raised or committed to raise excise taxes on health-harming products that could reduce burdens on health systems and fund the overall health response.

- The World Bank used new financing mechanisms to leverage private investment for HIV, health generally and other SDG work areas (including gender and education) that are vital for successful HIV responses. Orders for the first-ever International Development Association bonds totalled US$ 4.6 billion, while International Bank for Reconstruction and Development issuances generated more than US$ 350 million in additional private investment for sustainable development goals, including health.

- As of 2019 the World Bank had issued over US$ 2 billion in bonds to highlight efforts supporting women and children's health, including their HIV-related needs.

- Through its Multi-Donor Trust Fund for Integrating Health Programs, the World Bank supported countries to transition away from external funding for health and progress towards UHC. Its Global Financing Facility operated in 36 countries and helped them use performance-based financing to improve outcomes and boost domestic financing.

- The World Bank and the Global Fund also moved ahead with a five-year commitment to contribute US$ 24 billion to UHC in Africa. As funding transitions continue and more countries move towards UHC, the importance and impact of the Joint Programme's support for service and programme integration will grow.

Key challenges and future actions

137. Many countries (especially low-income countries) still rely on external funding and many middle-income countries are struggling to transition to domestic financing of their HIV responses.

138. The Joint Programme will continue to support countries to conduct and make effective use of National AIDS Spending Assessments and collect resource-tracking data so that HIV investment analyses can guide strategic planning. While integrated approaches to HIV, health and development are can boost the funding and efficient implementation of the HIV response, challenges include inadequate intersectoral coordination and intra-governmental incentive conflicts. Improved alignment of investment approaches on interconnected health issues is needed.

139. Identifying and enhancing allocative and other efficiencies will remain a priority in the years ahead. The Joint Programme will ramp up the support for efficiency-boosting activities, including by replicating the global thematic working group at the regional level and operationalizing this approach in eastern and southern Africa. Key future actions include:

- intensified support to countries to make evidence-informed decisions regarding investments for sustainability and successful financing transitions;
- exploration of options to align the post-2021 strategic framework for HIV with the broader, multisectoral development agenda;
- support for national partners in data generation and use to improve outcomes (including through the updated Spectrum HIV projection model);
- implementation of service innovations (including service models and digital tools) to improve health outcomes and programme efficiency;
- intensified support for effective integration;
- work to ensure that lessons from the HIV response are incorporated in universal health coverage and SDG efforts; and
- efforts to maximize the impact, efficiency and sustainability of national responses through effective action to address social and structural determinants, including but not limited to gender-transformative interventions.

SRA 8: HIV And Health Services Integration

Fast-Track commitments

- Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.
- Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.
- Ensure that at least 30% of all service delivery is community-led by 2020.

SRA 8

People-centred HIV and health services are integrated in the context of stronger systems for health.

Global overview

140. Opportunities for integrating HIV in broader health, social protection and other sectoral efforts expanded in 2018–2019. The UN General Assembly adopted the Political Declaration of the High-Level Meeting on Universal Health Coverage on 10 October 2019, marking the culmination of concerted efforts to bring the global health community together under a single umbrella.

141. The need for greater integration of HIV responses is manifest. For example, TB remains the leading cause of death among people living with HIV, accounting for an estimated 32% of the 770 000 AIDS deaths in 2018. Integration of HIV and TB programmes remains incomplete. Only 56% of people living with HIV who also have TB were identified and linked to TB treatment in 2018, and only 48% of estimated people living with HIV with TB received ART. Although the 2016 Political Declaration on Ending AIDS committed to reduce TB deaths among people living with HIV by 75% by 2020 (compared to 2010), only a 42% reduction had been achieved by the end of 2018.

142. Surveillance for HIV among TB patients remains poor, with only 64% of notified TB patients having a documented HIV test result in 2018. While 1.8 million people living with HIV were reported to have initiated TB preventive therapy in 2018, this only represents half of people newly enrolled in treatment. Children continue to be left behind, and access to TB and HIV care among key populations is suboptimal.

143. An increasing number of countries have social protection policies in place that address HIV, but it is difficult to ascertain the extent to which the programmes are HIV-sensitive. Despite abundant evidence of the role social protection schemes can play in managing both individual and generalized risks for people living with HIV and HIV-affected households, HIV-sensitive social protection appears not to be commonplace yet.

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Supporting and leveraging momentum towards universal health coverage

144. The Joint Programme worked to accelerate and fully leverage growing momentum towards UHC to strengthen health systems, improve health outcomes and promote the long-term sustainability of the HIV response.

    - The Joint Programme mobilized and supported the HIV community to engage in UHC processes and influence the UHC political declaration and support to a multistakeholder consultation prior to the High-Level Meeting and a thematic session of the UNAIDS PCB in June 2019.

- WHO and the World Bank Group co-convened UHC2030, a multistakeholder platform focused on strengthening health systems, and the World Bank, WHO and UNICEF supported the Primary Health Care Performance Initiative to achieve UHC.

- The Joint Programme provided an array of support to aid countries in moving towards UHC and accelerating progress towards the health-related SDGs.

- The Joint Programme joined other multilateral health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related SDGs through collaboration on The Global Action Plan for Healthy Lives and Well-being for All. Under the Global Action Plan, agencies better align their ways of working to reduce inefficiencies and provide more streamlined support to countries.

- The World Bank helped countries define or revisit their health benefits packages (as part of their UHC efforts) by providing analytical support for selection of the most cost-effective packages.

- The World Bank Group and the Global Fund are in the midst of a five-year commitment to contribute US $24 billion to UHC in Africa, with US $15 billion of that commitment resting with the World Bank Group.

- The World Bank's Multi-Donor Trust Fund for Integrating Externally-Financed Health Programs, operated with support from partners including the Global Fund, supported lower-middle income countries working towards UHC and transitioning from external to internal funding.

- The World Bank produced 40 case studies and papers to document how countries are driving UHC reforms, efficiency, and pro-poor policies.

HIV, sexual and reproductive health, gender-based violence services and antenatal care

145. The Joint Programme remained highly active in these areas of work.

    - Since 2018, UNFPA has hosted the Every Woman, Every Child Secretariat for coordination of the Global Women, Child and Adolescent Health Strategy (2016–2030), including reduction of vertical transmission.

    - As part of the H6 Partnership, UNICEF, UNFPA UN Women, WHO, The World Bank and the Secretariat supported development of the H6 Implementation Plan (2018–2020) and associated Indicator Framework, including HIV and STI monitoring and reporting.

    - UNFPA and WHO continued to co-lead the Inter-Agency Working Group on SRHR/HIV Linkages, and rolled out the Consolidated Guideline on the SRHR of women living with HIV. Working with partners, they also responded to the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial findings which showed high HIV and STI incidence among adolescent girls and young women attending contraception services in southern Africa.

    - As co-chair of the Global Prevention Coalition, UNFPA convened activities to develop a global advocacy plan on HIV & SRHR integration. Through the "2gether 4 SRHR", UNFPA supported 10 countries in eastern and southern Africa to strengthen implement the SADC SRHR strategy, with attention to the needs of key populations.

    - UNFPA's Maternal Health Thematic Fund, which launched a business plan during the biennium, supports efforts in 39 countries to reduce the impact of HIV and STIs on women, their infants and families, including strengthened midwifery services to reduce vertical transmission.

Integration of health and education

146. In 2019, UNESCO and partners began work with the African Union to develop a Continental Strategy on Education for Health and Well-being for Adolescents and Young People in Africa. At country level, UNESCO supported Ministries of Education to integrate HIV and health into national education policies. In South Africa, for example, support was provided for the development and finalization of the National Policy on HIV, STIs and TB for Learners, Educators, Support Staff and Officials in the Basic Education Sector. The UNESCO Chair in Global Health and Education initiative (created in 2018) established committees in Algeria, Burkina Faso, Cameroon, Haiti, Lebanon, Portugal, Senegal and Tunisia.

Delivering integrated services

147. As part of its work to promote integrated health service delivery, the Joint Programme, supported 68% (n=88) of countries to integrate TB, antenatal care and SRH, and gender-based violence services with HIV service delivery (2% short of the 2019 milestone of 70%).

Indicator 8.1 Percentage of countries delivering HIV services in an integrated manner		**2016** [N=88]	**2017** [N=88]	**2018** [N=88]	**2019** [N=88]
2019 milestone—70%	**Status** 🟡	65%	66%	68%	68%
Measurements					
HIV, sexual and reproductive health, and gender-based violence services		67%	70%	72%	74%
HIV and TB		91%	88%	88%	89%
HIV and antenatal care		95%	95%	94%	93%

148. UNDP strengthened its collaboration with the Global Fund to respond to comorbidities including HIV/TB and the relationships between tobacco use, HIV and TB. An example was the 11-country 2018–2020 Multi-Country Western Pacific Integrated HIV/TB Programme, which improved screening for syphilis/HIV by using a new rapid, finger-prick diagnostic test that costs less than US$ 2 per test.

149. The World Bank continued to support analysis and programming to improve HIV/TB integration. Examples included the Southern Africa TB and Health Systems Support Project, which achieved treatment success rates to 90% in Mozambique and Zambia and 88% in Malawi in 2019. WFP maintained nutrition treatment support for malnourished people living with HIV on ART/TB-DOTS treatment in 11 countries.

HIV-sensitive social protection

150. Most UBRAF indicators pertaining to social protection remained stable over the past two years. However, there was an increase in the number of countries with social protection policies/strategies and those reaching people living with or affected by HIV with social protection measures. Several factors may explain the comparatively smaller proportion of countries reporting social protection coverage via national plans and policies for people living with HIV. Those factors include a lack of coordination, political buy-in and ownership for policy traction on social protection processes.

Indicator 8.2 Percentage of countries with social protection strategies and systems in place that address HIV The country has a national social protection strategy/policy with all UBRAF components		**2016** [N=73]	**2017** [N=76]	**2018** [N=78]	**2019** [N=79]
2019 milestone—60%	**Status** ●	81%	84%	86%	82%
Measurements					
The country has a national social protection strategy /policy		83%	86%	89%	90%
		Countries with a national social protection strategy/policy			
		2016 [N=73/88]	2017 [N=76/88]	2018 [N=78/88]	2019 [N=79/88]
The national social protection strategy/policy covers people living with HIV and affected by HIV		85%	87%	88%	87%
The national social protection strategy/policy covers orphans and vulnerable children		95%	96%	94%	90%
National health insurance covers people living with HIV		**2016** [N=68]	**2017** [N=72]	**2018** [N=76]	**2019** [N=74]
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV		68%	68%	67%	72%
Social protection programmes are provided to men and women		**2016** [N=69]	**2017** [N=73]	**2018** [N=77]	**2019** [N=75]
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV		65%	70%	71%	76%

151. The Joint Programme worked in 2018–2019 to mobilize political leadership for HIV-sensitive social protection. ILO and the World Bank provided global leadership to the Social Protection Inter-Agency Cooperation Board, which coordinates the global social protection response and includes representation from the IMF, UN-DESA, UNDP, UNICEF, WHO and WFP, as well as Regional Development Banks, Regional Economic Commissions and other relevant organizations. As co-leads for HIV-sensitive social protection within the Joint Programme, ILO and WFP mobilized a global partnership to share the latest evidence on HIV-sensitive social protection with country partners.

152. The Joint Programme also generated and disseminated evidence to inform and guide efforts to ensure HIV-sensitive social protection. At the global level, UNAIDS Secretariat, WFP, ILO, UNICEF. WHO, Global Fund, Aidsfonds, Housing Works and other partners organized an International Social Protection Conference on the theme "Fast Tracking Social Protection to end AIDS" to share best practices on HIV-sensitive social protection. The UNAIDS publication, *Social protection: a Fast-Track commitment to end AIDS Guidance for policy-makers, and people living with, at risk or affected by HIV*, summarized the latest evidence on HIV-sensitive social protection.

Social protection guidance, policies and strategies

153. Normative guidance supported sound policy development for HIV-sensitive social protection. WFP, ILO and UNAIDS Secretariat commissioned a comprehensive mapping study of current policies, practices, and knowledge on HIV-sensitive social protection mechanisms in 15 countries in eastern and southern Africa, scheduled for completion in mid-2020. WFP and the ACCELERATE HUB for Africa's adolescents, developed a policy brief entitled *Leaving no-one behind: how WFP's approach to HIV-sensitive social protection will help us achieve zero hunger in eastern and southern Africa*.

HIV-sensitivity assessments and advocacy

154. Sensitivity assessments and advocacy supported national efforts to reach Fast-Track social protection targets. A WFP-co-hosted HIV social protection trainer-of-trainers workshop strengthened the capacities of HIV networks, government officials and UN organizations in 15 countries in Latin America and the Caribbean to use the assessment tool to drive policymaking at country level. WFP, ILO, UNICEF, UNAIDS Secretariat and other partners undertook 10 country assessments for HIV-sensitive social protection during the biennium.

155. During the biennium, UNICEF, WFP and partners supported cash-based transfer programmes, including the "Cash Plus" approach for adolescents in the United Republic of Tanzania and the community-based preventive social welfare system for vulnerable children and adolescents in Nigeria, which includes an HIV education component.

156. Sustainable income-generation activities increased access to decent employment and HIV prevention, treatment and care services. In Cameroon, WFP created a Village Saving Loan Association, which reached nearly 1000 beneficiaries living with HIV. UN Women reached over 30 000 HIV-vulnerable women and 6500 women living with HIV with income generation support in 14 countries.

157. UNDP supported 38 countries in HIV-sensitive social protection. For example, following a UNDP-supported study in Sudan, technical support was provided to the Sudanese Ministry of Social Welfare and the Sudanese People Living with HIV Care Association to increase HIV-sensitive social protection measures, including reaching more than 4000 people living with HIV with health insurance cards.

158. ILO supported development of social protection programmes in 94 countries. In the United Republic of Tanzania, ILO and the UNAIDS Secretariat supported the government and national partners to assess the HIV-sensitivity of social protection policies. Findings on gaps around HIV-sensitivity are informing the development of a new social protection policy in the United Republic of Tanzania.

159. WFP provided life-saving nutrition support and social protection during climate shocks to over 130 000 orphans and vulnerable children attending pre-primary school. Orphans and vulnerable children also benefited from access to other services, such as psychosocial support, growth monitoring and early childhood education, including during the El Niño in 2016–2018.

160. The World Bank had 87 active social protection and labour projects, representing investments of US$ 15 billion, benefitting millions of vulnerable people including those living with HIV. For example, a multicounty project in the Sahel with health including HIV services as one of its core components had benefited nearly 1.8 million people as of late 2019.

Key challenges and future actions

161. The integration agenda confronts considerable challenges. UHC continues to be perceived differently by different stakeholders and in different contexts. There is limited understanding of UHC among HIV, SRHR, TB and antenatal care technical experts. There is a need for more collaborative efforts to identify and leverage innovative opportunities for integration. Insufficient political will and financial resources undermine knowledge leadership on the HIV integration agenda and create the risk of sporadic, discrete interventions. Research and development of improved TB diagnostics and more tolerable, shorter treatment regimens, including for multidrug-resistant TB, are urgently needed, especially for children.

162. HIV-sensitive social protection measures must be inclusive, particularly of key populations and unpaid care work in the context of HIV. Limited funding for HIV is hindering agencies' capacities to implement and embed adapted HIV-sensitive programmes and make social protection programmes more inclusive and comprehensive.

163. Moving forward, the Joint Programme will continue to support and promote the UHC agenda. The work will include operationalizing integration tools, such as the SRHR essential package, and supporting STI/HIV, sexual health and gender-based violence interventions and other pertinent components. The Joint Programme will also update the monitoring framework on SRHR linkages.

164. The Joint Programme will build on lessons learned from the ECHO trial results, as well as from regional and country experiences, to strengthen guidance for piloting and scaling up linkages and integration at national level. Cosponsors and the Secretariat will also prioritize the generation of evidence related to the impact of social protection in the context of HIV and support the scale-up of social protection assessments to ensure that HIV-sensitive social protection measures are adequate, comprehensive and cover people living with HIV. In carrying out this work, the Joint Programme will work closely with governments towards implementing reliable, sustainable and accessible social protection schemes across the life course.

Financial Information

Table 1
Expenditure and encumbrances against total core funds by organization (in US$)

Organization	Budget				2018–2019 Core expenditure & encumbrances	% Implementation
	Balance from 2016–2017 allocation	2018–2019 Core Global allocation	2018–2019 Country Envelope	Total Budget		
UNHCR	–	4 000 000	1 237 100	5 237 100	5 237 100	100%
UNICEF	3 755 950	4 000 000	9 711 000	17 466 950	15 859 142	91%
WFP	1 242 500	4 000 000	2 219 400	7 461 900	6 771 795	91%
UNDP	1 795 058	4 000 000	4 357 500	10 152 558	9 441 084	93%
UNFPA	3 043 145	4 000 000	7 148 450	14 191 595	13 354 285	94%
UNODC	381 653	4 000 000	2 870 350	7 252 003	6 877 850	95%
UN Women	1 863 732	4 000 000	1 775 700	7 639 432	7 479 277	98%
ILO	1 024 277	4 000 000	1 660 200	6 684 477	6 449 989	96%
UNESCO	1 730 673	4 000 000	2 501 950	8 232 623	7 710 065	94%
WHO	4 696 693	4 000 000	10 090 350	18 787 043	17 582 917	94%
World Bank	2 096 608	4 000 000	300 000	6 396 608	6 313 762	99%
Secretariat	–	280 000 000	–	280 000 000	266 124 246	95%
Grand Total	**21 630 289**	**324 000 000**	**43 872 000**	**389 502 289**	**369 201 512**	**95%**

Table 2

Expenditure and encumbrances against 2018–2019 country envelope funds by organization (in US$)

Organization	2018 –2019 Country envelope budget	2018–2019 Expenditure and encumbrances	% implementation
UNHCR	1 237 100	1 237 100	100%
UNICEF	9 711 000	9 153 529	94%
WFP	2 219 400	1 626 453	73%
UNDP	4 357 500	3 720 392	85%
UNFPA	7 148 450	7 090 707	99%
UNODC	2 870 350	2 496 197	87%
UN Women	1 775 700	1 615 545	91%
ILO	1 660 200	1 513 890	91%
UNESCO	2 501 950	2 097 766	84%
WHO	10 090 350	8 886 224	88%
World Bank	300 000	300 000	100%
Grand Total	**43 872 000**	**39 737 802**	**91%**

Table 3

Expenditure and encumbrances vs. 2018–2019 estimated non-core funds by organization (in US$)

Organization	Estimated 2018–2019 non-core funds	2018–2019 Non-core expenditure and encumbrances
UNHCR	51 741 000	51 763 950
UNICEF	191 400 000	130 080 706
WFP	55 514 800	42 060 336
UNDP	15 500 000	21 048 010
UNDP (Global Fund)	–	409 265 187
UNFPA	100 972 800	99 444 550
UNODC	7 651 800	10 600 726
UN Women	5 400 000	17 926 054
ILO	8 700 000	7 292 061
UNESCO	11 232 400	21 370 610
WHO	132 310 000	102 100 000
World Bank	8 500 000	8 655 450
Secretariat	40 000 000	82 972 457
Grand Total	**628 922 800**	**1 004 580 095**

Table 4

Expenditures and encumbrances against core and non-core funds by region (in US$)

Region	Core	Country envelope	Non-core	Grand total
AP	32 097 249	7 011 447	94 036 723	133 145 419
EECA	14 500 658	2 293 665	57 286 506	74 080 829
ESA	57 246 528	14 631 130	497 138 274	569 015 931
LAC	20 626 774	4 389 281	41 897 819	66 913 875
MENA	7 816 687	1 379 102	51 932 416	61 128 205
WCA	44 756 282	10 033 177	149 080 650	203 870 109
Global	152 419 532	–	113 207 708	265 627 240
Grand Total	**329 463 710**	**39 737 802**	**1 004 580 095**	**1 373 781 607**

Table 5

Expenditure and encumbrances against core and non-core funds by Strategy Result Area (in US$)

Strategy Result Area	Core	Country envelope	Non-core	Total
SRA 1: HIV testing and treatment	14 155 303	13 783 620	433 851 460	461 790 383
SRA 2: Elimination of mother-to-child transmission	949 923	5 138 113	42 482 792	48 570 828
SRA 3: HIV prevention and young people	12 948 451	8 308 439	93 977 645	115 234 535
SRA 4: HIV prevention and key populations	9 763 172	5 903 169	69 228 769	84 895 110
SRA 5: Gender inequalities and gender-based violence	7 644 986	932 232	52 691 530	61 268 748
SRA 6: Stigma, discrimination and human rights	4 229 373	3 036 989	43 963 588	51 229 950
SRA 7: Investment and efficiency	6 269 832	1 368 277	79 219 729	86 857 838
SRA 8: HIV and health services integration	7 378 425	1 266 962	106 192 125	114 837 513
Grand Total	**63 339 464**	**39 737 802**	**921 607 638**	**1 024 684 905**

Table 6

Core Expenditures and encumbrances by Secretariat Function (in US$)

Secretariat Function	Budget	Expenditures and encumbrances	% implementation
S1: Leadership, advocacy and communication	67 661 000	64 672 721	96%
S2: Partnerships, mobilization and innovation	60 158 000	56 441 431	94%
S3: Strategic information	31 775 000	29 327 862	92%
S4: Coordination, convening and country implementation support	64 844 000	61 493 687	95%
S5: Governance and mutual accountability	55 562 000	54 188 545	98%
Grand Total	**280 000 000**	**266 124 246**	**95%**

Table 7

Expenditures and encumbrances vs. 2018 –2019 estimated non-core funds by Secretariat Function (in US$)

Secretariat Function	Estimated 2018–2019 non-core funds	Expenditures and encumbrances
S1: Leadership, advocacy and communication	14 030 000	13 082 259
S2: Partnerships, mobilization and innovation	6 675 000	28 795 940
S3: Strategic information	6 885 000	7 984 391
S4: Coordination, convening and country implementation support	11 110 000	30 958 377
S5: Governance and mutual accountability	1 300 000	2 151 489
Grand Total	**40 000 000**	**82 972 457**