

ORGANIZATIONAL REPORT 2020–2021 PERFORMANCE MONITORING REPORT

Additional documents for this item:

- i. UNAIDS Performance Monitoring Report 2020–2021: Executive summary (UNAIDS/PCB (50)/22.8)
- ii. UNAIDS Performance Monitoring Report 2020–2021: Strategy Result Area report (UNAIDS/PCB (50)/22.9)
- iii. UNAIDS Performance Monitoring Report 2020–2021: Regional and country report (UNAIDS/PCB (50)22.10)
- iv. 2016-2021 UBRAF Indicator Scorecard (UNAIDS/PCB (50)/CRP1)
- v. 2020-2021 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (UNAIDS/PCB (50)/CRP2)

Action required at this meeting: The Programme Coordinating Board is invited to:

take note, with appreciation, of the 2020-2021 Performance Monitoring Report, including its scope and depth;

encourage all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning.

Cost implications for implementation of decisions: none



ORGANIZATIONAL REPORT



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UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO UNHCR'S MANDATE

1. UNHCR, the UN Refugee Agency, works with key partners, including governments, humanitarian actors and communities, to address HIV across the cycle of humanitarian responses. UNHCR works in 135 countries, with 90% of personnel based in field locations.
2. HIV is not just a health issue, but also a human rights issue. UNHCR's protection mandate and expertise has contributed to significant progress in ensuring that the rights of forcibly displaced populations are protected in the context of HIV. As a multisectoral agency, UNHCR promotes integration of HIV in protection, health, social protection, education, gender equality and responses to gender-based violence, among others. This includes interventions that address the structural barriers that increase risk and vulnerability to HIV.
3. UNHCR's [Global strategy for public health 2021–2025](#) aims to progress further towards the health-related SDGs, requiring attention to both health service provision and the social determinants of health. The right to health requires that health services are available, accessible and adapted to meet the needs of all persons, with particular attention to groups at greatest risk, in accordance with UNHCR's [Age, Gender and Diversity policy](#). UNHCR works with governments and partners to design and monitor health services that promote and support equitable outcomes, including for people in forced displacement.
4. UNHCR promotes the inclusion and integration of refugees into national systems, including health, education and social protection, in line with the Global Compact on Refugees. According to preliminary data from 35 refugee hosting countries, 32 are recipients of Global Fund grants for tuberculosis (TB) and 31 (97%) of these countries provide TB treatment to refugees. In addition, 33 operations are Global Fund grant recipients for HIV and 30 (91%) provide antiretroviral therapy (ART) to refugees.
5. Fundamental to UNHCR's work are partnerships with national and international civil society organizations to support service delivery and jointly develop approaches. UNHCR is working to expand partnerships with national civil society organizations, currently constituting 62% of its NGO partners in health and nutrition, as well as academic and other national institutions. In Chile, UNHCR collaborated with the National Network of LGBTQI+ refugees and migrants to strengthen the network of nine national organizations, promote visibility of their support for LGBTQI+ refugees and migrants, and influence public policies.
6. High-quality, life-saving gender-based violence programming and risk mitigation within the humanitarian response is an institutional priority for UNHCR. In 2020–21, UNHCR and its partners implemented multisectoral action to prevent and respond to gender-based violence, providing medical and psychosocial services, protection and legal services, including the provision of post-exposure prophylaxis to survivors of sexual violence. Awareness-raising and capacity building were conducted at community level with partners and local authorities on gender-based violence prevention and response in a culturally sensitive and appropriate manner. In Ecuador, UNHCR donated 492 paediatric PEP kits to the Ministry of Health, allowing the expansion of gender-based violence care to 134 health-care units in 24 provinces.
7. UNHCR promotes access to asylum procedures and protection from expulsion, arbitrary detention, unlawful restrictions on freedom of movement

including the right to return (regardless of HIV status) in the context of voluntary repatriation, and an end to mandatory testing for asylum seekers, refugees, internally displaced populations and other marginalized groups. In several countries, UNHCR intervened to prevent the refoulement (or forced return) of refugees living with HIV and linked them to treatment and care or arranged resettlement to a third country.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Continued progress in refugee inclusion in national health, education and social protection, plans, strategies and systems.** According to preliminary results from a survey of 47 UNHCR country operations, 42 countries (89%) provide access to ART through the national system for refugees and 39 countries (83%) provide, ART under the same conditions as nationals.
- **Progress in diagnosis and linkages to treatment and care.** Across UNHCR's refugee operations and in conjunction with ministries of health and partners, 271 815 people in 2021 received HIV testing and counselling (161 914 females and 67 763 males aged 18 years; 24 001 females and 18 137 males younger than 18 years). Among them, 2,280 people tested HIV-positive and 2,118 (93%) were newly initiated on ART.
- **Maintained and adapted specialized programming to prevent and respond to gender-based violence throughout the different stages of the COVID-19 pandemic.** In 2021, 89 742 survivors received psychosocial counselling, 4,066 received legal assistance and 3,845 received medical assistance.
- **Joint roll-out of the UNHCR and UNFPA [operational guidance on responding to the health and protection needs of people selling or exchanging sex](#).** The guidance was rolled out through joint webinars with some 100 participants; internal global and regional webinars with some 250 participants, including partners in humanitarian settings; and focused support to 9 countries with some 200 participants. In 2021, 19 UNHCR country

operations indicated that specific health and protection services were available to refugees who engage in the sale of sex.

- **Launch of [“COVID-19 and HIV in humanitarian situations: considerations for preparedness and response”](#)** publication by UNHCR and WFP, in conjunction with the UNAIDS Secretariat, in 2020. Guidance was also provided remotely to actors in or supporting humanitarian contexts on the integration of HIV in COVID-19 preparedness and response.

Contribution to progress towards the Sustainable Development Goals

8. To advance towards the Sustainable Development Goals (SDGs), UNHCR played a leading role in supporting life-saving sexual and reproductive health (SRH) programming in emergencies in over 48 countries. UNHCR's work on the ground contributes not only to the health goal (SDG 3), but also to a number of other SDGs, including: ending poverty (SDG 1); eliminating hunger and malnutrition (SDG 2); ensuring quality education for all (including refugees) (SDG 4); promoting gender equality (SDG 5); clean water and sanitation for all (SDG 6); economic empowerment and inclusion (SDG 8); and reducing inequalities (SDG 10).
9. The essence of the SDGs is to “leave no one behind”, including refugees as well as stateless and internally displaced people, who are often neglected, invisible, stigmatized and excluded. While refugees and internally displaced people are not explicitly mentioned in the 17 SDGs, they are specifically highlighted in the 2030 Declaration, which forms part of the overall 2030 Agenda, recognizing that the SDGs cannot be achieved without ensuring equal rights and progress for refugees and other persons of concern. UNHCR's operations work to serve and support multiple, diverse populations at risk of being left behind, including those at risk for or affected by HIV; [adolescents and youth](#); [people with disabilities](#); survivors of gender-based violence; LGBTQI+ persons and the poorest of the poor.
10. Contributing to the global goal of ending AIDS by 2030 and in line with the vision of the new global AIDS strategy, UNHCR supported HIV

programming in over 48 countries. To promote equity and inclusion, UNHCR continued to advocate with national governments and international donors, resulting in increased inclusion of people of concern in national policies and programmes and enhanced access to HIV services. As a UNAIDS cosponsor, UNHCR worked with partners at national, regional and global levels to scale up services for adolescents, improve health and protection services for people who sell or exchange sex and strengthen TB programming and linkages with HIV care.

HIV in the context of the COVID-19 response

- 11.** To protect the health, human rights and security of refugees, internally displaced and stateless populations (including, but not limited to those living with or at risk of HIV), UNHCR acted to reduce the significant risks posed by HIV in the context of COVID-19. UNHCR supported evidence-based measures to protect livelihoods, reduce socioeconomic vulnerability (of individuals, households and communities) and foster agency and dignity in the face of the multifaceted devastation wrought by the COVID-19 pandemic.
- 12.** UNHCR scaled up cash-based interventions that reduced vulnerability, helping meet basic needs and facilitating access to services and protection. Evidence suggests that cash offers people more choices and that it is a [preferred modality](#) of assistance. In 2021, UNHCR delivered some US\$ 670 million to 10.7 million people in over 100 countries, including in challenging contexts, such as Afghanistan, the Democratic Republic of the Congo and Yemen. [Post-distribution monitoring](#) in more than 60 countries in 2021 [found that](#) cash assistance was effective in responding to people's needs and helping to improve their overall well-being. Nevertheless, vulnerability persists. Data from over 44 countries confirm that refugees receiving cash assistance are still unable to fully meet their basic needs (73% of the households reported that they can meet only half or less of their basic needs).
- 13.** UNHCR intensified efforts to ensure that all refugees and persons of concern have access to life-saving and essential health services, as well as vaccination, including through inclusion in national health programmes, and access to services that promote mental health and psychosocial wellbeing. A major focus was on the continuity of essential services, including services for people living with HIV. At country level, UNHCR and partners supported activities to maintain access to essential services, while at the same time reducing risk of exposure to COVID-19, including through adapted service delivery through community volunteers and mobile phone consultations. In Chad, nearly 1,000 refugees and host community members living with HIV benefited from multimonth dispensing of ART to overcome movement restrictions. Community-based distribution reduced the need for monthly clinic visits, and a WhatsApp group for psychosocial counsellors was created to facilitate remote communication.
- 14.** UNHCR successfully advocated for the inclusion of refugees in national COVID-19 vaccination plans and implementation, including for high-risk groups such as persons living with HIV. In 2021, 162 countries included refugees in their national COVID-19 vaccine plans. Despite the slow vaccine roll-out in a number of humanitarian settings, encouraging progress has been seen in the number of countries providing access to vaccines. By the end of 2021, 4.79 million doses of COVID-19 vaccine had been distributed to some 3.25 million refugees and other forcibly displaced people in 66 countries. An additional 72 countries confirmed to have started vaccinating refugees, asylum-seekers, stateless persons and internally displaced persons.
- 15.** UNHCR reported a surge in intimate partner violence, child marriage, teenage pregnancy, and sexual exploitation and abuse during the COVID-19 pandemic. At the same time, access to essential health and protection services was reduced due to social restrictions, requiring intensified efforts to ensure services were accessible to women and girls. This was done by shifting to remote service provision (including 24/7 gender-based violence hotlines) and strengthening collaboration with community-based structures, displaced women-led organizations and local partners. Those actions were combined with community-based outreach and referrals, information campaigns and targeted assistance.

16. Despite the adversities, forcibly displaced women and girls continued to play a key role in the frontline response to, and recovery from, the COVID-19 pandemic. UNHCR supported local responses by building on the strength and capacities of women and girls, promoting their full participation in the pandemic response, decision-making and leadership structures. Collaboration with women-led organizations, in all their diversity, was strengthened through a mix of collaboration for outreach work, support for leadership skills and self-management, and use of telecommunications and virtual tools. In Malaysia, UNHCR partnered with refugee women and nongovernmental organizations (NGOs) in a social media project to facilitate virtual safe spaces and support women’s general well-being and positive coping strategies, as well as their response to gender-based violence, during the pandemic.

seekers of other nationalities. About 61% of the 1.3 million Venezuelans in Peru are in an irregular migratory situation. In this context, people living with HIV face significant difficulties accessing treatment, due to lack of documentation. In 2021, UNHCR successfully advocated for an amendment to the Ministry of Health policies regarding comprehensive assistance for foreign citizens in Peru living with HIV. The amendments simplified the procedures that were required prior to starting ART and reduced the number of tests required to be eligible for therapy. In 2021 UNHCR and its partner PROSA provided legal guidance to some 1,700 Venezuelan refugees, asylum-seekers and migrants living with HIV and/or part of the LGBTIQ+ community to regularize their migratory status, obtain the required documentation and gain access to the national health system.

Case study: Peru regularization of stay for Venezuelan refugees and migrants living with or at risk of HIV

17. As of end of 2021 there were some 1.2 million Venezuelan refugees and migrants in Peru, as well as some 3,200 refugees and over 532 000 asylum-



UNITED NATIONS CHILDREN'S FUND (UNICEF)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO UNICEF'S MANDATE

- 18.** As part of its mission to end inequalities for all children, UNICEF envisions an AIDS-free generation where all children and their families are protected from HIV infection and are able to access high-quality treatment and care if they are living with HIV. In the past four years, progress toward addressing longstanding gaps in access to HIV treatment and prevention for mothers, children and adolescents has slowed, halted or even reversed in some contexts. To overcome these challenges, UNICEF is working to ensure that the HIV treatment and service continuum is strengthened within a rights-based programming approach that addresses structural factors—such as poverty, lack of education and gender-based violence—that increase HIV acquisition risks for children, adolescent girls and young women.
- 19.** This approach enables the integration of HIV into strategic planning and programme design across all of UNICEF's core interventions, including health, child protection, education, social policy and emergency and humanitarian response. For example, UNICEF's HIV response is part of a broader effort to strengthen health systems and ensure that primary health care services, especially at the community level, are adequately supported to provide timely HIV diagnosis, treatment and care. UNICEF's social protection and social policy programmes include special consideration for structural factors, including gender inequality, that place girls and young women at higher risk of HIV infection. In addition, UNICEF strives to ensure that social protection services are HIV-responsive. These include cash transfers and education subsidies, which can help address the specific needs of children, adolescents and pregnant women living

with or at higher risk of HIV. UNICEF supports governments to scale up inclusive education that takes into account the ways in which life-skills and comprehensive sexuality education can help children and adolescents keep themselves safe and prevent HIV infection.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Innovation in diagnostics and leveraging HIV-based services and expertise to advance the COVID-19 response.** UNICEF and partners supported 10 countries in western and central Africa to strengthen national capacity for point-of-care early infant diagnosis and monitor viral load in patients receiving ART. This catalytic initiative responds to challenges that hinder diagnosis and treatment for children within the critical first two months of life, bringing rapid and accurate diagnosis capabilities to local health centres for the first time. UNICEF further leveraged the multidisease testing capacity of point-of-care diagnostic devices for widespread use during the COVID-19 pandemic. It is building on lessons learned for the ongoing roll-out in the region and elsewhere around the world.
- **Advances in HIV combination prevention for adolescent girls and young women.** UNICEF supported the Global Fund's Adolescent Girls and Young Women Strategic Initiative 2020–2022 to develop a sustainable, defined package of services for adolescent girls and young women (aged 15–24 years) within national strategies and budgets. In Botswana, Cameroon, the Democratic Republic of the Congo, Eswatini, Lesotho and Zimbabwe, UNICEF provided technical assistance to countries receiving Global Fund grants to advance the delivery of combination prevention interventions for adolescent girls and young women. Key thematic areas included implementation and scale-up of pre-exposure prophylaxis (PrEP); strengthening linkages and referral pathways between community and

facilities and across health and other sectors; roll-out of quality assessment frameworks for improved Global Fund grant performance; and developing and strengthening sociobehavioural change communication packages to include messaging for adolescent girls and young women, and their communities.

- **Smarter use of differentiated data to target interventions where they are most needed.**

Improved data collection and analysis can identify the main inequalities, gaps and vulnerabilities, showing where the greatest gains can be achieved for maternal child and adolescent HIV health. UNICEF and partners supported the development and roll-out of the Paediatric Service Delivery Framework, which defines data mapping processes to pinpoint service delivery gaps and determine optimal treatment outcomes for children. In 2021, the framework was used to advance programming for children in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda. The Framework has generated strong support from governments and communities alike. In addition, UNICEF, UNAIDS and WHO developed the Last Mile to EMTCT Framework. Countries, particularly in sub-Saharan Africa, are using it to improve their data and strengthen their strategies and programming for the prevention of mother-to-child transmission (PMTCT) by addressing gaps in PMTCT and contextual priorities.

- **Keeping the spotlight on elimination of mother-to-child transmission of HIV.** UNICEF and partners in the Joint Programme continued to support countries to be validated as having eliminated mother to child transmission (EMTCT) of HIV. This is an important recognition of a country's efforts to end AIDS and it helps to generate and maintain governments' attention and commitment to the HIV response. Importantly, in 2021, Botswana became the first high-burden country to be certified by WHO for achieving an important milestone on the path to eliminating mother-to-child transmission of HIV.

- **Promoting learning from COVID-19 programming to address inequities and improve quality of care.** The COVID-19 pandemic has highlighted the vulnerability of women and children living with and at risk for HIV. The sudden disruption of

prevention and treatment services in many countries and communities resulted in significant negative consequences for these populations. The majority of people living with HIV live in regions of the world where COVID-19 prevention and treatment options are limited. UNICEF is working with partners to ensure that the global response to COVID-19 includes a simultaneous focus on all neglected health and development issues, including HIV, and on strengthening health systems to achieve universal health care, especially for the most marginalized populations.

Contribution to progress towards the Sustainable Development Goals (SDGs)

20. Since 2000, when the first PMTCT programmes began in the highest-burden countries, 2.5 million HIV infections and 1.2 million deaths have been averted among infants and young children (aged 0–5 years) as a result of HIV prevention efforts. The number of AIDS-related deaths among children and adolescents aged 0–19 years fell by 53% from 2000 to 2020, and younger children infected with HIV at birth are now much more likely to survive into adulthood than two decades ago.
21. The past two decades hold several lessons for maximizing health benefits for women and children living with and at risk for HIV. The era of siloed vertical programming for HIV is over, replaced by an emphasis on service integration. Accelerated progress on the SDGs in this “Decade of Action” to 2030 will require HIV responses to be anchored more firmly within the broader health and development efforts, placing child rights at the centre of programming and targeting the underlying inequalities that drive the HIV epidemic.
22. Achieving SDG 3 and the closely linked goals of improving nutrition (SDG 2) and reducing preventable disease, malnutrition and other health issues as a result of poor water, sanitation and hygiene (SDG 6), requires a global shift from treating diseases to strengthening health systems. UNICEF supports primary health care, especially at the community level, to help achieve Universal Health Coverage (UHC), as mandated by the SDGs. This includes ensuring that HIV treatment and care is delivered in an integrated way with other health services, with robust community engagement to

ensure that health and HIV services reach the most marginalized children and young people.

23. UNICEF's approach to strengthening education (SDG 4) includes a shift towards supporting a breadth of skills to equip children and young people to navigate personal, social, academic, economic and environmental challenges. This includes school-based programmes for HIV and sexually transmitted infection (STI) prevention, as part of comprehensive sexuality education; promotion of treatment adherence; and measures to combat stigma and discrimination. UNICEF also promotes overall health and well-being by focusing on ending child poverty (SDG 1), strengthening child protection and ensuring social inclusion for all children (SDG 10). UNICEF implements HIV-sensitive social protection measures that help to mitigate the risky behaviours associated with HIV infection and support the income of households with HIV-positive members. UNICEF works with communities to protect children from violence, exploitation and abuse, which are risk factors for HIV infection.

24. UNICEF supports SDG 5 by recognizing that gender inequalities affect children everywhere, every day. While harmful gender norms, discrimination, gender-based violence and forced and early marriage all heighten the risk of unwanted pregnancy, HIV infection and malnutrition, many girls cannot access the information and products they need to stay healthy and safe. UNICEF has prioritized improvements in the quality of maternal health care and nutrition, and of HIV testing, counselling and care for pregnant women. Targeted actions for adolescent girls include promoting health, nutrition and pregnancy care, as well as the prevention of HIV. UNICEF works to ensure that children and adolescents, as well as pregnant and breast-feeding mothers of all ages, have access to interventions that fast-track progress towards ending AIDS as a public health threat.

HIV in the context of the COVID-19 response

25. COVID-19 has shown that without a health system that is fit for purpose, hard-fought gains in HIV, immunization, antenatal care and child and adolescent health are at risk when a global

pandemic occurs. Many people living with HIV quickly found themselves unable to access care, treatment refills and other essential services. This was compounded by broader health, social and economic disruptions related to the COVID-19 response, including school closings, travel restrictions, loss of formal and informal income-generating activities, and upsurges in domestic violence.

26. UNICEF and partners worked with governments to rapidly introduce innovations, including multimonth antiretroviral (ARV) prescriptions, virtual consultations and community-based treatment posts, to sustain services and support treatment continuity for people living with HIV. For example, in Guatemala UNICEF, the UNAIDS Secretariat and the Association for Educational and Cultural Services worked to overcome mobility restrictions by piloting a radio programme to reach 1.6 million vulnerable adolescents and young people with HIV and prevention information, across nine less-privileged northern regions, spanning six different local languages. In Thailand, UNICEF and partners supported communities using digital platforms, generating a 42% increase in psychosocial support each month during COVID-19 lockdowns and mobility restrictions.

Case study: Leading the way forward to an AIDS-free generation: Botswana certified as on the path to elimination of mother-to-child HIV transmission

27. 2021 saw a landmark achievement in the global effort to end mother-to-child transmission of HIV. Demonstrating the power of strong partnerships between the government, the Joint Programme, and front-line health service providers, Botswana became the first country in the world with a high HIV burden to be certified by WHO as being on the path to EMTCT. Although new HIV infections among children aged 0–9 years have fallen globally by 52% since 2010 due to prevention efforts, high-burden countries face enormous challenges to reduce vertical transmission further. Botswana has the third highest HIV prevalence among pregnant women in the world (20%, compared with 27% in Eswatini and 23% in Lesotho). HIV prevalence among pregnant women in Botswana used to be as high as 30%.

- 28.** To date, 15 countries have been validated for EMTCT of HIV and/or syphilis. To recognize the considerable achievements of high-burden countries (defined as HIV maternal seroprevalence >2% and syphilis maternal seroprevalence >1%), the Path to Elimination framework was introduced in 2017, with progressively higher targets, representing “bronze”, “silver” and “gold” tiers on a continuum towards full validation. Botswana has now achieved the “silver tier” status, bringing the country closer to EMTCT. WHO awards this certification to countries that have reduced their mother-to-child HIV transmission rates to under 5%; provided antenatal care and ARV treatment to more than 90% of pregnant women; and achieved an HIV case rate of less than 500 per 100 000 live births.
- 29.** Botswana’s achievement is the result of government leadership, including a national, domestically funded response strategy spanning two decades, and strong political commitment at the highest levels. UNICEF, WHO, technical agencies and national and global civil society groups have supported the country’s policies, guidelines and strategic plans in line with WHO recommendations, and helped to ensure a well-implemented PMTCT service delivery model that is integrated with health and HIV services at all levels of the health system.
- 30.** UNICEF and WHO worked with the Government of Botswana to prepare for the certification exercise by ensuring quality of HIV data and providing technical expertise for data analysis. UNICEF and partners also developed strategies and methods to complete this process remotely, given restrictions due to the COVID-19 pandemic, with regional and global experts coordinating virtually with colleagues in Botswana. Botswana’s certification is an important recognition of the country’s efforts to end AIDS, and it can serve as an example for other high-burden countries in the region. This will help to generate and sustain governments’ commitments to the HIV response by demonstrating concrete progress towards 95–95–95 goals by 2030.



WORLD FOOD PROGRAMME (WFP)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO WFP'S MANDATE

31. As the world's largest humanitarian agency, the World Food Programme (WFP) uses its "last-mile" expertise to reach people who are left furthest behind and most vulnerable, working with partners to ensure access to food and nutrition support among people living with, at risk of and affected by HIV. In 2020–2021, WFP supported nearly 50 countries in integrating food and nutrition into national HIV and TB responses, and assisted 720 000 people living with HIV and TB and their families to meet their basic nutritional needs via direct support (in the form of food, cash or vouchers) across all regions world-wide, including conflict-affected and emergency contexts. WFP reached tens of thousands of additional beneficiaries through its HIV- and TB-sensitive programming which included general food distribution and school feeding, as well as individual capacity-strengthening activities, such as social behavioural change communication. WFP support helps improve households' socioeconomic and food and nutrition security situation, contributing to improved treatment access and adherence for vulnerable groups, while reducing high-risk behaviours to prevent and reduce the transmission of HIV and TB.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **High-level regional social protection workshop in western and central Africa.** WFP actively collaborated with ILO and the UNAIDS Secretariat, together with UNICEF and the Civil Society Institute for Health and HIV, in organizing a virtual regional workshop that brought together over 100 participants from governments, UN agencies, civil society organizations, NGOs, academia and other partners from 10 countries. Each country had representation from both the HIV and social protection spheres.
- **Regional social protection convening in eastern and southern Africa.** A similar initiative was undertaken in eastern and southern Africa, where WFP partnered with the Economic Policy Research Institute, the ILO and the UNAIDS Secretariat to conduct a regional workshop on advancing the regional HIV-sensitive social protection agenda. This provided a platform for interactive learning and discussion on designing, implementing, financing and managing inclusive social protection systems in the region.
- **Country-level social protection advances.** In Djibouti, WFP spearheaded the HIV-sensitive social protection agenda, working with the Ministry of Health and the Ministry of Social Affairs and Solidarités (Ministère des Affaires Sociales et des Solidarités). In 2020–2021, support was offered to households affected by HIV throughout the COVID-19 response via paper vouchers to address their food security and nutrition needs. The voucher was accompanied by awareness-raising about the national social protection programmes, with a specific focus on the Programme National de Solidarité Famille (National Programme of Family Solidarity) and to foster enrolment in the social registry. Supported with European Union funding and overseen by the WFP Djibouti Country office, over 200 households were enrolled in the social registry through this programme.
- **Generating evidence on the links between HIV and food and nutrition security in southern Africa.** WFP's regional bureaux for southern and eastern Africa initiated research in collaboration with the University of Oxford, the University of Cape Town and the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub in 2020. The collaboration generated evidence for southern Africa that highlights the bidirectional and multifaceted links between food and nutrition security, HIV and social protection, with a specific focus on the extreme and disproportionate risk young girls face. Further research is planned and regional advocacy materials will be finalized in 2022.

- **Logistical and supply chain expertise.** Across the biennium, WFP provided logistical and supply chain expertise to the Global Fund, helping it to better assess current stocks and future need for medications, as well as the storage of medications and other supplies. Together with the Global Fund, WFP provided support in the form of nonfood HIV-, TB-, malaria- and COVID-19-related commodities worth US\$ 139 million from thousands of delivery points globally.

Contribution to progress towards the sustainable development goals

32. The World Food Programme Strategic Plan for 2022–2025 aligns the organization’s work to the 2030 Sustainable Development Agenda’s global call to action, which prioritizes efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian and development efforts.

33. WFP’s strategic priorities are focused on combatting the key drivers of hunger in order to support countries in their efforts to achieve the SDGs, guided by SDG 2 on ending hunger and malnutrition and SDG 17 on revitalizing partnerships for the implementation of the global development agenda. As conflict, climate crises and economic shocks become more frequent, WFP’s strategic priorities will be to support people in meeting their urgent food and nutrition needs and achieving better nutrition, health, education and sustainable livelihoods. Work on these priorities can also contribute to improved health and well-being around the world by supporting vulnerable and often-left-behind populations, such as people living with HIV and TB.

Emergency and crisis-affected settings

34. Effective responses to humanitarian emergencies advance gains across the SDGs, including SDG 1 (poverty), SDG 2 (hunger and food security), SDG 3 (health), SDG 5 (gender equality), SDG 11 (safe and resilient cities and human settlements), SDG 13 (climate change) and SDG 16 (peaceful and inclusive societies for sustainable development).

35. In 2021, nearly 300 million people required humanitarian assistance. In humanitarian contexts, WFP ensures that food and nutrition needs are adequately addressed among displaced, refugees and other emergency and crisis-affected populations, including those living with and affected by HIV/TB. WFP continues to leverage its “last-mile” supply chain and logistics capacity to deliver HIV life-saving commodities in fragile and conflict-affected states.

36. During humanitarian emergencies, forced displacement, food insecurity, poverty, sexual violence, disruption of services and health system collapse can lead to increased vulnerability to HIV infection or interruption of treatment. To mitigate these effects, WFP provided food transfers in the form of in-kind, cash and vouchers to the most vulnerable people living with HIV/TB and their families in dozens of humanitarian, refugee, and other fragile contexts world-wide.

37. In South Sudan, WFP’s Institutional Feeding Programme was implemented in over 100 health and nutrition facilities in host and refugee community sites, with most of the sites concentrated in areas of high HIV prevalence. During programme implementation, partners implemented measures and guidance on social distancing, as well as respiratory and physical hygiene. WFP reached over 77 000 people living with HIV and/or TB, assessed them for nutrition status, and enrolled them into the national programme. Families of people living with HIV and/or TB who enrolled in the programme were provided with counselling, food and nutrition support. In refugee settings in Cameroon, Kenya, Rwanda, Uganda and the United Republic of Tanzania, WFP ensured that malnourished clients were supported with food and nutrition assistance.

Social protection and livelihoods support

38. WFP’s social protection interventions address the root causes of poverty and hunger by tackling structural drivers and vulnerabilities at scale. WFP’s work on HIV is a crucial element of inclusive programming, supporting the most vulnerable by stressing food security and nutrition as vital building blocks for health. WFP also links people living with

HIV with asset-generating and sustainable livelihood activities, enabling them to build resilience and reduce long-term need.

- 39.** COVID-19 and the associated policy restrictions have had significant socioeconomic effects on most households for example in Côte d'Ivoire, particularly in the capital district of Abidjan. WFP provided targeted cash transfers in a phased and sequenced approach. Starting in early 2020, in collaboration with UNAIDS and the NGO Magic System Foundation, WFP supported 1,000 vulnerable households, including 100 affected by HIV. The second phase of transfers reached an additional 1,328 households affected by HIV, indirectly benefiting an estimated 7,700 people (average household size of six people). The third phase in 2021 provided another round of cash support, targeting the 500 most vulnerable households affected by HIV, supporting 3,000 beneficiaries. Post-follow-up analysis and monitoring of the transfers found that 47% of beneficiaries used the money to purchase food, 15% used the funds to develop income-generating activities, and 12% used the money to cover essential health services. Nearly 93% of beneficiaries recorded an acceptable food consumption score following the transfers.

Vulnerability and rapid assessments

- 40.** Without WFP's targeted assessments, governments would be unaware of the unique vulnerability of HIV-affected households. Using rapid assessments, WFP and other stakeholders collect timely and critical information on the food insecurity profiles of people living with HIV to inform and guide programming to meet their essential needs.
- 41.** For example, WFP supported the Government of Rwanda to conduct a national nutrition, food security and vulnerability survey. The survey provided timely nutrition and food security information related to people living with HIV. The survey also facilitated documentation of the impact of COVID-19 on people living with HIV, a key priority for the Government, as reports indicated decreasing ART adherence among people living with HIV whose livelihoods had been affected by COVID-19. Nearly 90% of people living with HIV reported that their incomes had been affected

COVID-19 and related restrictions. The findings also indicated that children aged 24–59 months and living with HIV were more food insecure and malnourished than the general population.

Partnerships

- 42.** Consistent with the SDGs' emphasis on partnerships for sustainable development, WFP leveraged strategic partnerships in 2020–2021. It provided logistical and supply chain expertise to the Global Fund, helping it to better assess current stocks and future needs for medications, as well as the storage of medications and other supplies. Together with the Global Fund, WFP provided support in the form of nonfood HIV-, TB-, malaria-, and COVID-related commodities worth a total of US\$ 37 million from 6 698 delivery points in seven countries.
- 43.** At the global level, WFP helped to develop guidance and advocacy materials and it rapidly shared COVID-19-related materials. The UNAIDS Inter-agency Task Team on Education developed COVID-19-[specific guidance](#). Together with the ILO, UNICEF, UNDP and the UNAIDS Secretariat, WFP developed a government-focused social protection [call to action](#) and subsequent global webinar.
- 44.** WFP also hosted and participated in several panels and webinars at major international forums and meetings, showcasing needs and programmes for food and nutrition support among people living with, at risk of and affected by HIV/TB. The forums included the UN General Assembly High-Level Meeting on AIDS, the 2021 International Conference on AIDS and STIs in Africa, and the WHO summit on TB.

HIV in the context of the COVID-19 response

- 45.** COVID-19 has highlighted the vital role of social protection in rapidly mitigating the direct and indirect effects of disease. There is increasing emphasis on social protection instruments, such as cash and in-kind transfers, as well as social protection systems, to address systemic vulnerabilities at scale and mitigate the impacts of pandemics and the multiple inequalities they expose.

46. In Eswatini, nearly 60% of children under the age of 17 are orphaned due to HIV. For over a decade, WFP, together with national stakeholders, have supported orphans and vulnerable children (2–7 years) through a neighbourhood care point. These are innovative, community-based mechanisms to deliver essential services and food assistance to orphaned and vulnerable children. Over the past two years, school closures and a sharp rise in household food insecurity related to COVID-19 have drastically increased neighbourhood-care-point attendance. In 2021, nutritious meals were

provided to orphaned and vulnerable children in 1,700 such care points, reaching 52 683 pre-primary beneficiaries. The programme has remained a priority for the Government, with WFP acting as a key partner. After agricultural production was identified as a key priority within the county strategic plan, vegetable and egg production and overall dietary diversification was prioritized in 510 targeted neighbourhood care point. WFP is also leading the review of the existing strategy, with recommendations to follow in 2022.



UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO UNDP'S MANDATE

47. UNDP's work on HIV and health is guided by the 2030 Agenda for Sustainable Development, the UNDP Strategic Plan 2022–2025 and related regional programmes. The Strategic Plan commits UNDP to scaling up work with UN partners and other stakeholders to regain ground lost against HIV, TB and malaria due to the COVID-19 pandemic; strengthen systems for health; and address emerging issues such as noncommunicable diseases, mental health and pandemic preparedness. UNDP's work on HIV and health contributes to the organization's core mission of reducing poverty and inequalities, building resilience and helping to ensure that no one is left behind. In 2020–2021, UNDP supported 147 countries on HIV and health, including through collaborations with partners on integrated approaches in line with the role envisaged by the UN Development System reform.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Dismantling inequalities.** UNDP works with governments, civil society organizations and other partners to dismantle the inequalities that undermine health and well-being. UNDP supported 67 countries to improve gender equality, address gender-based violence and empower women and girls in the context of HIV and health. For example, through the European Union and the Spotlight Initiative, UNDP, UN Women, UNFPA and other partners provided 650 000 women and girls with gender-based violence support services, despite COVID-19-related constraints and lockdowns. UNDP partnered with Korea's Sunflower Centres to provide a "one-stop-shop" to support survivors of sexual and gender-based violence by ensuring access to

counselling, medical assistance and legal support in Kyrgyzstan. The model was scaled up in Albania, Indonesia and Liberia.

- **Meeting the needs of key populations.** UNDP supported 78 countries to improve access to services and rights for key populations. Under Global Fund-funded programmes, UNDP supported countries in providing key populations with tailored combination prevention, reaching 335 800 people who use drugs in 5 countries; 585 500 gay men and other men who have sex with men in 12 countries; 519 250 sex workers in 12 countries; and 10 000 transgender people in Cuba, Panama and the Oceania subregion. UNDP has continued to promote human rights, access to services and an enabling environment for key populations. In Zambia, it supported the development of a national protocol for the medical management of intersex people—the first of its kind in Africa. UNDP supported Benin and Madagascar to revise their laws, including provisions to recognize the specific needs of key populations and adolescents. In Nigeria, UNDP supported an analysis of human rights and gender-related barriers to HIV, TB and malaria services, which has helped improve coordination of programmes to overcome those barriers.

UNDP and ILO collaborated on a global dialogue on social protection for people living with HIV and key populations, bringing together representatives from 52 countries to share strategies and good practices for developing and financing more inclusive social protection schemes. UNDP is using the outcomes of the dialogue to inform policy and programming. For example, it supported countries to consider including social protection for people living with HIV and key populations in their Global Fund COVID-19 Response Mechanism proposals. In Latin America and the Caribbean, a regional consultation organized with the UNAIDS Secretariat shared good practice examples for greater inclusion of key populations and supported the development

of a road map with recommendations to scale up interventions.

- **Support for implementation of the recommendations of the Global Commission on HIV and the Law.** UNDP has continued to work with governments, civil society, UN entities and other partners to advance the recommendations of the [Global Commission on HIV and the Law](#) in 90 countries. For example, in Tunisia, UNDP supported the development of a chapter on human rights in the new National Strategic Plan for HIV 2021–2023, which was used to inform the development of the concept note for the Global Fund 2020–2022 funding cycle. This work has also contributed to the repeal of the law that criminalizes HIV transmission in Zimbabwe, a new Penal Code provision on decriminalizing same-sex conduct, as well as aspects of sex work in Angola and the addition of people living with HIV as beneficiaries for legal aid services in Sudan. An [independent evaluation of the Global Commission on HIV and the Law](#) concluded that its work and support to countries acting upon its recommendations was successful. The evaluation noted the increased engagement of governments and civil society around HIV, law and human rights issues, as well as growing momentum for positive, tangible changes at national, regional and global levels.

- **Supporting robust and sustainable financing.** UNDP supported the implementation of innovative approaches to increase domestic fiscal space and helped governments to use health taxes to finance sustainable development, including their HIV responses and COVID-19 response and recovery. Recent work has included the development of a health tax model that calculates lives saved, productivity losses averted and expected increases in revenue from tax increases on tobacco, alcohol and/or sugar-sweetened drinks. The model has been piloted in Bahrain, where increasing taxes on these products is predicted to generate US\$ 1.4 billion in additional tax revenue over five years. Cabo Verde and Thailand plan to take similar steps. In Timor-Leste, UNDP is working with WHO to integrate health taxes into a national financing framework, while a UNDP-led development

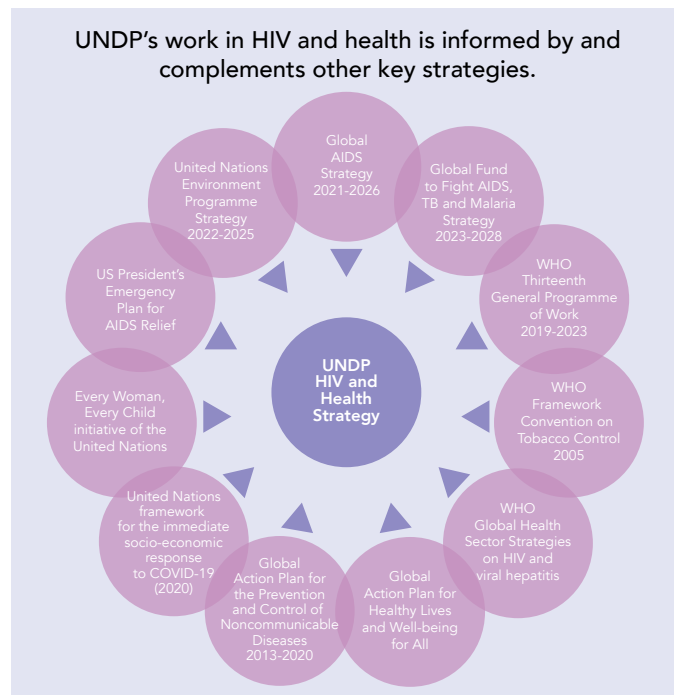
financing assessment in Cambodia highlighted health taxes as a key mechanism for mobilizing domestic resources for health. UNDP developed a [methodology](#) to calculate the social return on investment of social contracting for HIV service provision and piloted it in Belarus, Bosnia and Herzegovina, Morocco, North Macedonia and South Africa. This work informed a [policy brief on social return on investment for HIV services](#), which can be used to advocate for social contracting and inform related policy and programmes.

- **Supporting the success of Global Fund grants.** Since 2003, UNDP has partnered with the Global Fund to support HIV, TB, and malaria responses in some of the world’s most challenging contexts. This partnership has helped save 7.3 million lives, bring HIV testing and treatment to almost 60 million people and treat over 1 million people living with TB. As of December 2021, UNDP was managing 32 Global Fund grants as interim principal recipient in 22 countries, as well as two regional programmes covering an additional 11 countries. The partnership supports governments in implementing large-scale health programmes, making health and community systems more resilient, and helping countries strengthen enabling legal and policy environments. In 2021, UNDP provided:
 - 1.5 million people with HIV treatment;
 - 3.6 million people with counselling and testing for HIV;
 - 71 000 pregnant women with ARVs for PMTCT;
 - 92 000 people with successful treatment for TB; and
 - 2,300 people with treatment for multidrug resistant TB.

Contribution to progress towards the Sustainable Development Goals

- 48.** In line with its integrator role, UNDP focuses on SDGs and the pledge to leave no one behind, including the HIV- and health-related goals and targets. UNDP continues to address social, structural, economic, commercial and environmental determinants of HIV and health, with a focus on reducing health inequities. In so doing, the

organization leverages its extensive presence and networks at global, regional, and country levels, its mandate to “connect the dots” across development sectors, and its commitment to recognizing and managing the multidimensional risks presented by today’s major health and development challenges.



HIV in the context of the COVID-19 response

HIGHLIGHTS OF UNDP'S COVID-19 RESPONSE

62 countries supported on vaccine equity

131 countries supported on COVID-19 health systems support

32 408 health-care workers newly hired

Over **8,300** community-based organizations supported to respond to the pandemic

Nearly **1.9 million people** (56% women) received cash transfers

Over **1.1 million** health-care workers trained to support COVID-19 responses

49. In 2021, UNDP continued to support countries to leverage HIV infrastructure and experience in their COVID-19 responses. UNDP supported countries to secure an additional US \$238 million from the Global Fund COVID-19 Response Mechanism for community-led responses, infection prevention and control, and diagnostics and laboratory services. Other key areas of work included adaptation of HIV, TB and malaria programmes, protecting health workforces, and strengthening fragile and overstretched health systems so that they can respond to future shocks and pandemics.

50. While working to ensure that COVID-19 responses are inclusive and nondiscriminatory and reach those left furthest behind, UNDP supported countries to mitigate the impact of COVID-19 on people living with HIV and other key populations. For example, in Tajikistan, the UNDP-Global Fund partnership enabled NGOs to provide digital HIV services to

vulnerable populations, and a partnership with a local NGO delivered food packages to women living with HIV. In Zambia, UNDP is working with the Government to address the needs of key populations to improve access to services and ensure that restrictions do not harm vulnerable communities. In Chad, UNDP has trained staff in prisons and refugee camps on measures to stop the spread of COVID-19. It also assisted with mobile hearings for detainees, including vulnerable people, to reduce prison overcrowding and, thereby, the risk of COVID-19 transmission in closed settings.

51. UNDP has supported countries to integrate gender-related issues in their COVID-19 responses. This includes addressing gender-based violence, which is known to increase in times of crisis and is a particular threat for women during lockdowns. For example, in Nigeria, UNDP partnered with the National Human Rights Commission to introduce

toll-free numbers for reporting gender-based violence, enabling women to be referred to medical facilities and safehouses, while also improving documentation and analysis.

- 52.** Increasing trust in vaccination and health services and countering misinformation are critical to effective COVID-19 responses. In South Africa, UNDP supported the National AIDS Council's Civil Society Forum to design a mass media and communications campaign, #ThinkTwiceAboutCOVID, to combat fake news and provide communities with accurate information on COVID-19. In Latin America and the Caribbean, UNDP and Constella Intelligence released a study on how "information pollution" spreads, particularly online, with the aim of informing effective policy responses.
- 53.** Law and policy play essential roles in pandemic preparedness and responses. The COVID-19 Law Lab—a joint initiative of UNDP, WHO, the UNAIDS Secretariat, the O'Neill Institute for National and Global Health Law at Georgetown University, the Inter-Parliamentary Union, and the International Development Law Organization—was designed to address the urgent need for quality legal information, as well as to ensure that governments promote public health while respecting human rights. The initiative includes over 6,000 law and policy documents from over 190 countries, and the database has over 6,500 monthly users. The initiative has collaborated with think-tanks, academic institutions and law firms, including DLA Piper, Jomo Kenyatta University of Agriculture and Technology, University of Nairobi, University of Oviedo, Society for Democratic Rights, Torcuato di Tella University Law School, and The Hague University of Applied Sciences. UNDP and the O'Neill Institute are collaborating on a multicountry review to examine the impact of legal responses on the COVID-19 pandemic.

Case study: Intervening to prevent health system collapse in Afghanistan

- 54.** The Global Fund and UNDP have worked together in Afghanistan since 2015 to support HIV, TB and malaria responses, and to strengthen systems for health. Due to political events, international aid to the country from key donors was suspended in 2021. To prevent the collapse of the health system, the Global Fund provided UNDP with US\$ 15 million in emergency funding to sustain essential health services, which are also the backbone of the HIV, TB and malaria programmes. UNDP paid the salaries of 26 000 health workers and ensured that 2,157 health facilities across 31 provinces in the country remained operational and continued to provide critical health services to more than 3.1 million Afghans.
- 55.** These interventions helped preserve vital interventions relating to the control of HIV and other communicable diseases, maternal and new-born health, child health and immunization, nutrition, mental health, disability and the provision of essential medicines. In coordination with the World Bank, UNICEF, WHO, the Global Fund and other partners, UNDP is working to ensure that critical health services are maintained. UNDP also launched a crisis response initiative, ABADEI, embedded as part of the overall UN system's response, which will help maintain essential services and prevent a humanitarian catastrophe by supporting the most vulnerable populations in Afghanistan.

UNITED NATIONS POPULATIONS FUND (UNFPA)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO UNFPA'S MANDATE

- 56.** UNFPA strives for a world in which every pregnancy is wanted, every child-birth is safe and every young person's potential is fulfilled. Approved in 2021, the new UNFPA 2022–2025 Strategic Plan includes key shifts for scaling up the provision of high-quality comprehensive SRH information and services (inclusive of HIV), as part of UHC plans; incorporating the multisectoral needs of women, adolescents and youth along the continuum of care; and addressing structural inequalities, such as discriminatory gender and social norms, that hinder the achievement of the Fund's three transformative results¹.
- 57.** Actions will include the scale-up of national interventions for equitable access to essential SRH packages. This includes, among others, comprehensive sexuality education (CSE) and the prevention and treatment of HIV and other sexually transmitted infections (STIs). The plan also includes actions to identify vulnerable populations experiencing inequities in access to comprehensive sexual and reproductive health and rights (SRHR) information and services along the continuum of care. This work feeds into UNFPA's continuing co-convening roles in HIV prevention and SRHR/HIV integration within the UNAIDS Division of Labour.
- 58.** Since 2021, preparations and consultations have been underway for UNFPA's new strategy on preventing HIV and STIs and improving sexual health.² The Strategy frames the organization's work on HIV and other STIs as part of ensuring good sexual health and well-being and as a foundation for good reproductive health. It will outline how promotion of sexual health is part of [UNFPA's Strategic Plan 2022–2025](#), how UNFPA's efforts

contribute to the [Global AIDS Strategy 2021–2026](#), and how it links with other internal and external strategies and initiatives. Using an integrated approach, the Strategy will position this work within [UNFPA's comprehensive framework on SRHR](#) across the life course, produced for the Nairobi Summit on ICPD25 in 2019.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Global HIV Prevention Coalition.** UNFPA co-convenes the Global HIV Prevention Coalition and the Global Prevention Working Group, which strengthened HIV prevention programming and policy in 28 focus countries and beyond in 2020–2021. The Prevention 2020 Roadmap external review found that the Coalition had restored attention to primary HIV prevention in the global health agenda and in national HIV responses, built consensus on a unifying narrative around five pillars of primary HIV prevention, and intensified focus on subnational locations and populations at highest risk. The external review recommended the continuation and expansion of the Coalition. Along with other lessons learned it also fed into the framing of the development of the 2025 Road Map. Global Prevention Coalition scorecards backed by guidelines and tools helped strengthen national AIDS council leadership and management of multistakeholder prevention programmes. A focus on topics of concern for key populations and young key populations bolstered the 2021 launch of the key populations community of practice, which increased reach to national AIDS commissions, relevant government ministries, key population organizations and allied NGOs, and focused initially on scaling up combination prevention programmes and addressing structural barriers to key population programmes. It complements the South-South Learning Network.







¹ UNFPA primary focus is on three transformative results by 2030: (a) ending preventable maternal deaths; (b) ending unmet need for family planning; and (c) ending gender-based violence and all harmful practices, including FGM and child, early and forced marriage.

² See the six UNFPA Accelerators in p.12 of the [UNFPA Strategic Plan 2022–25](#). UNFPA strategies and initiatives include [Youth Strategy \(My Body, My Life, My World\)](#), [Gender Equality Strategy](#), [Maternal and Newborn Strategy](#), [Family Planning Acceleration Strategy](#) - under development; also [Global Partnership on Comprehensive Sexuality Education](#), the [Global HIV Prevention Coalition](#) and [Education Plus](#).

- **Out-of-school CSE guidance.** In 2020, the UNFPA-led UN [international technical and programmatic guidance on out-of-school CSE](#) was published in English, French, Russian and Spanish. Promoted by the Global Partnership Forum on CSE, the guidance has been distributed through multiple channels, including a promotional video, a social media campaign and a brochure. It provides guidance for delivering out-of-school CSE to specific groups of children and young people, recognizing that many children and young people may belong to one or more vulnerable groups. In 2021, UNFPA continued to implement its global programme on CSE in

Colombia, Ethiopia, Ghana, the Islamic Republic of Iran and Malawi, reaching out to adolescents and young people who are furthest left behind (those living with HIV, with migrant backgrounds, with disabilities, those who sell sex, and those in detention). In Malawi, the programme supported CSE training for young people living with HIV and young people with disabilities. Consultations took place with UNFPA global, regional and country teams to design and shape a strategy (expected in 2022) to respond to rising opposition to CSE, especially in Africa.

Key UNFPA achievements for adolescent and youth empowerment, 2021 (cumulative 2018–2021)







 <p>Logistics information system 65 countries had a logistics management system reaching the last mile</p>	 <p>Marginalized girls 10.6 million marginalized girls reached by life skills programme</p>	 <p>In-school sexuality education 57 countries operationalized school-based comprehensive sexuality education curriculum</p>
 <p>Out-of-school youth sexuality education 42 countries delivered out-of-school comprehensive sexuality education</p>	 <p>Policy In 91 countries, at least two sectors apart from the health sector, have strategies that integrate SRH of adolescents and youth</p>	 <p>Participation 96 countries had institutional mechanisms for the participation of young people in policy dialogue and programming</p>

- **Human rights and gender.** In 2020, UNFPA published, for the first time, global data on SDG 5.6.1 (the proportion of women aged 15–49 years who make their own, informed decisions regarding sexual relations, contraceptive use and reproductive health care) and 5.6.2 (the number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information

and education).³ The data are particularly encouraging on HIV: on average, countries have achieved 87% of enabling laws and regulations for HIV counselling and testing services; 91% for HIV treatment and care services; and 96% for HIV confidentiality. Findings also show that increasing levels of education have the greatest effect on women’s decision-making on SRHR.

³ <https://www.unfpa.org/sdg-5-6>



Key UNFPA achievements in gender equality and the empowerment of women, 2021 (cumulative 2018–2021)

 <p>3.8 million women and girls subjected to violence accessed essential services</p>	 <p>61 000 disabled women and subjected to violence accessed essential services</p>	 <p>7.6 million girls received support from UNFPA, prevention and/or protection services and care to child, early and forced marriage</p>
 <p>45% of countries in humanitarian crisis had a functioning inter-agency gender equality-based violence coordination</p>	 <p>19 864 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory and socio-cultural body under the leadership of UNFPA</p>	 <p>49 countries have a national mechanism to engage men and boys in advancing gender and reproductive right norms</p>

- Condoms and other reproductive health commodities.** In 2020–2021, UNFPA programmes and partners supplied almost 1.5 billion condoms (male and female) to low- and middle-income countries, with total procurement cost of US\$ 41.0 million. UNFPA aims to obtain the best price possible of quality-controlled condoms and lubricants, promoting holistic total market approaches. In 2020, the Fund spent over US\$ 19 million to procure and ship 724.6 million male condoms and 5.5 million female condoms. In 2021, UNFPA spent approximately US\$ 22 million to supply over 744 million male and almost 8 million female condoms, 41% of which were donated to

countries in eastern and southern Africa. Lubricants shipped to the countries markedly increased from 69.5 million in 2020 to almost 180 million in 2021. In 2021, UNFPA and WHO finalized the specifications for plain lubricants as a fundamental element of SRH programmes. In addition, UNFPA and the Massachusetts Institute of Technology in 2020 began collaborating on the design of a new condom. UNFPA and the UNAIDS Secretariat are partnering in the Global Fund’s strategic initiative to boost condom programming in four eastern and southern African countries, with the aim of improving national and subnational condom programming.

Key UNFPA achievements in utilizing integrated SRHR services, 2021 (cumulative 2018–2021)




 <p>61 countries have a national and reproductive health workplan prioritizing services for marginalized people services</p>	 <p>116 million women and young people reached integrated sexual and reproductive health</p>
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- SRHR integration.** Across regions, UNFPA is building co-ownership of integrated SRHR (including HIV and CSE) and gender equality through advocacy, training and innovation. Direct engagement and training of young people for outreach and social media platforms expanded the reach of these efforts in 2020–2021. As an example, Project Bora Saber (Get to Know), a community-based outreach programme promoted by UNFPA in Brazil, assists in locating and linking adolescents and youth from key populations to appropriate information on HIV/STI combination prevention, voluntary HIV testing and health care services for immediate ART and STI treatment. Thirty-four youth community leaders were trained and, in two cities, almost 3,000 people who are vulnerable to HIV were reached with combination prevention and access to testing in the last half of 2021. In eastern and southern Africa, Sweden supported the multi-UN agency 2gether 4 SRHR programme, which aids countries in testing and scaling up models of integrated SRHR services, including for key populations. It also initiated regional tracking of the impact of COVID-19 on the delivery of SRHR services, highlighting effects such as increased gender-based violence, as well as positive aspects, including implementation of multimonth dispensing. Multi-agency support to the Southern African Development Community resulted in approval of its 2021 SRHR milestone scorecard, which identifies gaps that need to be closed to meet the SDG targets. In partnership with WHO, 194 country SRHR snapshots were completed providing an overview of national data relating SRHR, including HIV.

Contribution to progress towards the Sustainable Development Goals

- 59.** SRHR is a key delivery platform for HIV and STI prevention and it is vital for reaching human rights, gender equality and health targets in the SDGs. UNFPA, governments, partners and other UN agencies contributed in a variety of ways towards the SDGs (<https://www.unfpa.org/sdg>)—in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality as illustrated in higher-level results in 2020–2021 below.

Key UNFPA results in 2020–2021

 <p>165 000 new HIV infections averted</p>	 <p>4.7 million unintended pregnancies averted</p>	 <p>7.3 million sexually transmitted infections averted</p>
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HIV in the context of the COVID-19 response

- 60.** At global and regional levels, UNFPA is part of the coordinated UN response under the Inter-Agency Standing Committee COVID-19 Global Humanitarian Response Plan to assist development and humanitarian actors, youth-led organizations and young people themselves across sectors. In alignment with the UN Framework for the Immediate Socio-Economic Response to COVID-19, UNFPA organized a number of webinars to enable countries, particularly those from the global South, to share knowledge and experience on how to respond to the pandemic, especially as it related to ensuring continuity of SRH services including HIV prevention. US\$ 37.8 million in personal protective equipment was delivered to 102 countries; 1,409 women’s organizations in 70 countries and 1,539 youth organizations in 66 countries were empowered to respond to the COVID 19 pandemic. With support from UNFPA and other partners, 83% of countries included SRHR in their national response plans. In collaboration with UNICEF, the Pan-American Health Organization and the UN Office for South-South Cooperation, UNFPA mobilized experts from different continents to share their scientific knowledge and experience and indicate their expectations of the UN agencies during and post COVID-19 to assist them in combating the virus. This effort has also strengthened knowledge on how to deal with affected health systems.

UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

KEY STRATEGAIES AND APPROACHES TO INTEGRATE HIV INTO UNODC'S MANDATE

- 61.** As the UNAIDS convening agency for HIV among people who use drugs and people in prison, UNODC implements its mandate in full compliance with the relevant declarations, resolutions and decisions supporting its mandate from the General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and the Criminal Justice and the UNAIDS PCB.
- 62.** UNODC focuses efforts and programme delivery in high-priority countries^{4,5} selected in consultation with national stakeholders, including civil society and community-based organizations. In 2021, UNODC continued to support countries and communities and to lead global policy and advocacy efforts to expand access to prevention and treatment services for people who use drugs in UNAIDS six regions.
- 63.** UNODC strategic guidance and technical support is based on the WHO, UNODC and UNAIDS comprehensive package of HIV prevention, treatment and care services, and the United Nations Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). It is in line with the UNODC, ILO, UNDP, WHO, UNAIDS and UNFPA “Technical brief on HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions”, which was updated in 2020.
- 64.** UNODC promotes human rights-based, evidence-informed and gender-responsive HIV prevention, treatment and care services for people who use

drugs and people in prisons. It regularly brings together the research community and communities of people who use drugs to review and discuss challenges and best practices in HIV responses.

- 65.** UNODC also promotes the removal of legal barriers, discriminatory laws, policies and practices that hinder access to HIV services for people who use drugs and people in prisons, strengthening partnerships between health, criminal justice, law enforcement, prison administration and civil society.
- 66.** The UNODC Strategy 2021–2025, launched in February 2021, includes a specific outcome on HIV prevention, treatment and care among people who use drugs and people in prison. The Strategy stresses the need to bolster the quality and coverage of, and access to, treatment of drug use disorders, rehabilitation, recovery and social reintegration, as well as the prevention, treatment and care of HIV, viral hepatitis and other blood-borne viruses and diseases. It aims to strengthen human rights and gender considerations, especially among people who use drugs, women and people in prisons and other vulnerable populations. UNODC will continue to work with its partners to implement, in synergy, the UNODC strategy and the Global AIDS Strategy 2021–2026 to magnify their impact and reach the global 2025 targets for ending the AIDS epidemic as a public health threat by 2030.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Enhancing access to HIV, health and social services for people who use drugs.** UNODC developed a global training package on HIV prevention for people who use stimulant drugs. In eastern Europe and central Asia, it developed an innovative regional online outreach package that

⁴ 24 high-priority countries for drug use and HIV and 35 high-priority countries on prisons and HIV.

⁵ Following the change in government in Afghanistan in August 2021, UNODC staff remained in the country and continued to ensure the continuation of the harm reduction interventions, despite exceedingly challenging circumstances.

allows access to HIV and other health and social services for people who use new psychoactive substances and/or stimulants (a new successful outreach modality that UNODC will consider replicating in other regions).

- **Catalyzing expanded access to opioid agonist therapy.** Egypt and Pakistan approved opioid agonist therapy following years of continuous UNODC advocacy, which in 2021 led to a feasibility study and plans for pilot implementation in both countries.
- **Shifting to multidose dispensing to preserve access to opioid agonist therapy.** Belarus, Kenya, Nigeria and Viet Nam implemented multidose dispensing of opioid agonist therapy, enabling continued access to essential HIV services during COVID-19.
- **Ensuring access to justice during the COVID-19 pandemic.** “e-justice” rooms were established in four major detention centres in the Republic of Moldova to ensure the continuation of the justice process while minimizing the risk of COVID-19.
- **Stakeholder consultations to address the impact of COVID-19.** A “virtual” pre-Commission of Narcotic Drugs multistakeholder consultation was conducted in March 2021, bringing together academia and community, to focus on the impact of the COVID-19 pandemic on health services for people who use drugs and who are living with or at risk of HIV infection.

Contribution to progress towards the Sustainable Development Goals

67. UNODC’s mandate to support the provision of HIV prevention treatment and care for people who use drugs and people in prisons is aligned with multiple SDGs. In particular, UNODC worked with its partners to support countries to accelerate gains towards SDG 3 and particularly SDG 3.3, on ending the AIDS epidemic as a public health threat by 2030.
68. UNODC’s activities also allowed progress towards a number of other SDG areas, including: implementing HIV services which are gender-

responsive (SDG 5); advocating for equal access to human rights- and public health-based HIV services for people who use drugs and people in prisons (SDG 10); promoting the elimination of all forms of discrimination against people who use drugs and people in prisons (SDG 16); and teaming up with governments and communities to achieve major reductions in new HIV infections and HIV-related deaths among the key populations (SDG 17).

69. UNODC data collection and analysis supports countries in monitoring and reporting on SDG 3, including data on people who use drugs and people in prisons. As part of its established contribution to the synthesis, analysis and reporting of global epidemics of HIV and hepatitis C among people who inject drugs and on HIV in prisons, UNODC led the compilation and joint review of estimates of the number of people who inject drugs, and of the prevalence of HIV and hepatitis C among people who inject drugs, in collaboration with WHO, UNAIDS and the World Bank: estimates were published in the 2021 *World drug report*.
70. In 2021, UNODC drafted an update report on HIV in prisons and other closed settings, which summarizes the latest epidemiological data regarding HIV and related health conditions, as well as data on relevant service coverage, in prison settings and was submitted to the UNAIDS PCB in December 2021.
71. UNODC provided technical support to a wide range of national partners in the development of national guidelines and operational plans on HIV interventions and health-care services for people who use drugs and people in prisons and supported their adaptation to the national context and translation (in Cambodia, Malaysia, Morocco and Viet Nam).
72. UNODC continued to address gender inequalities, discrimination, violence, and harmful practices that negatively impact women who inject drugs and women in prisons and increase their risk (and that of their babies) of contracting HIV, TB, viral hepatitis and STIs. UNODC — jointly with WHO, UNICEF, UNFPA, UN Women, the UNAIDS Secretariat, and the International Network of People who use Drugs — published in 2021 a technical guide, “HIV prevention of mother-to-child transmission of HIV,

hepatitis B and C and syphilis among women who use drugs". UNODC supported dissemination of the "Technical guide on prevention of mother-to-child transmission of HIV in prisons" jointly with WHO, UNFPA, UN Women, and the UNAIDS Secretariat, via six regional workshops with 32 countries.

- 73.** UNODC developed and field-tested a tool for monitoring epidemiological trends in vertical transmission of HIV, hepatitis B and syphilis in prisons and the availability of services to prevent such transmission. UNODC also incorporated a component on women who use stimulant drugs in its capacity building package on HIV prevention, treatment, care and support for people who use stimulant drugs.
- 74.** In six countries in eastern Europe and central Asia, UNODC conducted needs assessments regarding new psychoactive substances and stimulant drug use. It then developed a tailored, comprehensive HIV response for new psychoactive substance users and state-run/NGO service providers. The tool describes how to implement, online, each of the interventions in the comprehensive HIV package of services.
- 75.** UNODC continued to assist countries in reviewing and adapting legislation to eliminate discriminatory laws, policies and practices in order to reduce barriers to evidence-based and gender-responsive HIV prevention, treatment and care for people who inject drugs and for people in prisons and other closed settings. Strengthening partnerships between law enforcement and other relevant sectors (including public health, civil society and community-based organizations) is essential for an effective response to HIV and an integral part of UNODC's work. In 2021, UNODC conducted trainings in Belarus, Moldova, Myanmar, Tajikistan, Ukraine and Uzbekistan to sensitize law-makers and law enforcement officials about human rights-related barriers affecting access to HIV services and to advocate for greater access for people who use drug to HIV treatment services.
- 76.** UNODC conducted a regional training covering 32 countries in eastern Europe and central Asia, the Gulf States, the Middle East and North Africa, sub-Saharan Africa, South-East Asia and South Asia

to build the capacity of national policy-makers, prison authorities and staff, health-care providers and civil society organizations to ensure access to comprehensive HIV care for people in prison and implement the Nelson Mandela Rules and the Bangkok Rules to address stigma, discrimination and violence in prisons and other closed settings.

- 77.** UNODC co-organized and co-sponsored several virtual side events during the High-Level Meeting on AIDS in New York in June 2021. These sessions disseminated information about the latest developments regarding the HIV response among people who use drugs and people in prisons. In addition, two regional side events were held for national partners in eastern Europe and central Asia. At the 5th European Harm Reduction Conference in November 2021 in Prague, UNODC facilitated a satellite session on HIV among people who use stimulant drugs and organized several events for law enforcement and civil society representatives from eastern Europe and central Asia.
- 78.** UNODC built the capacity of community-based organizations, through grants (15 for 2020–2021 UBRAF cycle) and by working jointly with the UNODC civil society group on drug use and HIV and the first-ever informal global network of civil society organizations working on HIV in prisons.

HIV in the context of the COVID-19 response

- 79.** People who use drugs and people in prison are at high risk during the COVID-19 pandemic due to social restrictions that have hindered the delivery and continuity of HIV services and due to prison environments that highly conducive to the transmission of infections such as COVID-19.
- 80.** UNODC has supported countries to ensure the sustainability and continuity of essential HIV services, including harm reduction programmes. UNODC collected data from high priority countries to document successful COVID-19 adaptations in the delivery of harm reduction, such as the expansion of multidose dispensing of opioid agonist therapy in Belarus, Kenya, Nigeria, Ukraine and Viet Nam.

81. At the 64th session of the Commission on Narcotic Drugs and its intersessional meetings, UNODC supported Member States to address HIV in the context of COVID-19, with discussions focusing on the removal of legal and COVID-19-related barriers that hinder access to key HIV services—in particular, needle and syringe programmes, medication-assisted therapy and condom distribution programmes. A virtual multistakeholder consultation on the impact of the COVID-19 pandemic on health services for people who use drugs who are living with or are vulnerable to HIV, organized by UNODC, brought together the perspectives of science and of communities and resulted in a statement delivered at the plenary.

82. UNODC consistently promoted the inclusion in national preparedness and response plans for COVID-19 of people who use drugs and people

in prisons. It also supported countries in ensuring that they have access to prevention and control measures, diagnostics and care for COVID-19, as well as uninterrupted access to services for the prevention, treatment and care of HIV, TB and viral hepatitis, in ways that respect medical ethics and human rights.

83. To mitigate the risk of COVID-19 transmission in prison settings, UNODC promoted the reduction of the number of people being held in prison. UNODC specifically promoted consideration by countries of alternatives to incarceration at all stages of the criminal justice process, especially for minor, nonviolent crimes and people with low-risk profiles and caring responsibilities (for example, in Brazil, Malawi, Myanmar, Moldova and Zambia), in line with national policies governing public health and safety.



UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN (UN WOMEN)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO UN WOMEN'S MANDATE

84. As a UNAIDS Cosponsor, UN Women influences the governance and impact of the HIV response by:

- ensuring national HIV policies, strategies and budgets are informed by sex- and age-disaggregated data and gender analysis;
- scaling up effective actions to tackle the root causes of gender inequality, including through mainstreaming HIV in efforts to end violence against women and promote women's economic empowerment; and
- supporting the leadership of women and girls in all their diversity, particularly women living with HIV, to meaningfully engage in decision-making in HIV responses at all levels.

85. The [UN Women Strategic Plan 2022–2025](#)

articulates how UN Women will leverage its triple mandate—encompassing normative support, UN system coordination and operational activities—to mobilize urgent and sustained action to achieve gender equality and the empowerment of all women and girls, and support the achievement of the 2030 Agenda for Sustainable Development. In UN Women's Strategic Plan, HIV work is prioritized through:

- an impact-level indicator on the rates of new HIV infections (SDG indicator 3.3.1);
- an outcome-level indicator on women's bodily autonomy (SDG indicator 5.6.1);
- two output-level indicators under outcome 1 and outcome 5, focusing on strengthening gender expertise within national AIDS coordinating bodies and the leadership capacities of women

living with HIV; and

- HIV being one of the five "leave-no-one-behind" subcategories of programmatic disaggregation. Many of the indicators across the results framework allow for thematic disaggregation for HIV.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Strengthened gender expertise in AIDS coordinating bodies in 16 countries⁶, resulting in more gender-responsive HIV plans, programmes and monitoring.** In Ethiopia, a gender assessment of the national HIV response informed the national HIV strategic plan which prioritized actions to address gender- and age-related barriers and inequalities in access to HIV services. Ukraine's national HIV strategy emphasized improving women's and girls' access to HIV services and reducing discrimination. The Uganda AIDS Commission enhanced its [gender and HIV dashboard](#) to track implementation of the national HIV strategy. With support from UN Women as chair of the AIDS Development Partners Group, Uganda obtained a 50% increase in the allocation for young women priorities (from US\$ 10 million to US\$ 15 million) in its Global Fund grant.
- In Indonesia, women living with HIV contributed to the development of the Global Fund funding request, which included a human rights module outlining actions and budgetary allocations to address HIV-related stigma and discrimination towards women and girls, and to address violence against women.
- **Promoted the leadership and empowerment of women living with HIV across 35 countries⁷,**

⁶ Côte d'Ivoire, Ethiopia, Guatemala, Indonesia, Kyrgyzstan, Malawi, Moldova, Mozambique, Nigeria, Rwanda, South Africa, Tajikistan, Tanzania, Uganda, Ukraine and Zimbabwe.

⁷ Argentina, Bolivia, Burundi, Cambodia, Cameroon, Central African Republic, Côte D'Ivoire, Egypt, Ethiopia, Ghana, Guatemala, Haiti, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Mali, Moldova, Mozambique, Myanmar, Nepal, Nigeria, Papua New Guinea, Rwanda, Senegal, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Viet Nam and Zimbabwe.

directly benefiting over 35 000 women living with HIV. In Ukraine, women living with HIV in four regions became members of regional HIV councils and participated in the development of local plans and budgets. With UN Women's [advocacy toolkit, "Making the HIV response work for women through film"](#), women living with HIV in Nigeria and Zimbabwe successfully advocated with the national AIDS coordinating bodies and influenced the implementation of national HIV strategies and plans. A series of papers commissioned by UN Women on [financing for gender equality in the HIV response](#) provides cutting-edge evidence and guidance for national HIV programmes. UN Women provided comprehensive sexuality and HIV education and services to adolescent girls and young women in 14 countries.⁸ In South Africa, over 5,000 young women living with and affected by HIV formed the Young Women for Life Movement, which in 2021 participated in the local election processes, demanding that candidates address HIV and gender-based violence at the community level.

- **Scaled-up evidence-based interventions in 15 countries⁹ to transform unequal gender norms, resulting in the prevention of violence against women, including women living with HIV.** In Uganda, UN Women mobilized and strengthened the capacity of 1,500 community leaders to implement the SASA! initiative to prevent violence against women, including women living with HIV, reaching over 40 000 community members (53% women and 47% men) in 10 districts. A weekly radio drama series with over 60 000 listeners raised awareness of men's roles in promoting women's SRHR and the prevention of violence against women and HIV. In 12 countries¹⁰, UN Women's interventions to challenge unequal gender norms and harmful masculinities also improved women and men's access to HIV prevention, treatment and care services. UN Women's "HeForShe" community-based initiative engaged 150 000 women and men in South Africa in dialogues on unequal gender norms, violence against women, and HIV prevention. Fifty-four percent of those who participated in the dialogues took HIV tests and were linked to treatment and care, if needed. The

replication of this experience in Malawi resulted in a weekly "men's day" for HIV counselling, and men-only support groups, which led to an increase in the uptake of HIV testing and treatment.

- **Expanded spaces for and mobilization of women living with HIV to identify and reduce gender-based stigma and discrimination and repeal discriminatory laws and practices in eight countries¹¹.** UN Women served as co-convenor of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. In Zimbabwe, organizations of women living with HIV successfully advocated with Parliament to repeal the section of the Criminal Code criminalizing HIV transmission. In Indonesia, 500 representatives of women's organizations, including networks of women living with HIV, prepared a joint Shadow Report for the Committee on Elimination of All Forms of Discrimination Against Women. The report highlighted instances of discrimination and violence faced by women, including those in key populations and those living with HIV, when accessing HIV treatment and care services, and provided recommendations for action.
- **Development of digital applications with and for women living with and affected by HIV, and explored opportunities to reach out to populations often left behind in Indonesia, Tajikistan and Uganda.** In Indonesia, women living with HIV developed an app, "DeLiLa" ("Listen, protect, report"), to provide peer legal and psychosocial counselling to survivors of violence and facilitate referral to health services and police. In Uganda, a collaboration between UN Women and the Uganda Network of young people living with HIV resulted in a new app that helps young women and girls access accurate information about their sexual and reproductive health, including HIV.

Contribution to progress towards the Sustainable Development Goals

86. Women and girls continue to bear the brunt of the HIV epidemic due to unequal gender norms and inequalities. Six out of seven new HIV infections

⁸ Argentina, Bangladesh, Cambodia, Cameroon, Democratic Republic of Congo, El Salvador, Haiti, Jamaica, Kenya, Mozambique, Nepal, Senegal, South Africa and Uganda.

⁹ Botswana, Burundi, Ethiopia, Fiji, Ghana, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Papua New Guinea, Sierra Leone, South Africa, Uganda and Zimbabwe.

¹⁰ Botswana, Burundi, Cameroon, Haiti, Kenya, Malawi, Mozambique, Papua New Guinea, South Africa, South Sudan, Uganda and Zimbabwe.

¹¹ Guatemala, Philippines, Rwanda, South Africa, Tajikistan, Ukraine, Viet Nam and Zimbabwe.

among adolescents aged 15–19 years in sub-Saharan Africa are among girls. Despite good progress on expanding pregnant women's access to life-saving HIV treatment, AIDS remains a leading cause of death for women of reproductive age in the region. COVID-19 is threatening fragile gains on gender equality. The Global AIDS Strategy 2021–2026 focuses on inequalities and prioritizes the achievement of SDG 5 as key to the HIV response.

87. UN Women has a unique mandate to support Member States and partners to accelerate progress on achieving gender equality as essential for delivering on the entire Agenda 2030, including the SDG target on ending AIDS by 2030. While UN Women invests heavily in achieving SDG 5 and all its targets, it is of utmost importance for UN Women to ensure that achievement of the SDG 5 is linked to achievement and progress towards the other SDGs.

88. For example, poverty (SDG 1) and food insecurity (SDG 2) are among the contributing factors to heightened risks of getting HIV and mitigating its impact. In 2021, 435 million women and girls were living in extreme poverty and women's food insecurity levels were 10% higher than men's in 2020. Additionally, women suffered steeper job losses than men during the COVID-19 pandemic, denying their rights to decent work (SDG 8). UN Women improved the economic rights of women affected by and living with HIV by increasing their access to financial literacy education, income-generation opportunities and economic resources in over 20 countries¹². Quality education (SDG 4) is found to be a contributor to preventing HIV among young women and girls, yet only 42% of countries had measures to support girls' return to school in 2021. Women continue to face intersecting vulnerabilities and inequalities (SDG 10) that have intensified during the COVID-19 pandemic. UN Women supported 55 countries with gender-responsive HIV programming to identify and address persistent gender inequalities. The

effect of gender inequality¹³ on the governance of the HIV response must also be addressed as a contribution to SDG 16, as well as meaningfully engaging women living with HIV, as rights holders. UN Women has improved gender expertise in AIDS coordinating bodies across 16 countries¹⁴, resulting in more gender-responsive HIV strategies and broadened engagement of women living with HIV.

89. As SDG 5 is a goal in its own right, it is also a vehicle for upholding key principle of the Agenda 2030: to leave no one behind. UN Women supports Member States in a multisectoral HIV response and prioritizes reaching those furthest behind first, particularly women and girls living with and affected by HIV. UN Women has been a long-standing champion of supporting women's leadership in all of its work, including in the HIV context. In 2020–2021, with UN Women's support over 35 000 women living with HIV improved their leadership capacities and accessed decision-making spaces.

HIV in the context of the COVID-19 response

90. As violence against women increased during the COVID-19 pandemic, UN Women successfully advocated for domestic violence services and shelters to be regarded as "essential" during lockdowns. In Côte D'Ivoire and Guatemala, UN Women's partnership with national networks of women living with HIV ensured female sex workers' access to SRH and gender-based violence services, as well as linkages to HIV testing, treatment and care.

91. With UN Women's support, community health workers increased their knowledge of multiple forms of exclusion and discrimination experienced by women living with HIV when accessing HIV services during COVID-19 lockdowns. In Malawi, over 100 community health mobilizers living with HIV and disabilities improved their HIV treatment literacy and their understanding of violence and other factors

¹² Bangladesh, Bolivia, Cambodia, Cameroon, El Salvador, eSwatini, Ethiopia, Haiti, Jamaica, Liberia, Malawi, Moldova, Mozambique, Nepal, Niger, Rwanda, Senegal, South Africa, Tajikistan, Uganda and Viet Nam.

¹³ Argentina, Armenia, Bangladesh, Bolivia, Botswana, Brazil, Burundi, Cambodia, Cameroon, Central African Republic, China, Côte d'Ivoire, Ecuador, Egypt, El Salvador, eSwatini, Ethiopia, Fiji, Ghana, Guatemala, Haiti, Honduras, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Lesotho, Liberia, Malawi, Mali, Moldova, Morocco, Mozambique, Myanmar, Namibia, Nepal, Niger, Nigeria, Papua New Guinea, Paraguay, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam and Zimbabwe.

¹⁴ Côte d'Ivoire, Ethiopia, Guatemala, Indonesia, Kyrgyzstan, Malawi, Moldova, Mozambique, Nigeria, Rwanda, South Africa, Tajikistan, Tanzania, Uganda, Ukraine and Zimbabwe.

that deter women from accessing HIV services.

- 92.** UN Women empowered women living with HIV in 26 countries¹⁵ to access, produce and disseminate personal protective equipment (PPE) and reliable COVID-19 information. In Liberia, women participating in an economic empowerment programme produced over 15 000 masks for their communities.

Case study: Rural women living with HIV in Rwanda break stigma and generate income

- 93.** COVID-19 severely affected agricultural productivity and access to HIV services for women living with HIV in rural Rwanda, increasing societal stigma and isolation. As women are disproportionately represented in insecure labour, they have experienced greater economic impacts during the pandemic

- 94.** To address the devastating effects of COVID-19 and HIV on women farmers, UN Women partnered with the Rwanda network of people living with HIV to help rural women living with HIV access financial aid and receive coaching to improve their agricultural skills and knowledge on cooperative management and use of financial resources. “The project enabled our members who had stopped taking ARV medication due to ... stigma, to go back to treatment,” emphasized Sage Semafara, Executive Secretary of the network. [Participants reported having improved attitudes towards HIV treatment adherence due to a reduction of self- and community stigma](#), as well as increased self-esteem. For example, Jaqueline Nyararomba, a project participant in Co-Girubuzima/Musanze district, increased her knowledge of modern fertilizers, seeds and labour-saving farming technologies, while also strengthening her leadership skills.



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¹⁵ Bangladesh, Cambodia, Cameroon, Democratic Republic of Congo, El Salvador, Ethiopia, Haiti, Indonesia, Kyrgyzstan, Liberia, Malawi, Moldova, Mozambique, Nepal, Nigeria, Paraguay, Senegal, South Africa, South Sudan, Tajikistan, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Viet Nam and Zimbabwe.

INTERNATIONAL LABOUR ORGANIZATION (ILO)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO ILO'S MANDATE

- 95.** HIV issues and protection for persons living with HIV and key populations are integrated into and addressed through the ILO's system of International Labour Standards, which are the basis of the Decent Work Agenda. The HIV and AIDS Recommendation, 2010 (No. 200) comprehensively addresses issues related to HIV and the world of work and calls for integration of HIV in national development policies and programmes. The ILO Committee of Experts on the Application of Conventions and Recommendations has addressed HIV issues and provided related guidance in relation to the Discrimination (Employment and Occupation) Convention, 1958 (No. 111); the Worst Forms of Child Labour Convention, 1999 (No. 182); the Migration for Employment Convention (Revised), 1949 (No.97), and the Social Protection Floors Recommendation, 2012 (No. 202). With a global ratification campaign presently ongoing, the recently adopted Violence and Harassment Convention, 2019 (No. 190) and its accompanying Recommendation No. 206 recognize people living with HIV and key populations as particularly vulnerable to violence and harassment.
- 96.** The ILO Governing Body in 2019 adopted the updated Strategy of the ILO on HIV and AIDS, the "ILO's response to HIV and AIDS: Accelerating progress for 2030", which embraces HIV integration in the broader development mandate of the ILO. The Strategy emphasizes work on social protection, multidisease testing, labour standards, labour migration, gender equality, occupational safety and health, wellness workplace programmes, LGBTI+ issues and ILO training courses among others. The ILO Global Call to Action for a human-centred recovery from the COVID-19 crisis specifically recognises the impact of the pandemic on people living with HIV. HIV is specifically addressed in outcome 6 ("gender equality and equal opportunities and treatment for all in the world of work") of the ILO Programme and Budget (PandB) (2022–2023).
- 97.** The ILO has developed a wide variety of HIV integration tools and guides, touching on such issues as health services, youth employment, labour inspections, HIV testing (including self-testing and multidisease testing), COVID-19, social protection and HIV prevention, and treatment and care in prisons and other closed settings. This has enabled effective integration of HIV across the ILO's work portfolio.
- 98.** ILO supported over 71 countries in 2020–2021 in implementing HIV-sensitive and HIV-inclusive social protection strategies. Using the WHO/ILO Healthwise tool, capacity building assistance was provided to health workers in China, Lesotho, Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, as well as in more than 200 hospitals in Africa and Asia.
- 99.** ILO has integrated HIV issues into the training of labour factory inspectors and, in 2020–2021, strengthened their capacities in Botswana, Eswatini, Lesotho, Malawi, Kenya, Mozambique, South Africa, Uganda, the United Republic of Tanzania and Zambia.
- 100.** ILO continues to integrate HIV into ILO courses at the global, regional and country levels, including Decent Work and the 2030 Agenda for Sustainable Development; the International Academy on the transition to the formal economy; the International Labour Standards Academy for Judges; the Global Gender Academy; Sustainable Development Goals and Decent Work and an online course on eliminating violence and harassment in the world of work.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Launching the Global Call to Action on HIV-sensitive social protection.** ILO, WFP, UNICEF, UNESCO, UNODC, UNHCR, UN Women and the UNAIDS Secretariat formally called on governments to strengthen HIV-sensitive social protection in response to the COVID-19 pandemic. Signed by the heads of agencies of the ILO, UNICEF and UNAIDS, the call requested countries to enhance the responsiveness of their social protection systems to address people’s basic and changing needs and vulnerabilities, with specific mention of people living with at risk of and affected by HIV including key populations, young people, women and girls, people with disabilities, refugees, asylum seekers, migrants, and populations in a state of food insecurity, malnourishment and in humanitarian settings. A webinar for Joint Teams in 75 countries facilitated the operationalization of the call to action.
- **Advocacy to strengthen social protection during the COVID-19 pandemic.** The ILO and World Bank-led Social Protection Interagency Cooperation Board issued a joint statement, the “Role of social protection in responding to the COVID-19 pandemic”, calling on Governments to: ensure access to health services; ensure income security and access to essential goods and services; prioritize the most vulnerable; protect and enhance fiscal space for health and social protection; ensure continued/scaled up and coordinated delivery capacities of social protection and humanitarian crisis response programmes; and strengthen social protection systems in the medium- and long term. The statement explicitly mentions people living with HIV and addresses their needs.
- **Mapping HIV-sensitive social protection programmes in eastern and southern Africa.** WFP, ILO, the UNAIDS Secretariat and partners undertook a study of social protection programmes in 15 countries in the region to explore the extent to which the programmes are HIV-sensitive or

-responsive. Recommendations arising from the study include: support to regional and national processes to ensure that social protection programmes and policies are HIV-sensitive; support the development and expansion of transformative social protection programmes; improve the quality of available data to drive national and regional decision-making and resource allocation processes; and establish mechanisms and strategies to integrate informal social protection systems in national programmes.

- **Building capacity on social protection.** Webinars organized by the UNAIDS Secretariat, ILO, WFP, UNICEF and the World Bank improved the capacity for HIV-sensitive social protection of 240 participants from western and central Africa (including civil society, academia, networks of people living with HIV and partners).
- **Facilitating global dialogue on social protection.** UNDP and ILO hosted a two-day global dialogue on social protection for people living with HIV and key populations, which participants from 52 countries attended. They shared strategies and good practices for improving the inclusivity of social protection schemes. The dialogue led to the development of a checklist for key populations, which is currently being field-tested prior to its finalization and launch in 2022.

Contribution to progress towards the Sustainable Development Goals

- 101.** ILO is playing a full and active role in the implementation of the SDGs. The ILO supports country efforts by working closely with governments, employers’ organizations, workers’ organizations and other partners to deliver on several targets under different SDGs. Its work on HIV in the context of the world of work helps reduce poverty (SDG 1); promotes health and well-being (SDG 3); advances gender equality (SDG 5); promotes decent work and economic growth (SDG 8); reduces inequalities (SDG 10); promotes sustainable cities and communities (SDG 11) and cultivates and strengthens multistakeholder partnerships for the SDGs (SDG 17).

HIV in the context of the COVID-19 response

- 102.** The pandemic has profoundly affected the world of work. In this context, the ILO supports governments, employers' organizations, workers' organizations and other partners in protecting the safety of workers and the sustainability of businesses and jobs.
- 103.** ILO protects workers, including people living with HIV, from COVID-19 in the workplace. It has produced extensive guidance for Member States on keeping workers informed, knowledgeable and safe from COVID-19. Pertinent guidance includes: a checklist for health facilities; specific guidance for protecting workers living with HIV; sector-specific guidance for the construction and mining industries; hand hygiene in the workplace; protections for migrant workers; and improving men's uptake of HIV testing and linkage to services.
- 104.** ILO has worked to address human rights and gender inequality in the context of COVID-19. Drawing on its HIV experience, the ILO broadly disseminated to governments, employers' organizations, workers' organizations and other partners guidance for addressing violence and harassment and for increasing gender equality at work in the context of COVID-19.
- 105.** ILO has undertaken studies on COVID-19 in the workplace. A 2020 global ILO study, conducted in 112 countries in partnership with the "Global Initiative on decent jobs for youth", monitored the impact of COVID-19 on 12 000 young people with respect to their jobs, education and mental health. In China, ILO, the UNAIDS Secretariat, UNFPA, WHO and other UN agencies and the Women's Network against AIDS, undertook a joint study on HIV and poverty among 700 people living with HIV in Sichuan Province. A separate study in India, done by ILO, the UNAIDS Secretariat and partners, assessed the socioeconomic impact of COVID-19 on 77 000 members of key populations.

- 106.** ILO integrated COVID-19 prevention into its HIV workplace initiatives. In collaboration with diverse partners in and beyond the Joint Programme, ILO convened a virtual seminar on COVID-19, HIV and TB in the South African mining sector; built the capacity of 40 male champions living in high-burden counties in Kenya on HIV prevention and treatment, stigma and discrimination, COVID-19 and gender equality; implemented an integrated approach to address HIV and COVID-19 in Ukraine's State Migration Services; built the capacity on gender, HIV and wellness and COVID-19 prevention awareness in higher learning institutions in the United Republic of Tanzania; supported the Zanzibar Trade Union Congress to address COVID-19 awareness and prevention among workers, reaching 500 000 workers (300 000 women and 200 000 men); and supported the procurement of COVID-19 personal protective equipment for health-care providers and the community in Zambia

Case study: Integration HIV in economic empowerment programmes during COVID-19

- 107.** In Zambia, as in many other countries, COVID-19 restrictions, rising commodity prices and an economic downturn during the pandemic increased burdens on the most vulnerable, including people living with HIV, especially people who were already marginalized or working in the informal sector. Although ART is provided free of charge, many people living with HIV struggle to cover their out-of-pocket health-care expenses.



Production of the Alcohol based Hand Sanitisers to sale in the lab.

108. In response, the ILO Lusaka programme partnered with the Network of Zambian People Living with HIV to intensify economic empowerment efforts to mitigate the effects of the pandemic on people living with HIV and increase their economic resilience. An interactive process identified the production of alcohol-based hand sanitizers as an income-generating opportunity that also helps protect workers and enhance personal hygiene.

109. In 2020 and 2021, two grants amounting to US\$ 24 500 each were awarded to the network to create a factory, purchase equipment and reagents, package materials and build entrepreneurship capacity to produce and sell alcohol-based hand sanitizers. For sustainability, WHO provided guidelines on the local production of hand sanitizers. The Zambia Federation of Employers

helped create market linkages for the sanitizer through its members. Profits from the sale are distributed to the members and reinvested in the business for sustainability. The National AIDS Council and the network have developed systems to ensure the appropriate production of sanitizers, vetted for compliance with Zambia Bureau of Standards and Zambia Medicines Regulatory Authority requirements, and to ensure disbursement of funds to the targeted households.

110. To date, some 1,300 beneficiaries from 231 households of people living with HIV, including 170 female-headed households, have benefited from the sale of hand sanitizers. Through this income-generating support, beneficiaries have the means to become involved in additional kinds of microbusinesses.



UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO UNESCO'S MANDATE

111. UNESCO uses its comparative advantage with the education sector to support Member States to advance young people's health and well-being. Efforts are guided by the UNESCO Strategy on Education for Health and Well-being 2016–2021, which established two strategic priorities for UNESCO's work, outlined below. In 2022, a revised Strategy will be released, which reaffirms the continued relevance of the priorities, while expanding and reinforcing a focus on strengthening the resilience of school health systems and their ability to promote the physical and mental health and well-being of learners.

Strategic Priority 1: All children and young people benefit from good quality comprehensive sexuality education

- Preventing HIV and other sexually transmitted diseases
- Promoting awareness of HIV testing, knowing one's status, and HIV treatment
- Strengthening puberty education
- Preventing early and unintended pregnancy
- Developing attitudes, values and skills for healthy and respectful relationships

Strategic Priority 2: All young people have access to safe, inclusive, health-promoting learning environments

- Eliminating school-related violence and bullying, including based on gender, gender identity and sexual orientation
- Preventing health- and gender-related discrimination towards learners and educators
- Increasing awareness of the importance of good nutrition and quality physical education
- Preventing use of harmful substances

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Launching the Comprehensive Sexuality Education Global Partnership Forum.** At global level, UNESCO support has resulted in strengthened capacity to coordinate and advance efforts on CSE, through a Global Partnership Forum on CSE co-convened with UNFPA. Launched in June 2021, it brings together UN agencies, civil society, donors, youth and education networks to advance CSE through enhanced collaboration, strategic information and research, evidence-informed policy, operational, and technical guidance and coordinated advocacy.
- **Expanding strategic information for action.** To advance understanding of the state of sexuality education globally, UNESCO led the development of a milestone [global status report](#). Co-published with WHO, UNFPA, the UNAIDS Secretariat, UNICEF, and UN Women and launched in June 2021 during the Generation Equality Forum, the report draws on data from more than 150 countries. It built on regional status reviews

conducted by UNESCO, including a review of school-based CSE covering 30 countries in the Asia-Pacific region and a situational analysis on CSE and SRH services in western and central Africa, which informed the development of 24 country fact sheets.

- **Building political commitment.** Through UNESCO support, the historic 2013 Eastern and Southern Africa Ministerial Commitment to strengthen access to CSE and SRH services was renewed through 2030. Strong progress has been made towards realizing a similar commitment for western and central Africa in 2022.
- **Empowering young people.** UNESCO embarked on an innovative partnership with the Global Network of People Living with HIV (GNP+) and the Global Network of Young People Living with HIV (Y+ Global) to produce a youth-led update of the 2012 “Positive Learning” recommendations for meeting the needs of young people living with HIV in the education sector. Y+ Global led the work in collaboration with UNESCO and consultations were held with young people living with HIV in each world region, culminating in a global consultation in July 2021, which brought together over 60 stakeholders representing the education and health sectors, the UN, civil society and young people. The resulting recommendations were released on World AIDS Day 2021.
- **Normative guidance.** UNESCO and WHO launched the “[Global standards for health promoting schools](#)”, which will help schools strengthen their responses to HIV and promote learner health and well-being.

Contribution to progress towards the Sustainable Development Goals

Contributing to SDG 3: health

- 112.** UNESCO, WHO and UNICEF are partnering on the “Make every school a health promoting school” initiative, through the launch of the “[Global standards for health promoting schools](#)”, implementation guidance and country case studies. UNESCO continues to support national

education sectors to strengthen the capacity of pre- and in-service teachers and education staff on health education, including HIV and sexuality education. The [CSE implementation toolkit](#) and the [CSE learning platform](#) continue to serve as key resources. In Latin America and the Caribbean, the 5th edition of the online CSE course for teachers, organized by FLACSO Argentina, was completed, reaching participants from 18 countries. In western and central Africa, the number of pre-service teachers trained rose from 405 in 2020 to 110 632 by the end of 2021. In China, India, Myanmar and Pakistan, over 2,000 teachers were trained and over 600 000 teachers in India completed several modules of online school health programme training.

- 113.** UNESCO also convened a new partnership, “Stepping up effective school health and nutrition”, with FAO, GPE, UNESCO, UNICEF, the World Bank, WFP and WHO. This positioned school health and well-being in the global education agenda, including through the development of a school health [advocacy brochure](#), including school health and nutrition in joint strategic dialogues and documents in the context of the COVID-19 response (including the UN Secretary-General brief on education and the “Save our futures” white paper), and the final declaration of the Global Education Meeting in 2020. UNESCO is launching a collaborative initiative to develop a global status report on school health and nutrition.

For SDG 4 (quality education)

- 114.** In 2021, UNESCO supported more than 90 countries, including over 40 in Africa, to strengthen CSE and promote safe, inclusive learning environments. They reached more than 30.2 million learners in 2018–2021. In eastern Europe and central Asia, It partnered with UNFPA and BZgA on a CSE assessment in five countries (Georgia, Moldova, Kyrgyzstan, Tajikistan and Uzbekistan). Drawing on an analysis of existing literature on research gaps and consultative process, UNESCO finalized a brief in 2021 to guide future investments in CSE research.

With regard to SDG 5 on gender equality

- 115.** UNESCO provides global leadership, standard-setting and strategic vision on gender equality in and through education. In 2021, a key focus was the inception of the Education Plus initiative, co-convened with the UNAIDS Secretariat, UNFPA, UNICEF and UN Women, and addressing the disproportionate HIV risk and vulnerability of adolescent girls and young women in sub-Saharan Africa. UNESCO is contributing to this initiative through its longstanding experience of working with ministries of education and by linking efforts with ongoing initiatives, including the “Our Rights, Our Lives, Our Future” (O3) programme, which seeks to transform gender norms and attitudes of learners, challenge rigid notions of masculinity and promote gender equality.
- 116.** UNESCO continues to play a leading role in work to eliminate school-related gender-based violence (SRGBV), co-chairing the Global Working Group to End SRGBV with the UN Girl’s Education Initiative. It also coordinated three regional meetings on the issue in 2020–2021. Work on school-related gender-based violence continues through the “Connect with Respect” curriculum tool, which supports teachers to prevent and address the issue. The curriculum was piloted in seven countries in Africa and Asia, which produced a wealth of data on the effectiveness of the intervention and on effective approaches for teacher training and for integrating the short course into school curricula. In 2021, a key focus of efforts was the development of a [multicountry synthesis report](#) highlighting key findings and recommendations, alongside an updated version of the “[Connect with Respect](#)” [toolkit for the eastern and southern Africa region](#). The report and the toolkit were published in 2022.
- 117.** UNESCO remains at the forefront of efforts to defend the right to education of gender-diverse learners. In 2021, the UNESCO’s Global Education Monitoring team published a policy brief “[Don’t look away: no place for exclusion of LGBTI students](#)”. The brief provides evidence-informed recommendations for governments to protect the rights of LGBTI+ learners, improve monitoring of school-based bullying and violence, and create a positive, supportive learning environment. In May

2021, UNESCO also supported the NGO MAG Jeunes LGBT and OutRight Action International to co-organize a virtual global conference on the rights and inclusion of LGBTI+ youth. Among other matters, it focused on strategies for combating school violence and bullying based on sexual orientation and gender identity.

HIV in the context of the COVID-19 response

- 118.** UNESCO helped schools and learners cope with COVID-19, while continuing to respond to learner’s HIV and SRH-related needs. UNESCO continues to co-convene a technical advisory group (with WHO and UNICEF), and a research network working group (with WHO) on COVID-19 and educational Institutions. UNESCO also contributed to the development of a range of informational and normative materials, addressing such issues as school re-openings, gender-based violence, ensuring safe learning experiences. UNESCO supported national education ministries in five countries (Botswana, Eswatini, South Africa, Zambia and Zimbabwe) to develop guidelines for school re-openings following COVID-19-related lockdowns.
- 119.** A key focus has been on addressing the gender-impact of the COVID-19 pandemic. In September 2021, UNESCO released a global study “When schools shut”, which exposed the immediate and long-term threat that school closures posed for gender equality, with gender-specific effects on health, well-being and protection. UNESCO supported the development of e-learning and distance-learning solutions to ensure that young people still had access to HIV and health education, including through “Youth talk” radio programmes or the “Let’s talk at home” campaign on early and unintended pregnancy. With the Malala Fund, Plan International, the UN Girl’s Education Initiative and UNICEF, UNESCO also launched “Building back equal: girls back to school guide”. The guide was released with the African Union and used for Liberia’s national strategy for girls’ education and Nepal’s back-to-school planning. In western and central Africa, the “Keeping girls in school” campaign trained media and young people to advocate for girls to return to school by using, for instance, a variety of

topical messages broadcast on radio and television programmes to raise awareness on the protective effect of education. Community-based dialogues with religious and community leaders also addressed gender disparities in education.

Case study: Reaching religious leaders in the United Republic of Tanzania on adolescent and sexual and reproductive health and rights



120. The involvement of religious leaders is of paramount importance for reaching more young people, including those who are not in mainstream education. In October 2021, UNESCO provided over 560 copies of the [religious leaders' adolescents, sexual and reproductive health and rights toolkit](#) to the Tanzania Interfaith Partnership.

121. The toolkit aims to equip religious leaders with resources for engaging with their communities to address the needs and challenges related to adolescent SRHR. The toolkit addresses key needs and challenges with respect to SRH, HIV and gender-based violence. Two versions of the toolkit, one for Muslim and the other for Christian denominations, were developed, adapting the generic toolkit developed in 2019 by the World Council of Churches to the Tanzanian context. Each version of the toolkit included citations from the Quran and the Bible.

122. The Tanzania Interfaith Partnership hailed UNESCO for the support and for its move to create ties with clerics as key entry points to affect the attitudes and behaviours of young people. Clerics who participated in the handover ceremony acknowledged the importance of SRHR to help young people create more mindful, respectful, equal and informed communities.



WORLD HEALTH ORGANIZATION (WHO)

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO WHO'S MANDATE

- 123.** WHO aims to ensure that a billion more people have UHC, a billion more people are protected from health emergencies, and a billion more people achieve better health and well-being by 2023. Through offices in more than 150 countries, WHO staff work with governments and other partners to ensure the highest attainable level of health for all people. WHO also ensures the safety of medicines and health-sector commodities required for an effective response to HIV.
- 124.** As a founding Cosponsor of the Joint Programme, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines and HIV/TB co-infection. WHO jointly coordinates work with UNICEF on EMTCT of HIV and paediatric AIDS. WHO works with UNFPA on SRHR and HIV. With the World Bank, WHO convenes actions to drive progress towards achieving UHC, including through primary health care. WHO partners also with UNODC on harm reduction and programmes to reach people who use drugs and people in prison and other closed settings.
- 125.** In the face of ongoing and extraordinary challenges due to the COVID-19 pandemic, WHO in 2021 led the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, guidance, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries to drive action and impact; reporting on the last year of the 2016–2021 global health sector strategy on HIV, and drafting the 2022–2030 global health sector strategies on HIV, viral hepatitis and STIs for consideration at the 75th World Health Assembly in May 2022.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Supporting and certifying progress towards eliminating vertical transmission.** With support from WHO, 15 countries had been certified (by end-2021) as having eliminated vertical transmission of HIV and/or syphilis with one country on the path to elimination. [Botswana became the first high-burden country to be certified as achieving the “silver tier” on the path to EMTCT of HIV \(3 December 2021\).](#)
- **Enabling progress towards the 90–90–90 targets.** At the end of December 2021, 20 countries were nearing and 8 countries had achieved the 90–90–90 (84% / 73% / 64%) targets for testing, treatment access and viral suppression of HIV.
- **Generating strategic information for action.** In May 2021, WHO released the [Global progress report on HIV, viral hepatitis and sexually transmitted infections](#), showing progress and gaps in implementing the 2016–2021 strategies. The report noted that 73% of all people living with HIV and 85% of pregnant women living with HIV were receiving ART, leading to substantial declines in mortality and fewer paediatric HIV infections. WHO reported that 1.5 million people had been newly infected with HIV in 2020, three times more than the global target of <500 000 new infections set for 2020. Lessons learned included: the need to advocate for and support the expansion of new prevention technologies, including social and structural determinants, in the next phase of the global health sector strategies with reference to the UNAIDS Global AIDS Strategy 2016–2026; and the importance of providing implementation guidance on combination HIV prevention, including for balancing funding for various prevention priorities.

- **Issuing normative guidance.** WHO launched the [updated “Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach”](#) (July 2021). This publication brings together important clinical and programmatic updates produced by WHO since 2016 and provides comprehensive, evidence-informed recommendations and good practice statements within a public health, rights-based and person-centred approach.
- **Addressing HIV drug resistance.** WHO released the [“HIV drug resistance report 2021”](#) (November 2021), which gives an in-depth picture of the problem and the steps that countries are taking to ensure that people will receive effective medicines to treat and prevent HIV. The report reveals that in 2020, 64% of focus countries (countries with a high burden of HIV infection) had national action plans to prevent, monitor and respond to HIV drug resistance.

Contribution to progress towards the Sustainable Development Goals

- 126.** WHO in 2020–2021 catalyzed and supported gains towards SDG health targets, including the goal of ending AIDS as a public health threat by 2030. Progress towards global HIV testing and treatment targets continued. By the end of 2021, 187 (96%) countries, accounting for 99% of all people living with HIV, had adopted and were following the “treat all” guidance. Seventy-two per cent of countries had adopted and were implementing rapid initiation of ART. As well, 86% of low- and middle-income countries had adopted and were using the WHO preferred first-line treatment for all populations, and 81% had adopted longer ART pick-up policies to maintain ART services during the COVID-19 pandemic. Use of PrEP has increased globally, with 130 (67%) countries having adopted the oral PrEP recommendation, and 800 000 people having benefitted as of 2020.
- 127.** By the end of 2021, over 90% of low- and middle-income countries were integrating other services (nutrition, TB, maternal and child health) into HIV services, although only 41% of these countries are delivering ART in primary health care services.
- Seventy-two countries have national strategic plans for STIs, including HIV and eight countries have EMTCT strategies for HIV and syphilis. In July 2021, WHO updated the full [“Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring”](#), which included updated recommendations on differentiated service delivery models.
- 128.** WHO continues to be a key partner in the Global HIV Prevention Coalition, defining the overarching prevention framework and working in 2020–2021 on COVID-19 adaptations and ways to maintain prevention service access. WHO provided technical assistance and virtual support on HIV prevention, including to the Global Fund to support accelerated uptake of PrEP.
- 129.** WHO actively promoted the impact and importance of studies undertaken by the HIV Prevention Trials Network (HPTN 083) on the safety and efficacy of the long-acting injectable ARV drug, cabotegravir, for PrEP in HIV-negative cisgender men who have sex with men and transgender women who have sex with men. WHO is producing new guidance to offer long-acting injectable cabotegravir as HIV prevention for people at substantial risk of HIV infection. This guidance follows approval of cabotegravir by the U.S. Food and Drug Administration on 20 December 2021, based on the results of HPTN 083 and HPTN 084 studies, as the first long-acting injectable option for HIV PrEP.
- 130.** WHO launched the updated [“Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus”](#). The third edition of global guidance brings together a package of interventions and metrics to support the integrated management and monitoring of vertical transmission for HIV, syphilis and hepatitis B across a wide range of epidemiological and programmatic contexts.
- 131.** WHO released a [new toolkit to support quality HIV testing services](#) and enable countries to accelerate their ongoing efforts to fully adopt WHO guidelines and transition to new HIV testing algorithms. WHO recommended that countries

adopt a standard HIV testing strategy with three consecutive reactive tests for an HIV-positive diagnosis to ensure quality services as countries move towards achieving the UNAIDS 95–95–95 targets.

132. In November 2021, a High-Level Regional Summit for HIV/AIDS in western and central Africa was convened with the support of the UNAIDS Secretariat and WHO, where heads of states, civil society representatives and implementers supported the [Dakar Call to Action to end AIDS in western and central Africa](#), with a particular focus on addressing the needs of children and key populations. The WHO Regional Committee in August 2021 adopted a [framework for an integrated multisectoral response to TB, HIV, STIs and hepatitis in the African region in 2021–2030](#), which will guide the WHO HIV response in Africa.

133. WHO and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction launched new recommendations for screening and treatment to [prevent cervical cancer for all women and among women living with HIV](#). The new guidance supports countries to accelerate progress more equitably on the screening and treatment of this devastating disease.

134. In November 2021, in commemoration of the [Cervical Cancer Elimination Day of Action](#), WHO, alongside countries and communities around the world, held a day of action and launched local campaigns to celebrate the first-ever global commitment to eliminate cervical cancer through the adoption of a global strategy to accelerate the elimination of cervical cancer as a public health problem, following a resolution passed by 194 countries.

135. The [WHO Advisory Group of Women Living with HIV](#), established in April 2019, continued to meet and offer its advice to WHO. WHO also convened a virtual meeting of the [WHO Strategic and Technical Advisory Committee on HIV and viral hepatitis and STI experts](#) in September 2021 to present draft global health sector strategies for 2022–2030.

136. WHO, alongside the UNAIDS Secretariat, PEPFAR, UNICEF and the Elizabeth Glaser Pediatric AIDS Foundation, launched a [new report about inequalities in access to HIV prevention and treatment services for children](#). The organizations called for urgent action and warned that progress towards ending AIDS among children, adolescents and young women had stalled and that none of the child-specific targets for 2020 had been met. The report outlines three actions necessary to end new HIV infections among children in the focus countries: reach pregnant women with testing and treatment; ensure the continuity of treatment and viral suppression during pregnancy, breast-feeding and for life; and prevent new HIV infections among women who are pregnant and breast-feeding.

137. WHO worked on the integration of existing services for noncommunicable diseases and communicable diseases, including in national HIV, TB and SRH programmes and coordination across the health system as a whole. A multidepartmental working group was established and is developing guidance and toolkits to assist countries on which strategic approaches to adopt and how to implement and measure the impact of noncommunicable disease integration in health systems.

138. WHO released a [2021 report on HIV drug resistance](#), which reports on resistance to PrEP and integrase inhibitors. It also expanded a [network of HIV drug resistance laboratories](#), which now includes 34 laboratories in 24 countries around the world designated by WHO for HIV drug resistance testing.

HIV in the context of the COVID-19 response

139. The COVID-19 pandemic had a major impact on the continuity of essential HIV health services in several regions, putting at risk the benefits accrued over the last two decades. In response, WHO issued guidance on maintaining essential health services including specific measures such as multimonth dispensing of ARV drugs to those who are clinically stable on current treatment and take-home doses of opiate substitution therapy

drugs for people who inject drugs. [Throughout 2021, WHO reported on learnings from COVID-19.](#) Countries and communities world-wide have responded in innovative ways to adapt, combine, differentiate, decentralize and simplify health services to meet people's needs during the crisis.

140. Accelerating policy implementation. [Many countries world-wide were able to implement existing policies to provide multimonth supplies of ARV medicines to people who did not have access to health facilities.](#) This improved patient security by ensuring continuity of HIV treatment, but also required adequate ARV drug stocks. Other programmes followed suit and provided opioid substitution therapy and other treatments for multiple months.

141. Leveraging health systems capacity. In sub-Saharan Africa, countries used existing HIV and TB laboratory infrastructure, sample transportation, quality assurance mechanisms and staff to provide COVID-19 testing, although in some cases this led to delays in testing for other diseases in the early phase of the response.

142. Simplifying community-based delivery. In the WHO South-East Asia Region, countries shifted service delivery from facilities to communities, providing take-home doses of opioid substitution therapy to people who inject drugs, home delivery of ARV medicines for people unable to reach facilities, community delivery of PrEP, introducing telehealth consultations and training HIV teams, including virtually, on COVID-19 prevention and management.

143. Developing strategies for safe delivery. In sub-Saharan Africa, programmes delivering voluntary medical male circumcision developed safer and more targeted mobilization strategies. For example, in Uganda, a voluntary medical male circumcision programme got back on-track by using strategies such as placing branded hand-washing stations in densely populated urban areas to support COVID-19 prevention efforts and emphasizing that voluntary medical

male circumcision services remained available. It restarted door-to-door mobilization and employed community educators to deliver COVID-19 awareness and messages promoting voluntary medical male circumcision.

144. Expanding the use of self-care interventions.

A project in Bulgaria provided HIV self-testing and telemedicine to key populations. Supported by a vast social media campaign to disseminate information, the initiative linked transgender people and gay men and other men who have sex with men to HIV testing without having to visit a health facility. A dedicated phone line was also available for follow-up. HIV self-testing has also been expanded in many countries in the Africa, Asia and the Americas.

145. Increasing the use of digital health. In the WHO

Region of the Americas, a project delivering PrEP to young key populations in Brazil adapted its approach during the COVID-19 pandemic by using telehealth, social media and an artificial intelligence chatbot to recruit participants and provide information and peer support. The team also provided discrete home delivery of condoms, lubricants, self-tests for HIV and medicines for PrEP.

146. The pandemic has demonstrated the importance and effectiveness of making full use of people-centred and community-led solutions to deliver essential services in an equitable and sustainable way. Maintaining these innovative approaches as part of a catch-up of services can enable countries to fully leverage the resilience of health and community systems and respond to the needs of the most vulnerable people in the path towards the SDGs.

THE WORLD BANK

KEY STRATEGIES AND APPROACHES TO INTEGRATE HIV INTO THE WORLD BANK'S MANDATE

147. The World Bank provides financial and technical support to low- and middle-income countries with the overarching aim of ending poverty and promoting shared prosperity. Ensuring that everyone has access to essential services regardless of ability to pay is a critical part of this and health is at the heart of its flagship Human Capital Project to drive more and better investments in people. The World Bank is committed to making HIV a core component of effective, equitable health systems and of efforts to advance sustainable development for all.

148. HIV is integrated across the World Bank's work, given the centrality of ending AIDS for long-term development. For example, the World Bank has integrated HIV and gender-based violence awareness in a Lesotho infrastructure project; provided combination HIV prevention for key populations in a Southern Africa trade and transport project; strengthened HIV, STI and TB programming prevention for the indigenous Ayoreo community via the Bolivia Santa Cruz Road Corridor Project; and integrated HIV prevention programming in the development of the Djibouti-Addis corridor. The World Bank contributes to HIV prevention among key populations and young people, advancing gender equality and combatting gender-based violence, HIV-sensitive social protection, education (with a particular focus on girls) and services in conflict-risk setting.

149. Under the UNAIDS Division of Labour, the World Bank co-leads, with UNDP, the Joint Programme's work on efficiency, effectiveness, innovation and sustainability of the global HIV response. This entails supporting efforts to ensure the response is fully funded and efficiently implemented, informed by strategic information, and leveraging innovation

to maximize the impact of available resources. In collaboration with WHO, the World Bank co-leads on integrating people-centred HIV and health services in the context of stronger systems for health, particularly the decentralization and integration of HIV-related services.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Strengthening access to HIV services.** The World Bank completed a multiyear project in India to increase safe behaviours among key populations and other vulnerable groups, supporting community-led initiatives in selected areas and reaching, on average, over 85% of the targeted populations. Numerous projects strengthened the health systems on which the HIV response and access to quality services depends.
- **Empowering women and girls to reduce vulnerabilities and boost resilience.** The Bank worked across multiple fronts: tackling gender-based violence; education (with a portfolio of 180 education projects affecting more than 150 million girls and young women); the nine-country [Sahel Women's Empowerment and Demographic Dividend Project](#), integrating reproductive health and actions to address gender-based violence in education, and providing scholarships and material support for more than 210 000 girls, as well as the Human Capital Project, which spotlights investing in maternal and new-born health, including HIV-related services.
- **Expanding social protection.** With an extensive portfolio of social protection projects during the biennium benefiting nearly 1 billion individuals and representing investments of US\$ 12.5 billion, the World Bank used these programmes to reduce HIV vulnerabilities. In [Rwanda](#), almost 2 million impoverished beneficiaries benefitted from Bank-supported cash transfers. Cash transfer payments in [Zambia](#) scaled up to almost 30% of the general population and 50% of the impoverished

population, reaching over 973 000 households. Projects such as ID4D provided millions of the most vulnerable people globally with digital access to social protection and other services.

- **Aiding national responses to COVID-19.** To meet unprecedented emergency needs and protect access to essential services including HIV-related services, the World Bank Group launched its COVID-19 response, reaching over 100 countries. From April 2020 through June 2021, financing totalled more than US\$ 157 billion, with the Health Strategic Preparedness and Response Program helping countries access financing for health needs.
- **Supporting long-term sustainability.** The World Bank supported fiscal space for essential health and human investments through. It did so through the Sustainable Development Bonds scheme and by supporting the [Debt Service Suspension Initiative](#) to help countries preserve precious resources to safeguard the lives and livelihoods of millions of the most vulnerable. About US\$ 5 billion in relief went to over 40 countries. The Bank worked with countries to make the most of available resources to boost outcomes and equity. It undertook numerous analyses to inform targeting of resources, leverage innovations (including digital health) and boost access through integration, health benefit package optimization, UHC and primary health care strengthening initiatives.

Contribution to progress towards the Sustainable Development Goals

SDG 3 (health) and SDG 16 (peace and justice)

- 150.** To contribute to SDG 3, the World Bank advances appropriate service integration and promotes sustainable financing. The World Bank Group and the Global Fund are in the midst of a five-year commitment to contribute US\$ 24 billion towards UHC in Africa (US\$ 15 billion from the World Bank). The Global Financing Facility for Women, Children, and Adolescents operates in 36 countries and plans to expand to 50 countries, following a replenishment that raised more than US\$ 1 billion in commitments.
- 151.** To strengthen coordination and maximize impact,

the World Bank and the Global Fund signed a [cofinancing framework](#) to accelerate country efforts to end HIV, TB and malaria, and build sustainable systems for health. Support provided includes a US\$ 36 million project in Lao PDR to improve the quality of care and reach vulnerable populations (including women, children and key populations) and a US\$ 25 million, 15-year project to improve health and nutrition services for women and girls in Niger.

- 152.** To support sustainability, efficiency and effectiveness in the HIV response, the World Bank worked with partners to conduct over 20 allocative and implementation efficiency studies and support key databases, knowledge-sharing and capacity building. Countries benefiting included Botswana, Indonesia, Kenya, Malawi and 11 countries in eastern Europe and central Asia. The World Bank also supported country studies on the financial sustainability of HIV interventions in the context of UHC. Examples include health financing system assessments in countries such as [Côte d'Ivoire](#) and the [United Republic of Tanzania](#) (public expenditure review); Viet Nam (assessing readiness for care integration including HIV-related services); [Colombia](#) (using primary health care to reduce inequities); [the Philippines](#) (transitioning to UHC); [Malawi](#) (targeting specific districts to close coverage gaps); as well as a global paper on reimagining primary care, including HIV-related services, in [rural and under-served settings](#). It also worked with countries to advance national digital health capacities to further the use of information technology to improve impact and access to services for marginalized communities, including through digital health assessments.
- 153.** The 19th replenishment for the International Development Association (the Bank institution dedicated to supporting the poorest nations) includes a record US\$ 26 billion for countries affected by fragility, conflict and violence, with health, including HIV, a central priority. As of June 2021, the International Development Association had committed US\$ 14 billion to fragility, conflict and violence-affected settings.
- 154.** The UN and the World Bank work together under a Strategic Partnership Agreement that enables the Bank to provide additional funding

for implementation capacity to achieve the SDGs, including health and other objectives critical for HIV. UNHCR, the Department for International Development (UK), and the World Bank established [a forced displacement partnership](#) generating evidence on what works in areas central to the HIV response. Operational programmes targeted areas across Africa and the Middle East, among others, with a focus on health including HIV support services. For example, displacement impact projects (for Djibouti, Ethiopia, Kenya and Uganda), targeted access to basic health and social services, including services essential for people living with and vulnerable to HIV with support for community-based service delivery.

SDG 5 (gender equality) and SDG 10 (reduced inequalities)

155. Sixty per cent of the World Bank's operations target gender gaps and the full incorporation of women in economies and societies, with multiple projects addressing gender equality issues, including in health and HIV. As of [2021](#), the Umbrella Facility for Gender Equality portfolio included grants to advance gender equality in 98 countries.

156. Since 2012, over 200 World Bank projects have included work on gender-based violence. In 2020–2021, Nepal used World Bank funding to reach more than 25 000 survivors with integrated services. The [Gender-Based Violence Prevention and Response Project](#) in the Democratic Republic of Congo had, as of March 2021, reached more than 450 000 direct beneficiaries, initiating post-exposure prophylaxis within 72 hours in 100% of eligible cases. Key World Bank reports included a gender-based violence assessment in the United Republic of Tanzania and a study on gender-based violence and violence against children in refugee-hosting districts in Uganda.

SDG 1 (no poverty), SDG 4 (quality education), and SDG 8 (decent work and economic growth)

157. The World Bank managed an extensive portfolio of social protection projects during the biennium benefiting nearly 1 billion individuals and representing investments of \$12.5 billion. The World Bank has over 100 active social protection

and labour projects, representing investments of US\$ 20 billion.

158. The World Bank is the largest financier of education in low- and middle-income countries. As of October 2021, its [educational portfolio](#) totalled US\$ 23.3 billion, with programmes in over 160 countries, including (as of January 2021) US\$ 2.3 billion for girls' education. World Bank-supported programmes reached more than 160 000 girls and adolescents with life-skills education and quality health services through the Sahel Women's Empowerment and Demographic Dividend Project; benefited more than 96 000 low-income women and girls in Zambia; and benefited almost 500 000 girls in Pakistan with interventions to shift social norms regarding girls' education.

HIV in the context of the COVID-19 response

159. The World Bank Group worked on multiple fronts to help individuals, communities and countries weather the shocks associated with the COVID-19 pandemic. Securing financing sources to protect health and social other systems was a critical first step. From April 2020 through June 2021, COVID-related financing totalled over US\$ 157 billion (including US\$ 45.6 billion in International Bank for Reconstructions and Development financing, and US\$ 53.3 billion in International Development Association resources).

160. In 2021, the World bank raised US\$ 68 billion in sustainable development bonds, including an innovative US\$ 100 million bond supporting sustainable development and the global response to COVID-19, with US\$ 50 million in financing going to UNICEF to address the pandemic's impact on children.

161. The World Bank and the IMF urged the establishment of the [Debt Service Suspension Initiative](#) and supported it by monitoring spending, enhancing public debt transparency, and ensuring prudent borrowing. The Bank also helped the G20 establish the Common Framework for Debt Treatment Beyond the Debt Service Suspension Initiative, which will help countries that face unsustainable debt burdens secure the debt relief they need, working on a case-by-case basis

UNAIDS SECRETARIAT

162. By fulfilling its five strategic functions, the UNAIDS Secretariat drives the global AIDS agenda and mobilizes political commitment, partnerships and resources for the response to HIV; provides coordination, convening and country implementation support; generates strategic information; and ensures the effectiveness of the Joint Programme, including its governance and accountability.

Global Fund, PEPFAR and other investments and brokered or provided effective technical support for enhanced national capacities, especially for differentiated service delivery models.

- **Strengthening accountability.** Governance and mutual accountability within the Joint Programme were strengthened through elevated PCB engagement and oversight, adoption of a new 2022–2026 UBRAF, quality reporting and evaluations.

TOP ACHIEVEMENTS ON HIV IN 2020–2021

- **Shaped a new global and ambitious vision and inspired renewed political commitment towards ending AIDS.** A new Global AIDS Strategy 2021–2026 was developed and adopted, and the UN General Assembly endorsed the 2021 Political Declaration on ending HIV and AIDS, which rallied an inclusive movement bringing together governments, communities, other civil society and partners.
- **Championed HIV prevention, human rights and gender equalities for all.** The Secretariat focused especially on actions to address the needs of people most left behind, in a context of the HIV and COVID-19 pandemics at global, regional and country levels.
- **Placing communities at the centre of the response.** The Secretariat elevated the voices of key populations and worked to ensure that people living with and affected by HIV are at the centre of decision-making for HIV, COVID-19 prevention and impact mitigation, including through sharing and scaling up innovative community-led response and learning.
- **Generating strategic data and enhancing capacities for impact.** The Secretariat generated and disseminated authoritative and vital strategic information for evidence-informed programmes. It also prioritized more sustainable domestic,

Leadership, advocacy and communication

Renewed global commitments towards ending AIDS by 2030

- 163.** The Secretariat, in close collaboration with its Cosponsors, remained the leading advocate on strategic HIV-related issues, with a specific focus on catalyzing actions to address inequalities in the context of HIV and COVID-19. The [Global AIDS Strategy 2021–2026](#), drawing on the engagement of more than 10 000 stakeholders and endorsed by the PCB, calls for applying an inequalities lens across all aspects of the response and for closing key gaps to get the response on-track to end AIDS as a public health threat by 2030.
- 164.** The successful 2021 General Assembly's [High-Level Meeting](#), made possible by extensive support from the Secretariat with Cosponsors, called on world leaders to prioritize the HIV response and adopted the [Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030](#). It includes the ambitious goals and targets set out in the Global AIDS Strategy, including elevating the focus on social enablers (through the 10–10–10 targets), and the 95–95–95 targets for services with coverage targets in all relevant subpopulations. Preparatory dialogues included over 3,000 community representatives and advocacy by 11 regional youth and global youth networks. The 2021 High-Level Meeting generated extensive high-level and world-

wide media coverage, and nearly 13.5 million people engaged with the High-Level Meeting through social media. Momentum was continued with the [“Dear World Leader” campaign](#) and in western and central Africa with the [Dakar Call](#) to reinvent the response to the HIV pandemic.

165. The 2025 targets, part of the Global AIDS Strategy, were informed by a robust [evidence review of the UNAIDS Strategy 2016–2021](#) which highlighted the global response’s progress and gaps, identified successful approaches that should be expanded, showed which populations and locations lag behind, and emphasized critical interventions for ending AIDS by 2030. Costing analyses indicated that US\$ 29 billion annually will be required to achieve the targets and outcomes outlined in the Global AIDS Strategy.

World-wide advocacy to uphold societal enablers

166. The Secretariat, with its co-convenor UNFPA, elevated the visibility of and support for the HIV prevention agenda, by supporting the 28 focus countries of the [Global HIV Prevention Coalition](#) to create national HIV prevention coalitions or technical working groups. The Secretariat launched the [“We’ve got the power—Women, adolescent girls and the HIV response report”](#) as the foundational UNAIDS advocacy and accountability platform for gender equality, providing an action agenda for countries to tackle structural drivers through an intersectional lens. The [Education Plus initiative \(2021–2025\) for the empowerment of adolescent girls and young women in sub-Saharan Africa](#)—co-led by the Secretariat, UNESCO, UNFPA, UNICEF and UN Women—was launched in 2021. Five champion countries have committed at the highest level to a comprehensive package to ensure that every adolescent girl has safe, HIV-free transitions to adulthood. [The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination](#) now has 29 country partners. In 2020–2021, it leveraged synergies with key global initiatives on stigma and discrimination and promoted targeted advocacy, including the

[#MoreThan campaign](#) to increase political will and action to combat stigma and discrimination. Issues faced by specific key populations were highlighted through initiatives such as the [“See me as I am campaign”](#), which is tackling discrimination faced by transgender children across the world.

167. Communications and advocacy campaigns coordinated by the Secretariat with all Cosponsors—including those focused on World AIDS Day, International Women’s Day and Zero Discrimination Day—delivered key messages on the importance of eliminating discrimination against women and girls, the need to empower communities, gaps in access to HIV and COVID-19 services, as well as global solidarity and shared responsibility. These and other campaigns achieved very broad reach. UNAIDS social media accounts attracted more than 62 million impressions and 5.6 million engagements. The Secretariat also focused on the 40 years of the epidemic by highlighting long-term survivors. In 2021, UNAIDS was mentioned in 10 900 media articles and ONUSIDA in 2,250 articles.

Partnerships, mobilization and innovation

Catalytic partnerships to get the response back on track

168. The Secretariat supported continuation and strengthening of key global partnerships on HIV. The enduring vitality of the strong global partnership in the response was highlighted by a joint call to [Partnering to get back on track to end AIDS by 2030](#), issued during the UN General Assembly, by UNAIDS, the First Lady of Namibia, PEPFAR and the Global Fund.

169. The Secretariat’s partnership with the African Union was deepened, with a renewed [UNAIDS-African Union Commission Memorandum](#) for recommitment of member states to end AIDS through the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030. The Secretariat also supported a new health financing roadmap outlined by the African Union

Commission. The Secretariat partnered with a broad array of collaborators in the Africa region, including the African Peer Review Mechanism, the Organization of African First Ladies for Development (OAFILD) and supported advocacy for creation of the African Medicines Agency.

170. Community empowerment and-led approaches including multiple innovations and resilience that are so critical were actively promoted, supported at the global, regional and countries by the Secretariat such as the [creation of the first regional network of people living with HIV launched in the Middle East and North Africa](#). They were also widely shared to highlight the role and contribution of communities such as [networks led by young people in Asia and the Pacific find ways to adapt to COVID-19 and deal with uncertain futures](#) and [the vital role of community-led organizations in pandemic response and preparedness](#). Partnerships with multiple community networks and other civil society organizations intensified in 2020–2021 to accelerate services delivery and rights protection.

171. More than 2300 individuals and organizations joined the Secretariat-supported Inter-Faith Health Platform (IFHP), and eight countries participated in the UNAIDS-PEPFAR Faith Initiative to leverage the influence of national faith partners in the HIV and TB response. IFHP documented 42 key interventions by the faith sector in the [Compendium of Promising Practices](#) and continues to promote access to HIV services through the interfaith [12 Million Campaign](#).

Leveraging investment and beyond for communities—more than money

172. The Secretariat’s meaningful collaboration and coordination with the Global Fund further intensified in 2020 and 2021. Its engagement helped ensure the alignment of the Global Fund’s Strategy (2023–2028) with the Global AIDS Strategy. The Secretariat actively called for the Global Fund to be fully funded, and brought additional value (see [More than money](#)) to the Global Fund through support at each stage of the Global Fund’s work (see box):

In 2020–2021, UNAIDS Secretariat:

- Supported 64 countries in Global Fund applications (representing approximately US\$ 7.4 billion of approved allocations);
- Engaged as member of Country Coordinating Mechanisms in 77 countries;
- Elevated and reframed HIV prevention to focus on priority populations through the Global Prevention Coalition in 28 countries;
- Generated greater focus on the five pillars of HIV prevention, leading to Global Fund prevention investments rising from US\$ 641 million in 2015–2017 to US\$ 845 million in 2021–2023;
- Provided technical support for 12 Global Fund Strategic Initiatives on HIV and cross-cutting issues such as human rights and gender;
- Supported applications to Global Fund’s COVID-19 Response Mechanism in 22 countries and supported Global Fund and PEPFAR donor calibration meetings in 9 countries to ensure alignment of COVID-19 and HIV efforts;
- provided technical support, with UNFPA and other partners, to operationalize the Global Fund Strategic Initiative on condom programming in 4 countries;
- Provided technical support for quality reviews of national HIV strategies in more than 20 countries;
- Strengthened inclusion of mental health aspects in Global Fund applications in 15 countries;
- Guided and amplified links between HIV and cervical cancer, leading to the mobilization of US\$ 9.6 million in 12 countries in eastern and southern Africa;
- Addressed political and technical challenges on HIV/TB implementation through the HIV Situation Rooms in 13 countries; and
- Guided the Global Fund’s efforts to address humanitarian concerns in its grant-making.

173. The Secretariat continued its close collaboration with PEPFAR, especially its strategic planning processes. The Secretariat supported PEPFAR to align its work with the global AIDS targets and provided technical support and guidance for data-driven prioritization and mobilizing support from countries during the 2020 and 2021 PEPFAR country and regional operational plans.

Strategic information

174. The Secretariat continued to lead and further strengthen the world's most comprehensive and widely used collection of HIV-related strategic information. It led the consultative development of updated HIV targets and estimates of resources needed for the global AIDS response up to 2030, which informed the 2021 Political Declaration and the new Global AIDS Strategy and will guide major global partners and national target-setting and strategic planning.

175. The Secretariat collected annual information on the global AIDS response through the Global AIDS Monitoring platform from all UN Member States, based on a coordinated and harmonized global framework. Support was provided to 140 countries to apply the epidemiological estimation model to create district-level HIV estimates. Strategic data were analysed for countries and summarized in UNAIDS flagship reports, including the [2021 Secretary General's report on HIV and AIDS](#), the [2021 Global AIDS Update](#), the [2021 World AIDS Day report](#), as well as the [2021 UNAIDS Data Book](#). Online data and information were disseminated through [AIDSinfo](#), the [Key Population Atlas](#), the [Laws and Policies database](#), and the [Financial Dashboard](#). The strategic data generated by UNAIDS informed national and global planning and investment, including the Global Fund 2024–2026 Investment Case. The Secretariat, with other partners, also monitored volumes and unit prices of ARVs per treatment regimen and supported National AIDS Spending Assessments in 12 countries.

Use of data for more targeted and efficient country programmes

176. The Secretariat intensified its support to countries in effectively using data to maximize the impact of national responses and to identify and address inequalities, including through more refined modeling of the HIV epidemic. Along with PEPFAR and WHO, the Secretariat co-chaired the HIV Situation Room, which in 2020–2021 conducted “deep data drives” in 13 countries to identify key challenges and ways forward, including accelerated use of innovations. Drawing on extensive epidemiological and financial data, as well as validated modelling tools, six countries developed HIV investment cases or efficiency analyses, while 10 countries explored alternative models for sustainable financing of community-led responses. Strategic analysis to optimized HIV investments in the eastern Europe and central Asia region is available, thanks to Secretariat support.

177. The Secretariat launched and led the Differentiated Service Delivery Taskforce as a platform for information-sharing, knowledge management, technical support, and strategic information generation and analysis. The work included a “deep data dive” in 15 countries and development of differentiated service delivery country profiles for 55 countries and five regions.

Tracking prevention, social enablers and community innovations

178. The collection and strategic use of strategic information for HIV prevention programmes was strengthened through data analytics, annual progress tracking (as reflected in [key findings from the 2021 score cards of the Global HIV Prevention Coalition](#)) and robust communication. Nearly 30 countries used the UNAIDS Condom Needs Estimation Tool to improve access to sexual and reproductive health-care services. The Secretariat worked to strengthen strategic information on social enablers, including development of a tool

for tracking stigma and discrimination. During the biennium, 17 countries either completed or were in the process of conducting the People Living with HIV Stigma Index.

179. The Secretariat documented [lessons from community innovations](#), highlighting 10 examples from an array of HIV-related innovations for treatment and prevention services, TB care, mental health issues, service quality and advocacy to remove punitive laws.

Coordination, convening and country implementation support

180. In 2020–2021, the Secretariat coordinated the development of and implementation by UN Joint Teams on AIDS of 91 country Joint UN Plans on AIDS to support national HIV responses (as well as undertaking work to develop a similar number for 2022–2023). The Secretariat coordinated country envelope funding, including allocating “business unusual funds” to Cosponsors as part of 84 country UN Joint Plans in 2020, and 83 UN Joint Plans in 2021 (US\$ 25 million each year).

Partnerships with and for communities

181. The Secretariat continued to prioritize communities as essential partners in the response in all regions. It provided guidelines and technical support on implementing community-led monitoring in 24 countries. This support helped strengthen community-led HIV service delivery by 179 organizations in western and central Africa, reaching more than 346 000 vulnerable people in the region. The Secretariat also provided catalytic grants to sustain the leadership and mobilization of four leading feminist networks of women living with HIV and various other support to multiple community networks in countries.

182. To enhance advocacy on issues of importance to sex workers and support rapid responses to country-level human rights concerns, the Secretariat collaborated with the Global Network of Sex Work Projects. The Secretariat supported GATE in the development and launch of guidelines for governments and communities to strengthen the engagement of trans persons in HIV national strategic planning.

Boosting national capacities and evidence for better programmes for impact

UNAIDS Secretariat, in close collaboration with Cosponsors, leveraged capacities and coordinated technical support (including 248 assignments managed by the Technical Assistance Mechanism, as well as “last-mile-first” initiatives) to improve the lives of key and vulnerable populations. The work included:

- collaboration with civil society such as with the Civil Society Institute for HIV and Health in West and Central Africa to provide capacity-building support to 460 partners in 17 countries;
- advocacy and technical support for law reform in at least 9 countries;
- intervention in crisis situations to avert violence and other harms among key populations in at least 8 countries;
- support for stigma index studies in 40 countries including a [multicountry People Living with HIV Stigma Index 2.0 study launched in Latin America](#);
- gender assessments of the HIV response in 10 countries;
- adjustment of subnational programme planning to strengthen local responses for key populations in 14 countries; and
- better aligning programmes to increase the effectiveness of service delivery for key and vulnerable populations in 9 countries.

Governance and mutual accountability

183. The PCB held an unprecedented six meetings during the biennium, as well as engaged through intersessional mechanisms via the PCB Bureau and multiple virtual opportunities for robust engagement and input. A premier policy-setting body for the HIV response, it held thematic dialogue segments on cervical cancer, COVID-19 and the importance of regional- and country-level data to meet global goals. The PCB’s 2021 report to ECOSOC and subsequent [2021 ECOSOC Resolution](#) recognized the value of the Joint Programme model.

Enhanced management and governance systems and practices

- 184.** The PCB elucidated its oversight and accountability through a Working Group on the Joint Inspection Unit's (JIU) review of UNAIDS management and administration, adopting an annex to the modus operandi. The Secretariat's response to the JIU recommendations have been taken forward and key management and governance systems and practices have been strengthened. In 2020, to further enhance accountability mechanisms and provide expert guidance on oversight issues, the PCB approved the terms of reference of an Independent External Oversight Advisory Committee, which was subsequently established.
- 185.** The Management Action Plan, developed to ensure a healthy, equitable and enabling workplace for all UNAIDS staff, was implemented. A gender-action learning programme was launched and implemented. In the context of the COVID-19 pandemic, special attention was dedicated to staff safety and well-being, and to ensure enabling working environments, despite the significant disruptions and constraints due to the pandemic. Communication and technological innovations enabled the Secretariat and Joint Programme to continue its work during the pandemic.

Funding dialogue and financial management

- 186.** Through close, ongoing relationship management with UNAIDS donors, the Secretariat mobilized US\$ 194 million in core contributions from government donors, including an extraordinary one-time contribution of US\$ 23 million from Germany (in addition to their regular contribution). The Secretariat mobilized US\$ 73.9 million in noncore contributions in 2020 and US\$ 72.2 million in noncore contributions in 2021. A structured funding dialogue, co-hosted by Sweden and the United States of America, was held at the end of 2021. It provided a dedicated space for the PCB and donors to dialogue with UNAIDS leadership on common values, vision and priorities and for reiterating the call for a fully funded UBRAF 2022–2026.

- 187.** The Secretariat continued to prioritize adherence to the highest financial, management and accountability standards, including audits and follow-up on past recommendations.

Improved accountability and solid evaluations

- 188.** The Secretariat made regular, comprehensive reports to the PCB on its performance. During the biennium, the PCB received the UNAIDS Financial Report, Interim Financial Management Update and Performance Monitoring Reports for 2018–2019 and 2020–2021, complemented by over 90 country and six regional reports. The Results and Transparency Portal offered stakeholders ready access to financial and performance data. Improved methods were used to track the Joint Programme's contribution to UN System-wide efforts and reduce duplication. The PCB approved the new UBRAF 2022–2026 and the Workplan and Budget for 2022–2023, which are fully aligned with the Global AIDS Strategy and which provide clear road maps for the Joint Programme's contribution to their implementation.
- 189.** In line with the PCB-approved evaluation policy, the independent Evaluation Office led and reported on multiple evaluations in various areas of work of the Secretariat and Joint Programme. Management responses were produced and actions followed, as reported to the December 2021 PCB.¹⁶ The Ethics Office was structured as a standalone office, reporting to the Executive Director.

Championing UN reform in action

- 190.** Continued efforts ensured further alignment of the Joint Programme with the 2016 and 2020 Quadrennial Comprehensive Policy Review (QCPR), as documented in UNAIDS reports on implementation of the QCPR and UN Funding Compact recommendations, which were submitted to the PCB. The Secretariat actively engaged in the UN SDG group, demonstrating the Joint Programme's strong commitment to UN reform and the Resident Coordinator system. For example, by 2021, up to 79% of UNAIDS Secretariat offices were in UN common premises.

¹⁶All evaluations reports are available at: [UNAIDS Evaluation office | UNAIDS](#).

191. Bold steps were taken to ensure that UNAIDS remains fit for purpose to deliver on its mandate under the Global AIDS Strategy. The Secretariat's alignment is aimed at enhancing its effectiveness, accountability, financial sustainability and diversity. The Secretariat is also moving towards being more knowledge-driven through the creation of four global thematic practices areas (data for impact, equality and rights for all, equitable financing and science, services and systems for all). Annual meetings of the Committee of Cosponsoring Organizations, as well as retreats in 2020 and 2021, supported effective coordination of action across the Joint Programme.

HIV in the context of the COVID-19 response

Advocating for vaccine equity and protection for all

192. The Secretariat staked out a leading advocacy role on COVID-19 vaccine equity, including through the push for a ["People's Vaccine"](#) and the UNAIDS Executive Director's repeated calls for urgent action to ensure rapid and equitable vaccine access (made through global media, advocacy platforms and dialogues in Africa), for a UN General Assembly session on vaccine equity, and for funding for the Global Fund's COVID Response Mechanism and for CEPI and COVAX. The Secretariat, together with UNODC, WHO and OHCHR, [urged countries](#) to protect incarcerated people from COVID-19 by rapidly decongesting prisons and other closed settings. In collaboration with MPact and the Global Network of Sex Work Projects, the Secretariat called for protection and support of the human rights of vulnerable populations in the context of COVID-19. It supported the development of guidance on harm reduction and COVID-19, with WHO and UNODC conducting regional webinars for policy makers. The Secretariat launched the [Solidarity Fund for key populations](#) and supported the launch of the Y+ Global COVID social aid fund for young people living with HIV.

Sustaining HIV services and human rights

193. The Secretariat developed and broadly disseminated a wide array of publications on

the intersections of [COVID-19 and HIV](#). Three briefs focused on strategies for maintaining HIV prevention service access in the context of the pandemic. Other reports documented and summarized the effects of COVID-19 on HIV prevention and human rights (including a 16-country review of the human right implications of the COVID-19 response) and the many ways in which HIV investments strengthened national responses to COVID-19.

194. The Secretariat supported the generation of strategic information in the context of COVID-19, collecting monthly data on HIV service disruption. As reported to the PCB, an analysis confirmed that the Joint Programme played an important role in a timely, coordinated response to COVID-19, mutually reinforcing the responses to both HIV and COVID-19 and placing people and communities at the centre of those efforts.

Putting communities at the centre

195. The Secretariat supported the extension of community-led differentiated service models in 10 countries to minimize service disruptions in the context of COVID-19. It reprogrammed US\$ 26.4 million to support community engagement and innovation, human rights, gender and equity and health financing in the context of the pandemic. Through these efforts, 85 countries received support for the delivery of ART, 10 countries included COVID-19 incidence and real-time programmatic response indicators in their Health Situation Rooms, seven were supported to address human rights violations, and people living with HIV received cash transfers in 12 countries, livelihood support in 10 countries and free food in 11 countries. The Secretariat provided funding to the International Treatment Preparedness Coalition to adapt its community treatment observatory model to implement community-led monitoring and advocacy during COVID-19. In collaboration with the ATHENA initiative, the Secretariat engaged adolescent girls and young women in seven sub-Saharan African countries to respond to COVID-19. The Secretariat mapped country-level innovations during COVID-19 and collaborated with partners to repurpose them.

196. The Secretariat collaborated with and supported the partnership for Accelerated COVID Testing in six countries, strengthening the capacity of more than 2,000 community health workers. In partnership with the African Union, it facilitated dialogue on partnerships to build Africa's capacity for local production and increase access to medicines, including an assessment of manufacturing capacity in Egypt, Nigeria and South Africa.

Contribution to progress towards the Sustainable Development Goals

197. The Secretariat made important contributions across the breadth of the Agenda for Sustainable Development. It played an important role in accelerating progress towards SDG 3 (health and well-being), with a specific focus on getting the AIDS response on-track to reach the SDG target of ending AIDS as a public health threat by 2030. It further engaged in the Global Action Plan for SDG3, serving as co-lead for the community engagement accelerator and participating in UHC2030.

198. The Secretariat supported achievement of SDG 1 (poverty) through advocacy and joint work with partners to expand HIV-sensitive social protection systems, including social protection assessments in 12 countries and one region.

199. Gains towards SDG 4 (quality education) and SDG 5 (gender equality), were advanced by the Secretariat's leading contribution, with others for the Education Plus initiative, advocated for measures to keep girls in school and to ensure that all young people have access to comprehensive sexuality education, technical guidance to address the impact of COVID-19 on women and girls in all their diversity; catalytic funding to organizations and networks of women living with HIV; and gender assessments to inform national HIV strategies and programmes.

200. The Global AIDS Strategy, endorsed by the PCB in 2021, calls for focused efforts to reduce HIV-related inequalities, in line with SDG 10 (reduced inequalities). The 10–10–10 targets for social enablers have enabled an intensified focus on using an inequalities lens across the HIV response. The Secretariat worked to empower and promote the inclusion of key and vulnerable populations through the community of practice jointly led by key populations organizations, which reached more than 1,200 individuals. A [UNAIDS statement at the Commission on Narcotic Drugs](#) stressed the importance of comprehensive harm reduction for successful HIV responses and of reaching people who use drugs during COVID-19.

201. In support of SDG 11 (sustainable cities), more than 380 cities have joined the Fast-Track Cities Network and the Secretariat continued its extensive technical support for localized action in 15 high-burden cities. It contributed to efforts to realize SDG 16 (peace and justice) by promoting and supporting inclusive governance, as well as legal and policy reforms.

202. The many partnerships leveraged by the Secretariat advanced the SDG 17 aim of partnerships for development. For example, the High-Level Regional Summit for HIV/AIDS, co-convened by the Secretariat and the Civil Society Institute on HIV in West Africa, outlined new ways forms of collaboration between governments, civil society and the UN.

2016–2021 Secretariat functions progress report

203. During the 2016–2021 UBRAF cycle, the five Secretariat functions were measured through 13 indicators that include 26 measurements. Progress has been steady, with continuous improvements over time. However, some indicators were negatively affected during the 2020–2021 biennium, including due to COVID-19.

S1: LEADERSHIP, ADVOCACY AND COMMUNICATION	
S1a. Commitment to ending AIDS is reflected in the outcome documents of high-level political meetings for the year	<i>Meets requirements</i>
The UNAIDS Secretariat and the Joint Programme have influenced and shaped global commitments toward ending AIDS, with continued strong engagement in over 100 relevant high-level political meetings over the past 6 years.	
S1b. Percentage of stakeholders rating the work of the UNAIDS Secretariat at least "good" (4/5)	<i>Meets requirements</i>
86% rating the work as "good" in 2019, 2020–2021 evaluations show the UNAIDS Secretariat's strengths in communication, thought leadership, defending human rights, promoting gender equality, and strengthening inclusive country leadership.	
S1c. Percentage of countries with HIV strategies that reflect the Fast-Track approach	<i>Approaches requirements</i>
98% of reporting countries adopted 2 of the 3 indicators that measure reflection of the Fast-Track approach in strategies, including 99% containing the population/location principle in their strategies or adopting the 10 targets that apply.	

S2: PARTNERSHIPS, MOBILIZATION AND INNOVATION	
S2a. Percentage of stakeholders believing that the UNAIDS Secretariat enhances partnerships (rating at least "good")	<i>Approaches requirements</i>
Rating at 78% as good in 2019, findings from 10 evaluations in 2020–2021 mentioned partnerships such as for better effectiveness, capacity building and advocacy for civil society as strengths of the UNAIDS Secretariat.	
2b. The UNAIDS Secretariat mobilizes financial resources to support civil society action	<i>Meets requirements</i>
Despite the challenging funding context, the UNAIDS Secretariat continuously made financial resources available to civil society, US\$ 22.3 million in 2021 (this includes only direct financial contributions and does not capture all country-level resources dedicated to civil society or staff time dedicated to mobilize resources for civil society).	
2c. The UNAIDS Secretariat provides high-quality technical inputs into the preparation of Global Fund funding applications	<i>Meets requirements</i>
The UNAIDS Secretariat ensures evidence-informed Global Fund applications and resolves bottlenecks during implementation. In the past two Global Fund funding cycles, the Secretariat supported over 140 applications, representing approximately US\$ 9.9 billion.	

S3: STRATEGIC INFORMATION	
3. Percentage of countries with a complete set of GAM data	<i>Partially meets requirements</i>
90% of countries submitted a GAM report between 2016–2019. However, a decrease started in 2020 and further deepened to 51% in 2021, mainly due to reduced Joint Programme's resources, as well as the significant impact of COVID-19 on national HIV responses.	

S4: COORDINATION, CONVENING & COUNTRY IMPLEMENTATION SUPPORT	
4a. Percentage of countries that have a functioning Joint Team	<i>Meets requirements</i>
Around 90% of Joint Teams developed Joint Plans during the UBRAF cycle. At least 93 country reports were received annually, showing the UNAIDS Secretariat and Cosponsors' contributions to national HIV responses.	
4b. Percentage of Fast-Track countries that have undertaken a Joint Team and Joint Programme assessment with a high score	<i>Meets requirements</i>
By end-2021, the work of the Joint Programme was assessed in 70% of the 33 Fast-Track countries as part of evaluations, led by the Independent Evaluation Office. Reports provided information about strengths and recommendations for improvement.	

S5: GOVERNANCE AND MUTUAL ACCOUNTABILITY

S5a. Degree of UNAIDS Secretariat compliance with efficiency criteria

Approaches requirements

6 of 7 measurements, including on audit, cost control and QCPR were met under this indicator. In 2021, the expenditure rate of UBRAF core resources was at 96% and the compliance for performance evaluation reports was 95%.

S5b. Gender balance at P5 and above levels and among UNAIDS Country Directors achieved and maintained

Approaches requirements

The proportion of female staff at P5 and UCD levels increased during the UBRAF cycle, to 46% and 48% respectively. The UNAIDS Secretariat continuously meets or exceeds most indicators of the UN SWAP on gender equality and the empowerment of women.

S5c. Degree of implementation of the risk mitigation plan

Partially meets requirements

Effective risk assessment and mitigation tools have been rolled out across the UNAIDS Secretariat, though the tracking system is not fully operational. 100% of noncommercial contracts require a complete risk-assessment in 2021.

S5d. Degree of implementation of the evaluation plan

Meets requirements

80% of the evaluations planned for the year have been implemented since the establishment of the independent evaluation function, and an appropriate management response is available for all evaluations.

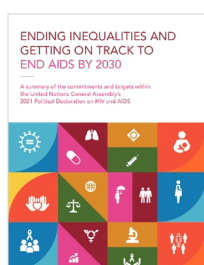
KNOWLEDGE PRODUCTS

1. JOINT PROGRAMME PUBLICATIONS

Leadership in the AIDS response



The Global AIDS Strategy 2021–2026 is a bold new approach to use an inequalities lens to close the gaps that are preventing progress towards ending AIDS. The Global AIDS Strategy aims to reduce these inequalities that drive the AIDS epidemic and prioritize people who are not yet accessing life-saving HIV services.

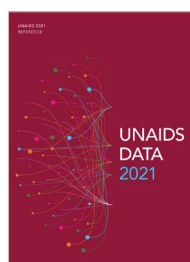


Ending inequalities and getting on track to end AIDS by 2030. The UN General Assembly's 2021 Political Declaration on AIDS features bold global commitments and targets for 2025 that are ambitious but achievable if countries and communities follow the evidence-informed guidance within the Global AIDS Strategy 2021–2026

Strategic information



2021 World AIDS Day report — Unequal, unprepared, under threat: This report is a wake-up call on the AIDS emergency and on the urgency of addressing our multiple pandemic challenges together.



UNAIDS Data 2021. The 90–90–90 targets were missed, but not by much. At the end of 2020, 84% of people living with HIV knew their HIV status, 87% of people living with HIV who knew their HIV status were accessing antiretroviral therapy, and 90% of people on treatment were virally suppressed.

Community-led responses



Establishing community-led monitoring of HIV services — Principles and process. The goal of this document is to describe the principles of community-led monitoring, outline an approach to establishing community-led monitoring activities and explore the factors that facilitate and hinder its effectiveness.

Global strategic initiatives



Every adolescent girl in Africa completing secondary school, safe, strong, empowered: time for Education Plus. A new advocacy initiative for adolescent girls' education and empowerment in sub-Saharan Africa, backed by an unstoppable coalition for change led by adolescent girls and young women, was launched in 2021



Key findings from the 2021 scorecards of the Global HIV Prevention Coalition. This report summarizes the fifth round of Global HIV Prevention Coalition reporting. Written at a time of country transitioning from the 2016–2020 to the 2021–2026 Global AIDS Strategy, it highlights prevention progress, as well as gaps that have to be addressed urgently.

HIV and COVID-19 pandemics responses



Holding the line. This report tells the story the power and phenomenal actions of communities of people living with and affected by HIV to respond to the colliding HIV and COVID-19 pandemics.




























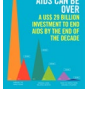





COVID-19 vaccines and HIV. The COVID-19 vaccines authorized by regulators significantly reduce the risk of severe disease and death and are believed to be safe for most people, including people living with HIV.

Global Fund – UNAIDS Partnership



More than money. Since the Global Fund was established in 2002, UNAIDS has supported more than 100 countries to attract, implement and leverage more than US\$ 18 billion in Global Fund investments, contributing to preventing millions of people from acquiring HIV and dying from AIDS-related causes.

2. INDIVIDUAL ORGANIZATIONS' PUBLICATIONS

STRATEGY RESULT AREAS	KNOWLEDGE PRODUCTS		
 <p>SRA 1: HIV Testing and Treatment</p>	 <p>HIV testing and ART therapy disruptions in the context of COVID-19 (WHO)</p>	 <p>Health and protection need of people selling sex in humanitarian setting (UNHCR and UNFPA)</p>	 <p>HIV treatment, for adolescents living with HIV in Eastern and Southern Africa (UNICEF)</p>
 <p>SRA 2: Elimination of mother-to-child-transmission</p>	 <p>Criteria and process for validation: EMTCT of HIV, syphilis, and hepatitis B virus (WHO)</p>	 <p>PMTCT of HIV, hepatitis B and C and syphilis among women who use drugs (UNODC)</p>	 <p>Start Free, Stay Free, AIDS Free Final report on 2020 targets (UNICEF, WHO, UNAIDS Secretariat)</p>
 <p>SRA 3: HIV prevention among young people</p>	 <p>The journey towards comprehensive sexuality education: global status report (UNESCO)</p>	 <p>How the education sector can meet the needs of learners living with HIV (UNESCO)</p>	 <p>Making every school a health-promoting school: global standard and indicators (UNESCO)</p>
 <p>SRA 4: HIV prevention among key populations</p>	 <p>An advocacy agenda with and for key populations in Sub-Saharan Africa (UNDP)</p>	 <p>Looking out for adolescents and youth from key populations (UNICEF)</p>	 <p>HIV among adolescents and young men who have sex with men in urban Indonesia (UNICEF)</p>
 <p>SRA 5: Gender inequality and gender-based violence</p>	 <p>Evidence for eliminating HIV-related stigma and discrimination (UN Women and UNAIDS Secretariat)</p>	 <p>Making the HIV response work for women through film: A toolkit for action (UN Women)</p>	 <p>Gender equality, women's empowerment, and HIV in Africa (UN Women)</p>
 <p>SRA 6: Human rights, stigma and discrimination</p>	 <p>Legal and policy trends impacting PLHIV and key populations in Asia-Pacific (UNDP)</p>	 <p>Guidance for prosecutors on HIV-related criminal cases (UNDP)</p>	 <p>Guidance: rights-based and ethical use of digital technologies in HIV and health programmes (UNDP)</p>
 <p>SRA 7: Investment and efficiency</p>	 <p>With the right investment, AIDS can be over (UNAIDS Secretariat)</p>	 <p>More than money – UNAIDS and Global Fund (UNAIDS Secretariat)</p>	
 <p>SRA 8: HIV and health system integration</p>	 <p>COVID-19 and the world of work: A focus on people living with HIV (ILO)</p>	 <p>Making universal social protection a reality for people living with, at risk of, and affected by HIV and TB (ILO)</p>	 <p>Strengthening HIV-sensitive social protection responses to COVID-19 (all agencies)</p>

