

UNAIDS 2023

Result Area 10: Humanitarian settings and pandemics

2022 Results report

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Result Area 10: Humanitarian settings and pandemics

Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$3,988,300	\$3,800,327	\$49,204,700	\$43,018,066	\$53,193,000	\$46,818,393

Joint Programme 2022 results

Strengthened diagnosis, management and outcome monitoring for people living with HIV and people with HIV/TB, as well as response to health and protection needs in humanitarian settings through disseminated and promoted guidance.

In 2022, the frequency and magnitude of climate shocks, droughts and floods, as well as conflict and a global food crisis, led to more humanitarian emergencies, forced displacement, food insecurity, poverty and sexual violence. In humanitarian settings, unsafe living conditions, a heightened risk of sexual violence and negative coping strategies can contribute to increased rates of HIV transmission. Additionally, access to HIV treatment is often interrupted due to procurement disruptions and the closure or reduced operations of health facilities. Where treatment is still available, insecurity, lack of access to food, and the loss of documents can undermine treatment adherence.

UNAIDS, in 2022, brought its expertise and learning to bear in influencing efforts to ensure robust and people-centred pandemic prevention, preparedness and response. As the world continues to recover from the profound residual effects of the COVID-19 pandemic, the Joint Programme continued to use results, learnings and lessons from the HIV and COVID-19 responses to advance pandemic preparedness.

Humanitarian responses. In 2022, actions by the Joint Programme strengthened HIV responses for people in humanitarian settings. UNHCR and WHO, together with the US CDC, developed a [joint interagency field guide on TB prevention and care among refugees and other populations in humanitarian settings](#).

WFP published a series of situation reports and field briefs, detailing successful operations and best practices to deliver life-saving food and nutrition support, while advocating for funding to reach more beneficiaries.

Indicator progress in humanitarian settings and pandemics (RA 10)

- **42 countries¹** implemented interventions/ services for key populations in **humanitarian settings**.²
- **35 countries** had specific measures in place for vulnerable persons living with HIV and HIV/TB in **humanitarian settings** to promote health and well-being.³
- **53 countries** also reported the **inclusion of priority HIV services** in national pandemic preparedness and response plans or frameworks.

¹ Countries with a humanitarian setting.

² Interventions included HIV testing services (43 countries); HIV treatment and care (41 countries); distribution of condoms and water-based lubricants (37 countries); and treatment of STIs (35 countries).

³ This included in-kind and food assistance (45 countries); cash-based transfers (34 countries); and integration into national social safety nets (29 countries).

An updated e-learning course for the clinical management of rape and intimate partner violence, jointly developed by the WHO, UNHCR and UNFPA, was finalized and made available on the UNHCR (2022) and WHO (2021) learning platforms. UNHCR co-developed an innovative [e-learning course for working with LGBTIQ+ populations in situations of forced displacement](#).

WFP provided food and nutrition support to vulnerable pregnant and breast-feeding women living with HIV and TB in humanitarian, refugee and other food-insecure contexts. For example, in Somalia, WFP continued its efforts to provide nutrition support to malnourished people living with HIV and TB clients through the Nutrition Assessment, Counselling and Support programme. In the Cabo Delgado province of Mozambique, where nearly one in three inhabitants are internally displaced due to armed conflict, WFP led an integrated project, combining HIV/TB prevention and treatment services with nutrition rehabilitation, food assistance and general health care. Implemented in 10 displacement camps in partnership with a local nongovernmental organization, "Associação Social de Apoio Comunitario", the project tested 13 230 people for HIV. The positivity rate was almost 5% and 27% of people living with HIV and TB were identified as being malnourished.

UNHCR supported the continuation of HIV prevention and treatment services for refugees, other forcibly displaced persons, and persons affected by humanitarian emergencies. Loss to follow-up of infants born to women living with HIV remains a major challenge in some refugee settings, often due to inter-settlement and cross-border movements. Efforts are continuing to reduce this through community-based interventions for early identification; pregnancy mapping; safe and confidential follow-up through community/village health teams; integrated outreach from clinics, including infant and young child feeding; and clinical support.

Responding to the mpox outbreak. The Joint Programme contributed to the global response to the outbreak of mpox in non-endemic countries. The outbreak disproportionately affected networks of gay, bisexual and other men who have sex with men, and led to more severe disease outcomes among people with untreated HIV. WHO, supported by the UNAIDS Secretariat, convened communities across all regions to inform the response. HIV services and infrastructure were used in the outbreak response which has continued, especially in the Latin American region, into 2023. Several regions documented best practices, which WHO shared at the 2022 International AIDS Conference. WHO also advocated for a sexual rights approach to mpox, taking account of the role of stigma and discrimination. Its communications, community engagement and social media mpox campaign prioritized active listening to the testimonies from people who had mpox, and health messaging, research and public health interventions were adapted accordingly. The campaign reached 63 million users across Facebook and Instagram.

Essential health services, including HIV services, that have been disrupted by COVID-19 continued and restored; and more resilient systems for health and pandemic preparedness supported in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.

In 2022, the Joint Programme continued to help countries address key factors for effective progress towards the global AIDS targets in the context of ongoing and future pandemics and other health emergencies. The Joint Programme worked to build more resilient health systems and strengthen capacities for pandemic prevention, preparedness and response by drawing on lessons from the HIV response.

Support for robust pandemic preparedness. The Pandemic Fund, a collaborative partnership hosted by the World Bank and with WHO as a technical lead, was launched to finance investments to strengthen pandemic prevention, preparedness and response

capacities at national, regional and global levels, with a focus on low- and middle-income countries. UNAIDS Secretariat and WHO have played an important advocacy and influencing role in contributing to the key principles and elements that framed the conceptual zero draft and the zero draft of the Pandemic Prevention, Preparedness and Response Accord (PPPR). As an invited observer member of the Intergovernmental Negotiating Body, set up by Member States to draft and negotiate the PPPR accord, the UNAIDS Secretariat submitted several written statements and recommendations that were informed by lessons learned from 40 years of the HIV response. It also shared insights on how the infrastructure, systems strengthening, tools and investments that built the global HIV response have already been effectively leveraged to better respond to other pandemics and health emergencies.

Mobilization of funding in humanitarian and other fragile settings. As detailed in [The inclusion of refugee and internally displaced persons in Global Fund applications 2020–2022](#) report, inclusion of refugees in Global Fund proposals has increased significantly. The Joint Programme contributed to this major shift by providing strategic data, analysis and guidance on effective interventions. From 2017 to 2021, for HIV activities, the inclusion of refugees increased from 15% to 60%, while inclusion in TB activities improved from 50% to 69%. In 2022, operations began under [the International Development Association's 20th replenishment](#), which includes a record US\$ 30 billion in financing for countries affected by fragility, conflict and violence

Mobilization of funding for the COVID-19 response. The Joint Programme sustained and evolved its response to the COVID-19 pandemic to contribute to that response, preserve essential HIV services and help build a strong foundation for pandemic preparedness. UNDP supported 41 countries (30 countries and one regional grant covering an additional 11 countries) to access the Global Fund's COVID-19 Response Mechanism resources to mitigate the impact of COVID-19 on HIV, TB and malaria responses, strengthen systems for health and bolster pandemic preparedness. From January 2021 to the end of fiscal year 2022, the World Bank approved more than US\$ 10 billion for nearly 80 countries to help them purchase and distribute vaccines, tests and treatments.

Responding to the Ukraine crisis. In 2022, the Joint Programme responded to the urgent needs of people living with and at high risk of HIV in Ukraine, which has the second-largest HIV epidemic in eastern Europe and central Asia. To ensure continued access to life-saving HIV services as part of the humanitarian response in Ukraine and neighbouring countries, the Joint Programme closely collaborated with national and local authorities, as well as with many community-led organizations. The work focused on supporting people living with HIV and key populations by sustaining access to HIV prevention and treatment services, providing logistical and supply chain support, as well as guidance and trainings, providing operational support in the form of food and cash assistance, mobilizing additional resources.

In Ukrainian refugee-hosting countries, refugees were referred to medical services to enable access to health care, including continuation of treatment for persons living with HIV, for example through Blue Dots (UNHCR- and UNICEF-supported children and family support hubs), internet portals and hotlines. UNICEF procured HIV diagnostics to test and confirm the HIV status of nearly 1 million people, including pregnant women and children, and to monitor the treatment effectiveness of 200 000 people. The World Bank mobilized more than US\$ 20.6 billion in emergency assistance financing, which reached more than 12 million Ukrainians.

Responding to Ebola. UNICEF, WHO and the UNAIDS Secretariat, together with other actors, responded to an Ebola virus disease outbreak in Uganda. UNICEF leveraged the experience gained during past Ebola outbreaks, as well as in the COVID-19 response, to ensure continuity of essential HIV services for women and children. It did so by using the

existing civic engagement platform "U-Report" to support community engagement and feedback, by training health workers on relevant guidelines, and by supporting district health departments to closely monitor service utilization and access.

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