

# RESULTS REPORT

## 2022 PERFORMANCE MONITORING REPORT

**Additional documents for this item:**

- i. UNAIDS Performance Monitoring Report 2022: Executive summary (*UNAIDS/PCB (52)/23.7*)
- ii. UNAIDS Performance Monitoring Report 2022: Results by region (*UNAIDS/PCB (52)/23.9*)
- iii. UNAIDS Performance Monitoring Report 2022: Results by organization (*UNAIDS/PCB (52)/23.10*)
- iv. 2022 UBRAF Indicator Scorecard (*UNAIDS/PCB (52)/CRP1*)
- v. 2022 Performance Monitoring Report: Joint Programme and Quadrennial Comprehensive Policy Review (QCPR) (*UNAIDS/PCB (52)/CRP2*)

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

- *take note*, with appreciation, of the 2022 Performance Monitoring Report, including its scope and depth; and
- *encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs.

**Cost implications for implementation of decisions:** *none*



# RESULTS REPORT

## PERFORMANCE MONITORING REPORT

2022

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# INTRODUCTION

1. The global HIV response has made remarkable gains toward the Sustainable Development Goal (SDG 3.3) of ending AIDS as a public health threat by 2030. AIDS-related deaths have declined by 68% since peaking in 2004 and annual new HIV infections have been reduced by more than 50% since their peak in 1996. The progress has been achieved in countries with varied economic means and has been strongest in regions with high burdens of HIV. This testifies to the power of strong political commitment, global solidarity, evidence-driven strategies and mutually supportive partnerships between affected communities and public authorities. The gains, and the health and community systems that are being strengthened, are also yielding wider health, economic and developmental dividends that are accelerating progress towards ten other SDGs.
2. The Global AIDS Strategy outlines three strategic priorities to address HIV-related inequalities and get the HIV response on-track to end AIDS as a public health threat by 2030. The Strategy demands action to:

  - maximize equitable and equal access to HIV services and solutions;
  - break down barriers to achieving HIV outcomes; and
  - fully resource and sustain HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.
3. The collective results of the Joint United Nations Programme on HIV/AIDS (UNAIDS), highlighted in this 2022 Performance Monitoring Report (PMR), saved lives and helped further accelerated progress towards ending AIDS as a public health threat. As a multisectoral Joint Programme to support countries' progress towards achieving the global AIDS targets, with a proven track record of addressing the needs of the most vulnerable and marginalized, the Joint Programme further catalyzed efforts to reduce HIV-related inequalities in 2022.
4. The UNAIDS [Unified Budget, Results and Accountability Framework 2022–2026](#) (UBRAF) guides and allows for the operationalization of the Joint Programme's support for implementation of the Global AIDS Strategy. This report summarizes the Joint Programme's results in 2022 towards the UBRAF outcomes, which contribute to the Global AIDS Strategy's three strategic priorities:

  - **Outcome 1:** People living with, at risk of, and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.
  - **Outcome 2:** Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.
  - **Outcome 3:** Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.
5. For achieving those three outcomes, the UBRAF outlines 10 interconnected areas where UNAIDS actions generate concrete, demonstrable results, with specific programmatic outputs articulated for each result area.
6. The report presents the Joint Programme's collective results in 2022 according to the UBRAF outcomes and the result area outputs led by Cosponsors under each outcome, with the complementary results achieved under the Secretariat's five strategic functions to optimize the effectiveness of the Joint Programme's delivery. For each output under the 10 result areas, the report describes contributions towards the agreed specific 2022–2023 output as defined in [UNAIDS 2022–2023 workplan and budget](#). The report also describes how the Joint Programme's work in 2022 contributed to the SDGs and it presents key challenges and important lessons learned.

7. As per the agreed [UBRAF Indicator matrix](#) under each output, indicator progress data against 2023 milestones complement the narrative results report. High performance was sustained, as demonstrated by progress against the 45 UBRAF indicators and towards achieving the 2023 milestones. Most indicators are on-track, with only two showing slow progress and three lacking data (which will be available mid-2023). For conciseness and clarity, indicator reporting in this results report is summarized, while the full indicators report is available in the Indicator Scorecard.
8. This UNAIDS PMR is a comprehensive and integrated report package, which presents the main results of the Joint Programme as shown in Figure 1. Budget implementation information (all core and noncore budget and expenditures) is presented in detail in the PMR executive summary (Annex 2), including breakdown by organization, result area, region and cost category.

**Figure 1. 2022 UNAIDS Performance Monitoring Report package**



Complemented by the UNAIDS Results & Transparency Portal, including country reports & infographics

# HIGHER-LEVEL OVERVIEW OF 2022 RESULTS AND INVESTMENTS

9. The results achieved by the Joint UN Programme on HIV/AIDS saved lives and advanced further progress towards achieving the global AIDS targets and ending AIDS as a public health threat. Figure 2 summarizes key changes and building blocks for the HIV response, which the Joint Programme achieved for each of the three strategic priorities of the Global AIDS Strategy and UBRAF outcomes. Figures 3 and 4 show clear linkages between results and investment by outcome and result areas (led by the 11 Cosponsors) and the complementary Secretariat strategic functions.

Figure 2. UNAIDS results help saving lives<sup>1</sup>

Over 50% decline in new HIV infections between 1996 and 2021  
 18.5 million AIDS-related deaths averted by ART between 2001 and 2021  
 29 million people receive live-saving treatment in 2021

85% of people living with HIV know their HIV status, 88% of them receive HIV treatment, and 92% of people on treatment are virally suppressed in 2021

14 countries de-criminalized consensual same-sex sexual acts since 2016

60% of HIV response funded from domestic funding in 2021  
 29 countries increasing domestic spending on HIV over past 5 years.

## 2022 UNAIDS key results



### Maximized equitable & equal access to HIV services

88 countries improved their national policies and/or strategies for combination HIV prevention with key populations and other populations at risk of HIV

15 countries with decision-making tool to aid HIV prevention self-assessments through the Global HIV Prevention Coalition

95% of countries implemented the "treat-all" approach, 76% of which implemented rapid HIV treatment initiation following HIV diagnosis

54 countries integrated HIV services for children into at least 50% of Primary Health Care sites

79 countries have a national plan for the elimination of vertical transmission of HIV and implement the treat all policy for pregnant and breast-feeding women



### Broken down barriers to achieve HIV outcomes

60 countries supported to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response, with effective policies and/or legal changes adopted in 13 countries

77 countries supported to reduce stigma & discrimination & 33 countries joined the Global Partnership for action to eliminate all forms of HIV-related stigma & discrimination

41 countries with stronger gender expertise and capacity to further integrate gender equality into the national HIV response

26 countries used costed plans to expand and institutionalize youth-led HIV responses



### Sustained & integrated HIV responses

83 countries reviewed, assessed and/or updated their National Strategic Plan on HIV & 13 countries conducted National AIDS Spending Assessments

79 countries supported for evidence-informed HIV investments across their GFATM grant cycle

67 countries supported to establish HIV antiretroviral services financed as part of the overall systems

42 countries implement interventions/services for key populations in humanitarian settings

53 countries include priority HIV services in national pandemic preparedness and response plans



### Leadership, partnership, advocacy, country support & accountability

State-of the art strategic information guide the global response, including HIV estimates from 172 countries, including 139 directly supported

75 countries supported to advance expansion of community-led monitoring

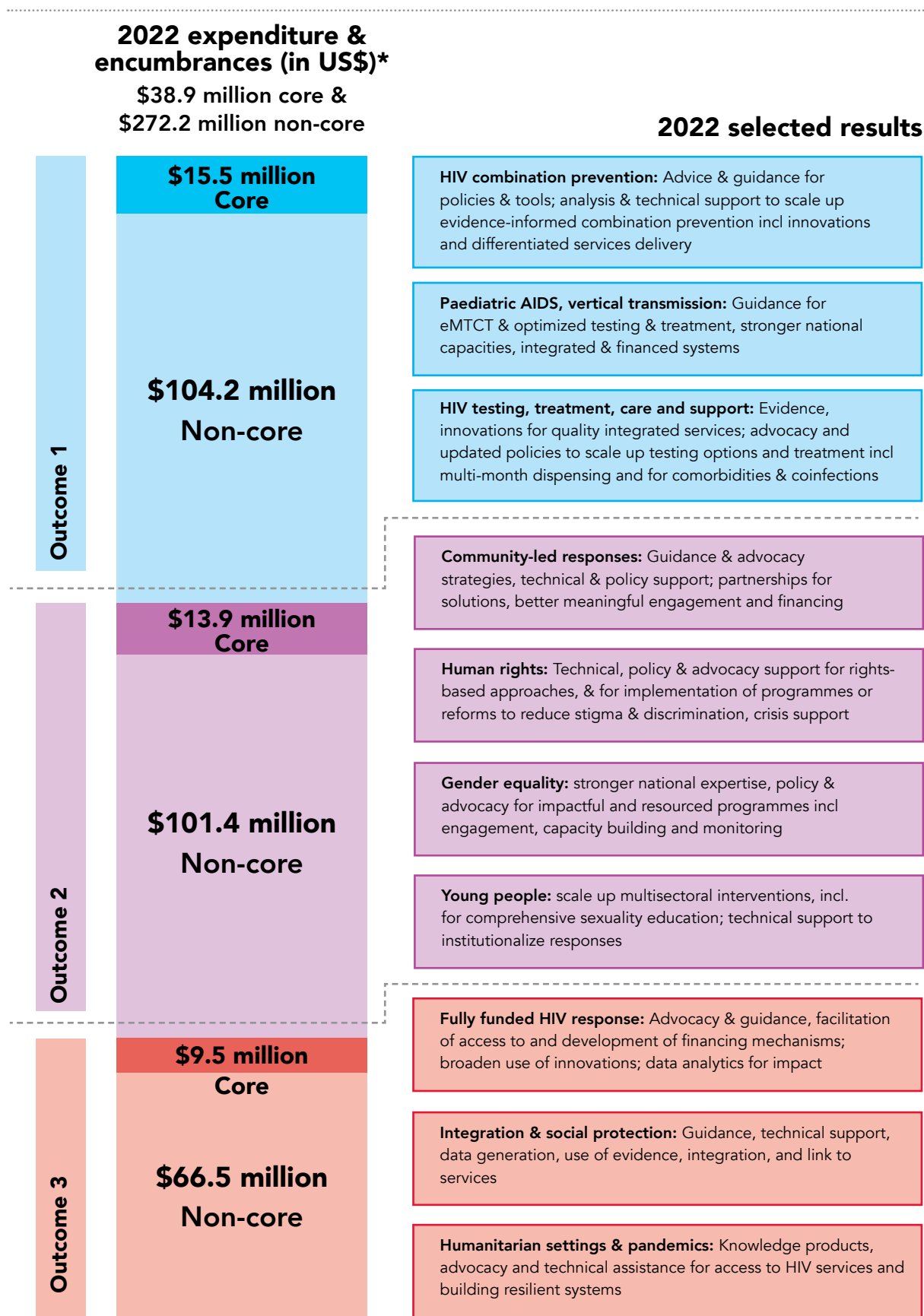
89 countries reinforced the meaningful engagement between people living with HIV, key and other priority populations and government institutions

18 high-level political meetings and their outcome documents reflect HIV priorities

Leverage the power of partnerships with communities, governments, and other key stakeholders, including close complementarity/ synergies with Global Fund & PEPFAR

<sup>1</sup> Impact-level data are from UNAIDS Global data on HIV epidemiology and response, and are available at: [AIDSinfo](https://aidsinfo.unaids.org/).

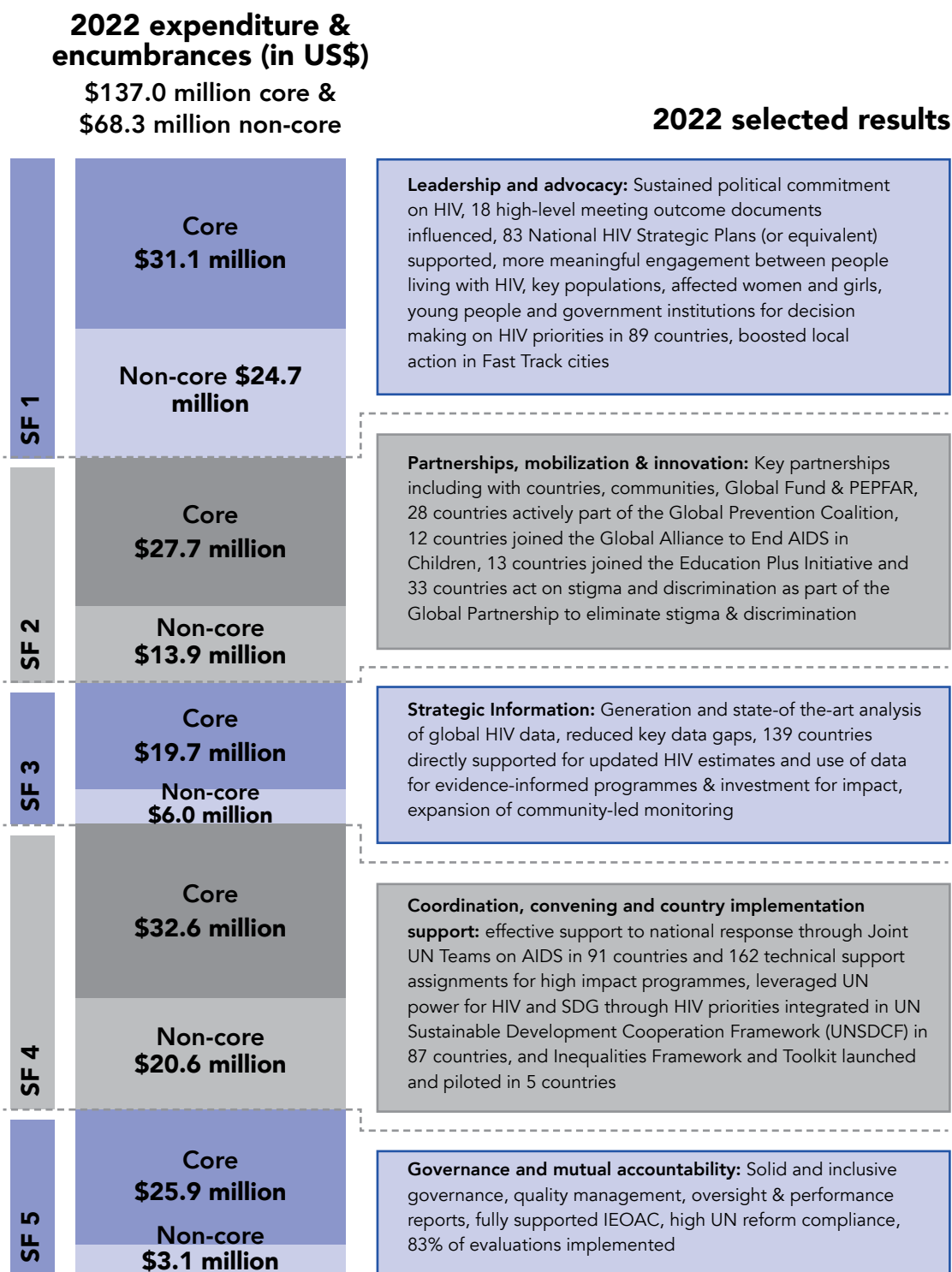
Figure 3. Joint Programme results and investment, by results areas and outcomes



\* Excluding UNDP & UNICEF Global Fund expenditures



Figure 4. UNAIDS Secretariat results and investment, by strategic functions



10. Those results were made possible by the resource mobilization and donor funding invested in the Joint Programme to deliver on its mandate, which occurred despite challenging financial conditions and in the context of new global challenges.
11. The 2022 budget approved by the PCB, as well as the 2022 expenditure and encumbrances, are provided for all result areas and strategic functions sections of the report, linking results and investments. For the sake of conciseness, the detailed budget implementation information is available in the executive summary and is not repeated here.
12. Thanks to additional organizational efficiencies and effectiveness achieved at all levels, as well as strong budgetary discipline and prioritized programmatic focus, the Joint Programme continued to effectively deliver for countries and communities, while also showing stronger accountability. As this report demonstrates, this “high-value-for-money” approach allows the Joint Programme to deliver on wide outreach through country presence, regional and global partnerships and solid expertise.
13. However, crucial capacities across the Joint Programme are being eroded by underfunding of the UBRAF. These funding levels are not sustainable: a fully funded UBRAF is essential for ending the AIDS epidemic.
14. This report demonstrates further important progress in 2022, with national HIV responses recovering well after the setbacks from the COVID-19 pandemic. It also shows the transformative power of the partnerships leveraged by the Joint Programme. However, the AIDS epidemic is far from over and the global response is at a critical juncture. While more than two decades of progress have laid the groundwork to end AIDS as a public health threat in many countries, new HIV infections are increasing in several parts of the world. Increasingly, the populations most vulnerable to HIV are being left behind, often due to societal and structural barriers that reduce their ability to access essential services.
15. In addition to the remaining gaps, the HIV response faces multifaceted challenges. They include a deteriorating human rights environment and diminishing civic space in many countries, as well as ongoing HIV-related inequalities, especially for children, key and other priority populations, and women and girls. The multisectoral approach, bold advocacy and the political, policy-change and convening powers of the Joint Programme are more crucial than ever for achieving the global AIDS targets and ending AIDS as a public health threat.

# OUTCOME 1: EQUITABLE AND EQUAL ACCESS TO HIV SERVICES AND SOLUTIONS MAXIMIZED

People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.

## RESULT AREA 1: HIV PREVENTION

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$9 335 000	\$8 862 255	\$46 447 600	\$42 027 439	\$55 782 600	\$50, 89 693

### Joint Programme 2022 results

*Normative and implementation guidance provided to countries for combination HIV prevention interventions for and with key populations and other groups at high risk of HIV infection, in line with the Global AIDS Strategy.*

**16.** The Joint Programme continued to lead efforts to accelerate HIV combination prevention efforts. The Global HIV Prevention Coalition (GPC), co-convened by UNFPA and the UNAIDS Secretariat and with the active involvement of other Cosponsors and many other partners, launched its [HIV Prevention 2025 Road Map](#) in July 2022. The Road Map guides countries in prioritizing and scaling up implementation of primary HIV prevention interventions and policy, legal and social enablers and in leveraging synergies between primary HIV prevention, testing, treatment, and vertical transmission prevention. Important progress was made in 2022 to strengthen the pillars of combination HIV prevention.

### Indicator progress on HIV prevention (RA 1)<sup>2</sup>

- **88 countries** improved their policies and/or strategies on combination HIV prevention with key populations and other populations at-risk of HIV.<sup>3</sup>
- **89 countries** received technical and/or implementation support to scale up combination HIV prevention programmes.<sup>4</sup>

**17. Key populations.** With key populations bearing the largest HIV burden in many parts of the world, the Joint Programme prioritized efforts to strengthen HIV prevention efforts for these groups, the first pillar of the Global Prevention Road Map by 2025. WHO published new [Consolidated guidelines on HIV, viral hepatitis and STI prevention](#), diagnosis,

<sup>2</sup> Further information on the 2022–2026 UBRAF Indicators definition and results can be found in the [Indicator Scorecard](#).

<sup>3</sup> Support from the Joint Programme varied depending on the country epidemiological context and focused on prevention for sex workers, as well as adolescent girls and young women (in 79 countries), and gay men and other men who have sex with men (78 countries).

<sup>4</sup> The Joint Programme support was aimed at scaling up HIV prevention for the following populations: gay men and other men who have sex with men (80 countries); sex workers (79 countries); adolescent girls/young women (75 countries); and adolescent boys/young men (70 countries).

treatment, and care for key populations, developed jointly with the four key populations networks and officially launched at the AIDS 2022 Conference. Under the umbrella of the GPC, the Joint Programme catalyzed the creation of a community of practice for key populations, holding three webinars on the new WHO guidelines, reaching young key populations, and sustaining and funding key population responses.

18. WHO and the UNAIDS Secretariat collaborated on developing guidance and tools for Behavioural Surveillance Survey-Lite guidelines and tools, along with providing technical assistance. They supported two countries to begin a pilot project to use this methodology to develop actionable data for key population prevention programming. UNFPA supported key populations as an integral part of its country programmes, including in Bangladesh, where integrated HIV and sexual and reproductive health (SRH) services were provided to 3004 transgender and gender-diverse people.
19. UNODC led the Joint Programme's production of guidelines on transgender people and HIV in prisons, supported Ethiopia's and Indonesia's development of national guidelines on HIV services in prisons settings, aided Nigeria in developing and implementing national guidelines and standard operating procedures on opioid agonist therapy. They also supported Morocco and Tunisia in developing comprehensive national drug and HIV prevention, treatment and care strategies for both community and prison settings.
20. Through a partnership with the International Network of People Who Use Drugs, UNODC helped produce a new practical guide for evidence-based, high-quality opioid agonist therapy, as well as guidelines for sustaining and tailoring harm reduction services in the context of COVID-19. UNODC partnered with UNDP, UNFPA, WHO, UNAIDS Secretariat and Penal Reform International to develop technical guidance on transgender people and HIV in prisons and other closed settings. UNODC also led the development of a monitoring tool for prevention of vertical transmission in prisons.
21. A regional dialogue co-convened by UNDP, WHO, UNAIDS Secretariat, UNODC and the University of Essex, informed Ghana's decision to use the International Guidelines on Human Rights and Drug Policy to reshape its national drug policies. UNODC collaborated with WHO, UNAIDS Secretariat and the International Network of People Who Use Drugs to develop guidance on evidence-based, good-quality opioid agonist therapy, as well as situation reports on HIV service access during COVID-19 in high-priority countries for drug use and HIV. UNODC supported governments and civil society organizations in 40 countries to introduce and/or scale up gender-responsive harm reduction programmes for people who use drugs, including stimulant drugs and other new psychoactive substances.
22. ILO developed a learning guide on working with LGBTQI+ people in the world of work, which was extensively distributed in Latin America and the Caribbean.
23. In the Asia-Pacific region, UNESCO co-published new research on training needs for disability-inclusive comprehensive sexuality education, drawing from data collected in Mongolia, Nepal and the Philippines. The World Bank also integrated HIV prevention support into its non-health sector projects that affect key populations—for example, transportation projects that included HIV service components for key populations, including truck drivers and other people on-the-move, as well as female sex workers in countries such as Bolivia, Lesotho, Madagascar, Papua New Guinea and Rwanda.
24. Via the Global Fund grants it implements as interim Principal Recipient, UNDP supported countries to provide HIV prevention services for and with key populations, reaching 863 624 people. UNDP also supported countries to introduce and scale up oral pre-exposure prophylaxis (PrEP) among key populations in Burundi, Cuba, Kyrgyzstan, Pakistan, Republic of the Congo and Zimbabwe. In Pakistan, PrEP was provided thanks to collaboration between the Government and local community-based organizations, with support from UNDP, WHO and the UNAIDS Secretariat.
25. **Adolescent girls and young women.** The Joint Programme continued to work to reduce the disproportionate vulnerability to HIV among adolescent girls and young women, especially in sub-Saharan Africa. Members of the Joint Programme (including UNICEF, UNFPA, UN Women and UNAIDS Secretariat) and partners supported 75 countries to improve national HIV prevention policies and strategies targeting adolescent girls

- and young women. An updated decision-making aid to investment in prevention programming for adolescent girls and young women is available, reflecting updated HIV incidence categories, as well as the new differentiated global targets and population size estimates set out in the Global AIDS Strategy 2021–2026. The new investment tool has been incorporated in the Global Fund’s technical guidance for programming in 2023–2025 and it informed national prevention self-assessments by 15 countries.<sup>5</sup>
26. UNESCO and UNFPA hosted a global symposium on comprehensive sexuality education (CSE) that attracted over 800 participants and enabled widespread dissemination of evidence on CSE good practices. With UNFPA support, 30 million women, adolescents and youth benefited from SRH services. Across 17 countries,<sup>6</sup> UN Women scaled up evidence-based interventions to transform unequal gender norms, including harmful masculinities, which have resulted in preventing violence against women and HIV, and improving male health-seeking behaviour.
  27. **Adolescent boys and men.** Reducing new HIV infections among adolescent boys and boys, the third pillar of the Global Prevention Road Map, was a key focus of the Joint Programme’s work in 2022. The GPC Secretariat collaborated with UNAIDS Regional Support Team in eastern and southern Africa, WHO, UN Women and Sonke Gender Justice to create an evidence-based framework for men’s and boys’ HIV testing, treatment, and prevention.
  28. Members of the Joint Programme (including UNICEF, UNFPA and UNAIDS Secretariat) and partners supported 66 countries to improve national HIV prevention policies and strategies targeting adolescent boys and young men. WHO convened voluntary medical male circumcision (VMMC) subregional programme implementation stock-taking and global stakeholders’ meeting in Kigali, spearheaded a virtual VMMC community of practice, and co-convened (with the UNAIDS Secretariat) a technical working group on men and HIV. WHO conducted a systematic review and meta-analysis of the evidence for community-based HIV testing on men’s engagement in the HIV care cascade, which was published in the *International Journal of STD & AIDS*.
  29. **Condom programming.** The Joint Programme actively and effectively promoted condom use, the fourth pillar of the HIV Prevention Road Map. UNFPA conducted condom rapid assessment surveys in 28 countries, with 89% of countries verifying a continuous stock of condoms and 72% having undertaken forecasting to inform condom procurement for 2023. UNFPA also published the first global specifications for the production of safe and nontoxic lubricants, even as the number of lubricant sachets purchased by donors declined by 17.5% in 2022 compared to 2021. UNFPA and partners supplied over 1 billion condoms (male and female) and lubricants to low- and middle-income countries (62% donated to countries in sub-Saharan Africa), with total procurement costs of US\$ 36 million including approximately US\$ 8.5 million directly spent by UNFPA to supply over 230 million male and almost 7.7 million female condoms.
  30. During 2022, UNHCR distributed over seven million male and female condoms to refugees and other displaced populations. Through a collaboration with multiple partners in 15 countries to reach priority populations, the ILO, UNAIDS Secretariat and partners distributed over 50 000 condoms through Goldmines, community-led social mobilization campaigns, long distance truckers’ programmes and other integrated HIV combination prevention programmes.
  31. With funding from the Global Fund implemented by UNFPA and the UNAIDS Secretariat, the Joint Programme has strengthened condom programming in Malawi, Mozambique, Uganda and Zambia. Monitoring indicates that each of the four countries has made progress in its capacity for condom programming stewardship, including through adopting formal plans to distribute condoms beyond health facilities and to update condom communications plans and strategies. Condom programming workshops fed into national strategic plans and national HIV prevention road maps. The four countries are now routinely using the UNAIDS “condom needs estimation tool”.
  32. Through its CONDOMIZE! Campaign, UNFPA supported community-based information campaigns to increase young people’s information of sexual health in Botswana, Eswatini, Papua New Guinea, Sierra Leone, South Sudan and Zambia.

<sup>5</sup> Botswana, Côte d’Ivoire, Eswatini, Ghana, Kenya, Malawi, Mozambique, Nigeria, Republic of Congo, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

<sup>6</sup> Botswana, Burundi, Cameroon, eSwatini, Ghana, Haiti, Kyrgyzstan, Lesotho, Liberia, Malawi, Morocco, Mozambique, Sierra Leone, South Africa, South Sudan, Uganda and Zimbabwe.



- 33. Antiretroviral-based prevention.** The Joint Programme helped catalyze important gains in the uptake of antiretroviral-based prevention, the fifth pillar of the Global Prevention Road Map. WHO launched a new technical brief on implementation guidance for differentiated and simplified PrEP, and provided forecasts on PrEP demand to guide market-shaping efforts. WHO developed new recommendations on the Dapivirine vaginal ring as an additional HIV prevention choice for women who are at substantial risk of HIV infection. WHO also published its first guidelines on long-acting injectable cabotegravir for HIV prevention, while working with a consortium of partners (including the AIDS Vaccine Advocacy Coalition, Unitaid, the Global Fund, the UNAIDS Secretariat and PEPFAR) to support the immediate delivery of long-acting injectable cabotegravir, as well as its future generic production.
- 34. Support for implementation of combination prevention.** The Joint Programme worked to overcome implementation bottlenecks for HIV scaling up prevention programmes including rapid introduction of new HIV prevention technologies and programme innovations. Cosponsors (led by UNICEF, UNFPA and UNESCO) and the UNAIDS Secretariat provided technical guidance and implementation support to over 71 countries to scale up combination prevention programmes for adolescents and young people.
- 35.** In 2022, UNHCR updated its maternal and newborn health operational guidelines (including HIV and STIs); rolled out the UNHCR/UNFPA operational guidance on responding to the protection and health needs of people selling or exchanging sex. It also developed (with WHO and UNFPA) guidance and tools on the clinical management of rape and intimate partner violence, and implemented an e-learning course on working with LGBTQI+ populations in situations of forced displacement. In moving from the Minimum Initial Service Package to comprehensive HIV care in humanitarian settings, UNHCR continues to support and monitor HIV awareness, prevention and treatment in accordance with the context and the epidemic characteristics in the refugee population. According to surveys in 48 refugee hosting countries, 98% of countries had adopted the “test and treat all” approach, and 89% introduced this approach in refugee settings. Fourteen countries have introduced HIV self-testing in refugee settings and 20 countries have introduced PrEP for key populations in refugee settings.
- 36.** UNFPA technical support aided national partners in Botswana, Colombia, Kyrgyzstan and Paraguay to develop HIV combination prevention cascades to improve programme implementation, while support from the ILO and the UNAIDS Secretariat enabled the finalization of a national workplace HIV prevention strategy in Indonesia. ILO, the UNAIDS Secretariat and the Central Organization of Trade Unions in Kenya implemented an integrated HIV combination prevention programme that provided condoms to over 10 000 young people in that country. In India, ILO, the UNAIDS Secretariat, and the Gujarat AIDS Prevention and State AIDS society reached over 51 000 vulnerable workers with HIV prevention messages and tuberculosis (TB) screening.
- Regional stewardship instituted and the number of countries supported under the Global HIV Prevention Coalition to put into action and monitor the 2025 HIV Prevention Road Map expanded.*
- 37.** The GPC strengthened HIV prevention programming and policy in 28 focus countries, which together account for nearly three-quarters of all new annual HIV infections. In October 2022, UNFPA, the UNAIDS Secretariat and partners held a meeting of national AIDS commission managers and ministries of health prevention focal points to discuss the operationalization of the 2025 Road Map in ways that meet each country’s needs and realities. This high-level meeting resulted in commitments (including prioritization of HIV prevention in the Global Fund’s seventh grant cycle), identified technical assistance needs, and articulated recommended actions to close identified gaps.
- 38.** The GPC Secretariat updated [country prevention scorecards](#), which are designed to measure and track prevention progress across the five prevention pillars. The scorecards were made available to all countries reporting to the Global AIDS Monitoring (GAM) system, including those that are not GPC focus countries. Regional scorecard summaries are now available for all UNAIDS regions.
- 39.** Efforts are underway to expand the number of countries supported by the GPC to strengthen their HIV prevention policies and programmes. Beyond



the 28 focus countries, a GPC Secretariat analysis identified 11 additional countries with substantial numbers of new HIV infections and rising or increasing HIV incidence.

- 40. To support countries in developing and implementing HIV prevention interventions for people who use drugs and people in prisons, UNODC facilitated exchange visits for national authorities to other countries to share best practices and lessons learnt. This included

visits by representatives from key Mozambican institutions to Kenya and Portugal, as well as a study visit for policy-makers from Kazakhstan and Tajikistan to Belarus (Minsk). UNODC, jointly with the UNAIDS Secretariat, AFEW International and the Global Fund, trained 250 representatives from community-led organizations and medical professionals in Belarus, Moldova, Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan.







## | RESULT AREA 2: HIV TREATMENT

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$11 902,100	\$3 627 220	\$46 585 000	\$28 838 544	\$58 487 100	\$32 465 764

### Joint Programme 2022 results

*Scientists, communities and multisectoral stakeholders strategically were convened, including through international fora and expert reports, to ensure the most up-to-date evidence and innovations for HIV testing, treatment, care, support integrated services and develop normative, strategic and implementation guidance.*

- 41.** The Joint Programme continued to play a leading role in strategically convening experts and stakeholders, including affected communities, to drive normative guidance and it made use of forums at global, regional and national levels, including the 24th International AIDS Conference in Montreal, to promote state-of-the-art evidence and innovations for HIV testing, treatment and care for all who need it.
- 42. Promoting uptake of testing and treatment guidelines.** WHO convened experts, including from communities, to update its HIV testing service guidelines and made recommendations on HIV self-testing for PrEP and in health facilities. As a result of these collaborations, 28 countries received support to transition to WHO's HIV testing strategy and to scale up adoption of dual HIV/syphilis rapid diagnostic tests. Moreover, WHO published a [technical report on priorities for antiretroviral \(ARV\) drug optimization in adults and children](#) mid-2022. This report revised the priority list of new drugs, formulations and delivery technologies to be developed in the next five to ten years and identified research priorities for HIV treatment optimization, including the use of long-acting ARV regimens for treatment and prevention. WHO promoted a series of regional webinars/workshops on diagnostic, treatment and service delivery recommendations from the WHO consolidated guidelines, using the WHO/ECHO platform and in major international meetings.

### Indicator progress on HIV prevention (RA 2)

- **Guidance for integrated service delivery of HIV and comorbidities** is in development to meet the respective 2023 milestones next year.
- **Implementation of the 2021 WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring** was supported and will be measured through GAM reporting (available mid-2023).
- Number of countries that implemented recommended **WHO-preferred first-line ARV regimen for treatment initiation** will be measured through the GAM reporting (available mid-2023).
- Number of countries that have adapted shorter rifamycin-based regimens for TB preventive treatment will be measured through GAM (available mid-2023).

43. WHO convened a technical working group meeting in March 2022 to review the [status of tenofovir, lamivudine and dolutegravir](#) transition in countries and the recent data on toxicity, safety and resistance risk to dolutegravir and tenofovir-alafenamide-containing regimens. WHO also updated its [acquired HIV drug resistance survey methods](#) to reflect the dolutegravir era and it published an updated survey method.
44. The 2021 UNHCR public health inclusion survey, conducted in 49 operations, found that 45 countries (92%) provided access to antiretroviral therapy (ART) through national systems for refugees. In 41 countries, HIV treatment access was provided to refugees under the same condition as nationals. These findings are the result of years of advocacy and guidance from UNHCR and partners.
45. **Strengthening HIV programming for adolescents.** UNICEF convened multistakeholder meetings and supported national governments to promote and expand the use of treatment regimens based on dolutegravir for adolescents. WHO and UNICEF co-led the adolescent HIV service delivery working group, which supports HIV programme managers in health ministries and other adolescent-related line ministries, especially in sub-Saharan Africa, to implement, monitor and evaluate peer-based and adolescent-responsive and -friendly services for adolescents living with HIV.
46. UNICEF worked with multisectoral partners and research institutions through the Accelerating Achievement for Africa's Adolescents (Accelerate) Hub to examine risk pathways and protective factors in order to advocate for strengthened multisectoral HIV programming for adolescents. UNICEF also increased the availability of testing options through innovation and integration, and enhanced the quality of treatment and care to improve retention and outcomes among adolescents living with HIV.
47. **Strengthening service delivery for HIV testing and treatment services.** The Joint Programme convened stakeholders to share knowledge and develop and use strategic information to enhance people-centred, differentiated service delivery methods. These methods are vital for accelerating access to and uptake of HIV, and can improve the efficiency and quality of testing and treatment services through early diagnosis, high treatment coverage, treatment retention and viral load suppression. This work led to the expansion of options such as ART outside of health facilities, the spacing of clinic visits, and multimonth dispensing of ARVs, as well as community engagement for quality assurance and quality improvement along the care continuum.
48. In Côte d'Ivoire, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa, Uganda, United Republic of Tanzania and Zimbabwe, UN Women continued to invest in community-based initiatives that addressed gender-related barriers including violence against women, unpaid care responsibilities, economic dependency, and gender-based stigma and discrimination, that are impeding access to HIV testing, treatment and care.
- Policy, advocacy and technical support provided to countries to update/adopt and implement national policies and service delivery programmes aligned with the new global guidance for effective scaling up of quality HIV testing, treatment, care and integrated services, including for comorbidities and coinfections.*
49. Supporting countries in aligning their national policies and programmes with evidence-based guidelines remained a central focus of the Joint Programme's work in 2022.
50. **Successfully aiding countries in adopting global guidance.** The Joint Programme's work in promoting the adoption of global guidance has achieved concrete results. More than 95% of countries now implement a "treat all" approach. With support from the Joint Programme, rapid ARV initiation (less than 7 days after confirmed diagnosis) was implemented in 2022 in 76% of these countries. WHO's preferred first- and second-line treatment regimens for all populations were adopted by 120 of 132 low- or middle-income countries and were being used by 87% of all people receiving ART. That proportion is expected to rise to over 90% in 2023.
51. Approximately 90% of low- and middle-income countries have adopted the WHO-recommended 3–6 monthly ARV medicine pick-up and routine viral load testing policies, and 73% of countries were implementing a package of interventions

for patients with advanced HIV disease. While more than 90% of low- and middle-income countries were integrating other health care services (TB, maternal and child health, SRH and noncommunicable diseases) into HIV services, less than 50% were delivering ART at primary health care and community levels in 2022. WHO continued to support countries in reviewing national treatment guidelines and the elaboration of HIV, hepatitis and STI national strategic plans and funding proposals.

**52. Updating guidance to reflect the latest scientific evidence.**

WHO further expanded the guidance and support for advanced HIV disease, including for children. In July 2022, new guidelines on the management of cryptococcal meningitis were introduced, alongside updated minimum dataset indicators and monitoring guidance in the new 2022 consolidated guidelines on HIV strategic information. More than 20 countries attended the Global Diagnostics Synergy meeting to discuss successes and challenges for creating optimized, responsive diagnostic networks.

**53. Strengthening country implementation of recommended HIV testing approaches.**

In 2022, UNICEF worked with national governments, Joint Programme partners, communities and other stakeholders on cross-cutting initiatives to strengthen national diagnostic systems, especially at the decentralized, community health level, as part of overall health systems strengthening efforts. These diagnostic systems are used across many health areas, including screening for HIV, TB, malaria and the human papilloma virus. An important programme was launched in Côte d'Ivoire and Ghana to leverage their existing digital health technologies, improve national diagnostic systems and integrate them more effectively into overall health systems. UNICEF is supporting both governments to implement the programme and follow-up on emerging recommendations.

**54.** ILO, UNAIDS Secretariat and partners provided tailored advisory technical support and financial support to 20 countries to implement HIV testing initiatives as part of multidisease testing and male engagement programmes and reached 126 027 workers with HIV testing services. Using the ILO–WHO policy brief on HIV self-testing as a framework, the ILO, UNAIDS Secretariat and world

of work partners, including unions and the private sector, promoted HIV testing in 20 countries.

**55.** As widescale mobility resumed in many countries due to eased COVID-19 restrictions, the VCT@WORK flagship initiative was rolled out with support from the ILO, the UNAIDS Secretariat and world-of-work partners to complement other HIV self-testing initiatives.

**56. Technical support to ensure robust implementation of services aligned with global HIV treatment guidance.** UNDP supported countries with implementation of treatment optimization plans, including patients switching to tenofovir, lamivudine and dolutegravir.

**57.** To inform policy changes, close the testing and treatment gaps and enable the scaling up of differentiated service delivery for HIV testing and treatment, the UNAIDS Secretariat compiled differentiated service delivery profiles of 44 countries from across the world. Over 40 countries from across all five regions reported (for the first time) nationally against the new multimonth dispensing coverage indicator via the GAM system. The UNAIDS Secretariat stimulated the expansion and strong uptake of paediatric and community-led differentiated service delivery in western and central Africa, benefiting at least 14 countries across the region.

**58.** Through its pooled procurement architecture, UNDP helped countries achieve savings of US\$ 17.8 million in the procurement of key pharmaceutical products (compared with budgeted reference prices). UNHCR also continued to support differentiated service delivery models, including fast-track drug refills and community drug distribution points, to ensure refugees' access to ARV and proper drug adherence. Family support groups and facility-based intensive adherence counselling sessions were also conducted.

**59.** Women living with HIV have a six-fold increased risk of cervical cancer compared to women without HIV. UN Women's successful partnership with WHO in the United Republic of Tanzania resulted in 4,685 rural women living with HIV accessing cervical cancer screening and receiving treatment if needed. With UN Women's backing, community volunteers mobilized by the network of women living with HIV increased awareness and knowledge



among rural women of the importance of regular cervical cancer screenings in the Kagera region of Tanzania. All women who were diagnosed with early symptoms received treatment and were linked to care.

**60. Enabling access to recommended health technologies.** In 2022, UNDP's work emphasized driving progress in legal and policy reform for equitable and timely access to health technologies for the pandemic response, as well as those needed to mitigate the negative impact of COVID-19 on programmes for HIV, TB and other diseases. UNDP supported 54 countries around

access to health technologies and played an active role within global initiatives aimed at facilitating effective technology transfers and local production. Through its US\$ 34 billion global health portfolio, the World Bank funded major health system strengthening operations and addressed gaps that affect HIV outcomes and improve integration. For example, a project to strengthen health systems in Lesotho, Malawi, Mozambique and Zambia continued to advance HIV-TB integration and routinely screened 96% of HIV patients in targeted area for TB in 2022.







## RESULT AREA 3: PAEDIATRIC AIDS, VERTICAL TRANSMISSION

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$3 386 100	\$3 019 259	\$13 964 500	\$33 377 629	\$17 350 600	\$36 396 889

### Joint Programme 2022 results

*Guidance and technical support provided to priority countries to adopt and implement normative recommendations related to optimizing treatment in women, children and adolescents and ensuring access to HIV prevention for women attending antenatal and postnatal services.*

- 61.** The Joint Programme took major steps in 2022 to address the slowdown in progress in preventing vertical HIV transmission and to close the HIV treatment gap among children.
- 62. Launch of the Global Alliance to End AIDS in Children by 2030.** To generate greater political commitment, action and resourcing to end paediatric AIDS, UNICEF co-convoked and launched [the Global Alliance to end AIDS in children by 2030](#), together with WHO, the UNAIDS Secretariat, the Global Fund, PEPFAR, implementing partners and networks of people living with HIV. Through the Global Alliance, WHO, UNICEF and UNAIDS Secretariat provided support to all 12 Global Alliance phase-one countries<sup>7</sup> for the formation of inclusive country teams and the development of prioritized action plans. These action plans have been endorsed by ministers of health and are being incorporated into national plans and funding proposals to the Global Fund and PEPFAR. The Global Alliance also included representatives of national networks of people living with HIV across its governance structure, in collaboration with the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV and the Global Network of Young People Living with HIV. This will help ensure meaningful community engagement and support community-led monitoring and accountability processes for greater impact.

### Indicator progress on paediatric AIDS and vertical transmission (RA 3)

- **79 countries** supported by the Joint Programme have a **national plan for the elimination of vertical transmission of HIV** and implement the “treat-all” policy for pregnant and breast-feeding women.
  - **63 countries** supported by the Joint Programme have **HIV services for children integrated into at least 50% of primary health care sites.**
- 63. Intensified action to get the world on track to eliminate vertical transmission of HIV.** In response to flattening coverage of services to eliminate mother-to-child transmission (EMTCT), the Joint Programme intensified efforts to speed up progress. Members of the Joint Programme (including WHO, UNICEF and UNFPA) provided guidance and technical support to priority countries to scale up interventions towards the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus. Currently, 78 countries have a national plan for EMTCT and 86 countries are implementing a “treat-all” policy for pregnant and breast-feeding women living with HIV. In 2022, WHO published the third version of the global guidance on criteria and processes for triple EMTCT validation, which adds the EMTCT of hepatitis B virus and brings together a package of interventions and metrics to support integrated management and monitoring

<sup>7</sup> Angola, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

of vertical transmission across a wide range of epidemiological and programmatic contexts. WHO also published the second version of [governance guidance for the validation of triple EMTCT](#), which outlines the standardized structure and processes used for monitoring and evaluation for validation of EMTCT of HIV, syphilis and hepatitis B at national, regional and global levels. UNICEF developed guidance on achieving EMTCT of HIV in countries with low HIV prevalence and/or concentrated epidemics.

64. Joint work by WHO, with the UNAIDS Secretariat and communities of women living with HIV resulted in the revision of guidance to better address rights-based and integrated approaches to optimize services for women, children and adolescents, while preparing for EMTCT validation. Countries were supported to prepare for assessments and address gaps and challenges for validation in all regions. Priority countries for enhanced support included Namibia, Kenya and Malawi. In Namibia, a joint UNICEF, UNAIDS Secretariat and WHO team helped national partners prepare for validation of the country's progress towards elimination.
65. Fifteen countries and territories have succeeded in eliminating mother-to-child transmission of HIV, and several others are on-course to do so in coming years. Oman was validated as the first country in the eastern Mediterranean to eliminate dual HIV and syphilis vertical transmission. Botswana became the first high-burden country to be certified by WHO for reducing its mother-to-child HIV transmission rate below 5%, providing antenatal care and ARV treatment to more than 90% of pregnant women, and achieving an HIV case rate of fewer than 500 per 100 000 live births.
66. UNHCR continued to advocate and provide technical support for the inclusion of refugees, asylum seekers and other populations affected by humanitarian emergencies so they can access services to prevent vertical transmission on par with host communities. UNHCR also provided HIV testing during antenatal consultations for refugee populations. The World Bank continued to prioritize maternal and child health in its flagship Human Capital Project and kept it as a key component of its project financing for the poorest countries through IDA and the start of IDA20, which is committed to restoring and expanding access to quality and affordable reproductive, maternal, newborn, child and adolescent health services in at least 30 IDA countries.
67. **Tailored support for the health needs of children and adolescents.** Joint Programme partners developed and supported complimentary initiatives related to EMTCT and adolescent, child and maternal health and rights. UNICEF supported governments to ensure HIV services for children and adolescents are integrated into primary healthcare systems. In 2022, 63 countries had HIV services for children integrated into facilities providing primary health care, with Joint Programme support. At the end of 2022, 32 of UNICEF's 37 HIV-priority countries were implementing a comprehensive package for paediatric HIV treatment and care within primary healthcare systems.
68. UNFPA engaged in the WHO "adolescent girls and young women landscape analysis" of unmet needs in five high-burden countries (Kenya, Mozambique, South Africa, United Republic of Tanzania and Zimbabwe) for HIV and SRH to address key policy and programmatic barriers/gaps and to create an enabling environment to improve HIV and SRH integration and outcomes for adolescent girls and young women.
69. UNICEF supported governments to tailor support for pregnant adolescent girls and young women through innovations such as PrEP for pregnant and breast-feeding women who are HIV-free, and access to HIV self-testing for partners of pregnant and breast-feeding women. UNICEF worked with Joint Programme partners, governments and communities to identify and meet the complex needs of adolescent and young mothers and include them as priority populations in national and subnational HIV strategies and plans. HEY BABY (Helping Empower Youth Brought up in Adversity with their Babies and Young children) is the first longitudinal study in Africa to assess pathways to resilience amongst adolescent parent families living with and without HIV. Analysis of HEY BABY cohort data in 2022 found low rates of access to antenatal clinic service packages and low rates of ART access and uptake by adolescent mothers. Adolescent and young mothers also reported high levels of stigma and high rates of mental health disorders. In 2022, UNICEF and Drexel University published a technical brief and framework for action to improve outcomes for adolescent and young mothers in pregnancy, childbirth and the postnatal period.
70. **Catalytic efforts to close paediatric HIV treatment gaps.** In response to the continued HIV treatment gap between adults and children,

the Joint Programme prioritized efforts to expand quality paediatric treatment services. After the lifting of COVID-19 restrictions, the Paediatric Service Delivery Framework was rolled out in Mozambique, Nigeria and Uganda, with programme work consolidated in 2022 at the district level in those countries to address programming gaps for children and adolescents. The framework uses age-disaggregated data and mapping of specific service delivery gaps so that interventions can be optimized for children at different ages. In 2022, 73 countries were using dolutegravir-based first-line therapy for children, up from 33 countries at the end of 2021—a remarkably rapid uptake of the WHO-preferred treatment regimen. In addition, UNICEF and WHO, working within the Global Accelerator for Paediatric Formulations network, accelerated the development of a new HIV fixed-dose combination child-friendly tablet that offers a once-daily pill regimen for children containing dolutegravir, abacavir and lamivudine.

*Programme data collection, analysis and use strengthened to inform differentiated programming for preventing vertical transmission and improving access to high-quality paediatric HIV treatment and care.*

**71.** The Joint Programme supported national partners in the use of data to drive progress towards ending paediatric AIDS.

**72. Using data to expand HIV testing options for children.** Analysis has confirmed the important, though limited, utility of early infant diagnosis services for identifying children living with HIV, since the majority of newly diagnosed paediatric HIV cases are among children older than 2 years of age. In response, UNICEF, the US Centers for Disease Control (CDC) and the Elizabeth Glaser Paediatric AIDS Foundation convened a technical consultation to pin-point specific gaps in national child case-finding. The results will be used to support country-level programmes to accelerate rates of paediatric testing and diagnosis and support linkages to treatment and care services. Expanding testing options for children is essential: in the 12 Global Alliance countries, 86% of children living with HIV were diagnosed outside the early infant diagnosis period and over 50% of newly diagnosed children living with HIV were school-aged (5–14 years).

**73. Support for strengthening EMTCT efforts.**

The Joint Programme supported the 12 partner countries of the Global Alliance to use data to develop evidence-based country action plans. WHO conducted a policy review for paediatric HIV prevention, treatment and care in Africa, including low- and high-burden settings, to identify policy and implementation gaps and to inform technical support plans.

**74.** WHO supported countries to improve quality and use of data for planning, for assessments for validation of triple EMTCT, as well as for resource mobilization. Countries receiving WHO technical support included Caribbean members states (maintained for validation), Malawi, Malaysia, Maldives, Namibia, Oman, Sri Lanka, Thailand, United Republic of Tanzania, Zambia and Zimbabwe. Working towards triple EMTCT, countries also received support to improve the generation and use of hepatitis data. Countries in all regions were also trained in the use of the WHO congenital syphilis estimation tool to support programming for elimination of congenital syphilis. UNFPA, UNICEF and WHO supported Georgia to conduct an EMTCT assessment to guide effective EMTCT programming for HIV, hepatitis B and syphilis, which led to a national EMTCT action plan for 2022–2024 that includes hepatitis B elimination. UN Women supported the national AIDS coordinating bodies in Burundi, Nigeria and Sierra Leone to empower women living with HIV as advocates for the prevention of new HIV infections in children. In Nigeria, UN Women helped the National Network Of Women Living with HIV to review and document the impact of the national Mentor Mothers Initiative, which empowers mothers living with HIV through education and information, and provides access to employment and essential services and care for pregnant women.

**75.** UNHCR supported the continuation of HIV prevention and treatment services for refugees and others affected by humanitarian emergencies. Loss to follow-up of infants born to women living with HIV remains a challenge in some refugee settings, often due to inter-settlement and cross border movements. There were continued efforts to reach these mother-child pairs through community-based interventions for early identification and pregnancy mapping, safe and confidential follow-up, and infant and young child feeding and clinical support.

## OUTCOME 2: BARRIERS TO ACHIEVING HIV OUTCOMES BROKEN DOWN

*Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.*



### | RESULT AREA 4: COMMUNITY-LED RESPONSES

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$1 791 900	\$2 520 597	\$8 113 800	\$10 021 865	\$9 905 700	\$12 542 461

#### Joint Programme 2022 results

*Normative guidance developed and promoted, with communities, for community-led HIV responses with focus on network strengthening, community-led monitoring and service delivery.*

**76.** The first international definition of a community-led HIV response was published after a two-year consultative process led by the Multistakeholder Task Team,<sup>8</sup> which brought together representatives from 11 governments and 11 civil society with support of the UNAIDS Secretariat. In addition to defining community-led organizations and responses, it recommended the development of improved systems for financing community-led organizations, which often face legal, capacity and eligibility barriers when seeking to access national and international financing mechanisms. Also recommended were improvements in monitoring community-led capacity and integrating data generated by community groups into response management.

#### Indicator progress on community-led HIV responses (RA 4)

- In **77 countries**, the Joint Programme provided **technical support and guidance to community-led organizations** in the HIV response from at least three of the most significantly affected communities.
- In **84 countries** the Joint, Programme supported national and/or subnational government and other stakeholders for the **incorporation and expansion of community-led HIV responses**.

<sup>8</sup> In 2020, the Joint Programme convened a Multistakeholder Task Team on community-led HIV responses pursuant to Decision 10.4b of the PCB at its 43rd meeting in December 2018. Its final report, including the definition of community-led HIV responses, is available at: [Community-led AIDS responses — Final report based on the recommendations of the multistakeholder task team \(unaids.org\)](https://www.unaids.org/en/resources/press-material/2020-12-10-community-led-aids-responses-final-report).

<sup>9</sup> Focus on organizations led by people living with HIV (in 80 countries), women from key populations (67 countries), and young key populations (62 countries).



- 77. Community-led monitoring.** The UNAIDS Secretariat supported community-led monitoring through quarterly community-of-practice meetings (averaging 150 participants), as well as by partnering with the Global Fund to consolidate learning on community-led monitoring. The Secretariat developed a self-administered community-led monitoring progression matrix methodology to review progress and minimum standards. Priority areas for advancing community-led monitoring are clearer after a meeting of technical assistance providers. Guidelines for the roll out of resource tracking of HIV community-led responses is under development, based on lessons learned from a piloting project in six countries (Kyrgyzstan, Brazil, Burkina Faso, Nepal, Malawi and South Africa).
- 78. Key population networks.** Collaboration with four key populations networks informed the development of 2022 WHO key population guidelines. Joint work between the community of women living with HIV, WHO, UNICEF and the UNAIDS Secretariat and other partners resulted in a revision of EMTCT guidance. The aim is to improve rights-based and integrated approaches for optimizing services for women, children and adolescents, while preparing for validation, with country support to assess and address gaps and challenges for validation in all regions. WHO also drew on established community networks in planning and implementing the response to the multicountry mpox outbreak, which built on its extensive HIV leadership and the experience of community networks.
- 79.** UNODC provided support to the International Network of People Who Use Drugs to build the capacity of community-led organizations to evaluate the impact of the criminalization of drug use on people who use drugs, and to develop new skills for data-informed advocacy. This led to a five-year advocacy road map towards the fulfilment of human rights for people who use drugs.
- 80. Humanitarian settings.** To ensure humanitarian assistance reaches people in need, WFP and UNHCR established partnerships with community-led organizations in many conflict and other emergency situations. UNHCR developed an [operational guidance for community health in refugee settings](#), which provides practical orientation for the provision of community health services for refugees, including active and substantive engagement of people living with HIV.
- It consolidates guidance on effective community health interventions and covers essential components of community health programming in refugee contexts, including programme design, human resources, referral systems, financing, equipment and supplies, monitoring, and service delivery.
- Advocacy and technical support to countries for the incorporation and expansion of community-led responses (GIPA and engagement in decision-making, advocacy, service delivery and monitoring) in national HIV responses (including policies, planning, budgeting and reporting).*
- 81.** Recognizing that community-led responses remain inadequately resourced and often are insufficiently elevated and integrated in national responses, the Joint Programme prioritized support for community-led responses across the HIV response.
- 82. Community-led monitoring and accountability.** Support from the Joint Programme continued to build momentum towards greater emphasis on community-led monitoring. The UNAIDS Secretariat directly supported more than 106 community and youth-led accountability and advocacy projects, including on community-led monitoring, the People Living with HIV Stigma Index, youth-led scorecards, key population policy advocacy, resource tracking, and women-led SRHR campaigns in 52 countries and in four regions. The Secretariat supported implementation of community-led monitoring projects in 17 countries,<sup>10</sup> delivered technical assistance for community systems strengthening in 11 countries,<sup>11</sup> and supported regional community-led monitoring mapping efforts in Asia and in eastern Europe and central Asia.
- 83. Strategic information for action on community-led responses.** Knowledge sharing on community-led response and monitoring across countries significantly expanded. For example, the Secretariat convened over 500 community-led monitoring implementers, donors and technical assistance providers to share best practices, foster continuous learning and support understanding of how community-led monitoring is evolving. The Secretariat further supported the Civil Society Institute for HIV and Health in West and Central Africa, the only initiative of its kind and scale in that region. More than a third of countries in western and central Africa now have a national civil society platform supported by the Institute.

<sup>10</sup> Botswana, Cameroon, Côte d'Ivoire, Haiti, India, Jamaica, Kenya, Malawi, Mozambique, Myanmar, Namibia, Nepal, Rwanda, South Africa, Uganda, Ukraine, United Republic of Tanzania and Zimbabwe.

<sup>11</sup> Botswana, Dominican Republic, Haiti, Jamaica, Kenya, Malawi, Myanmar, Pakistan, Rwanda, Uganda, United Republic of Tanzania and Zimbabwe.

The World Bank supported the first South-to-South Learning Exchange platform on community-led development, convening over 100 participants from eight countries in western and central Africa.

**84. Building the capacity of women living with HIV.**

Investment in the institutional capacities of networks of women living with HIV remained at the core of the Joint Programme's work. UN Women's support to organizations and networks led by women living with HIV in Cambodia, El Salvador, Nepal, Nigeria, Papua New Guinea, Senegal, Viet Nam and Zimbabwe enabled them to remain powerful forces for gender equality and women's empowerment in the HIV response. In Zimbabwe, institutional strengthening of the networks of women living with HIV resulted in a social accountability toolkit for promoting women's participation in the HIV response and monitoring of HIV services. In Cambodia and Viet Nam, UN Women invested in increasing the leadership skills, institutional capacities of and safe spaces for LGBTQI+ and women living with HIV.

**85. Networks of women living with HIV in 15 countries<sup>12</sup>**

also received technical support from the UNAIDS Secretariat to identify cases of human rights violations, stigma and discrimination, and to engage in country-level processes for the validation of EMTCT. ILO, the UNAIDS Secretariat and Women Fighting AIDS in Kenya strengthened the capacities of women living with HIV with business skills through training in the ILO Gender and Enterprise Together Ahead tool. In China, ILO and the Women's Network Against AIDS-China to launch a Start Your On-line Business training programming for people living with HIV. In many countries the Joint Programme collaborated with communities to advance access to HIV services, as well as gender equality and human rights. This included development of a new app, "DeLiLa" (Listen, Protect, Report), created by the National Network of Women Living with HIV in Indonesia with support from UN Women. It enables women experiencing violence to access peer legal and psychosocial counselling, referrals to health services and the police, drawing on UN Women's [essential services package for women and girls subject to violence](#).

**86. Support for community engagement in policy-making.**

Important progress was made in promoting community engagement in policy-making and policy reform. For example, the UNAIDS Secretariat and UNDOC supported communities of people who use drugs in six

countries (Indonesia, Kazakhstan, Kyrgyzstan, Nigeria, South Africa and Tajikistan) to engage in drug policy reform and/or planning of harm reduction services. ILO partnered with the three largest trade union federations in South Africa to convene a national strategic planning and capacity building initiative on the labour sector response to HIV and TB in the world of work. ILO, UNAIDS Secretariat and partners trained 150 civil society organizations on inclusive social protection systems for vulnerable groups. Youth communities in ten countries (Burundi, Ghana, Indonesia, Kyrgyzstan, Madagascar, Nigeria, Philippines, Uganda, Viet Nam and Zimbabwe) were supported to implement #UPROOT scorecards, which generated evidence for advocacy for changes in HIV policy and resource allocation affecting young people.

**87. Networks of people living with HIV in ten**

countries (Belarus, Côte d'Ivoire, Iran, Kazakhstan, Kyrgyzstan, Mauritania, Morocco, Nepal, Russia and the United Republic of Tanzania) were supported to complete implementation of the PLHIV Stigma Index. UNAIDS Secretariat supported eight national networks to conduct advocacy campaigns based on Stigma Index results, and networks in 19 other countries to initiate Stigma Index processes. The Praia Process, hosted by the Government of Cape Verde, brought together more than 200 delegates across 23 countries to refashion programme designs and funding mechanisms for a new generation of high-impact key population programmes in western and central Africa.

**88. Community leadership on behavioural and social change.**

UNICEF reinvigorated and empowered community platforms to anchor social and behaviour change, such as U-Report, a UNICEF-created social platform for young people to express their opinions and be positive agents of change in their communities. In Central African Republic, this led to an increase of 28% in the number of U-Reporters in 2018–2022 and to the convening of more than 9000 educational talks on birth registration, vaccination, schooling and retention of children, HIV, social cohesion and peace. UNICEF collaborated with and co-created the Ground Up! initiative with Y+ Global. Following a rapid survey, Ground Up! networks in Eswatini, Kenya, Namibia, United Republic of Tanzania, Zambia and Zimbabwe identified gaps for targeted support in strategic planning, resource mobilization, partnerships, communications and youth-led advocacy.

<sup>12</sup> Botswana, Cambodia, Eswatini, Jamaica, Indonesia, Kazakhstan, Kenya, Laos, Malawi, Namibia, Papua New Guinea, Rwanda, Thailand, Ukraine and Zimbabwe.

- 89. Community-led service delivery.** Thanks to the Joint Programme's advocacy and capacity building support, communities are playing a critical role in delivering services. For example, UNFPA, together with the UNAIDS Secretariat, UNICEF and WHO reinforced community-led responses in HIV prevention through the [2gether 4SRHR joint programme](#). The work included strengthening the capacities of seven youth-led civil society organizations to provide information, education and advice to adolescents and young people on SRH, gender-based violence and HIV prevention. UNFPA strengthened services to prevent vertical HIV transmission by building the capacity of health providers at community-level facilities in nine high-prevalence districts in India.
- 90.** ILO, UNICEF and UNDP supported the National Council of People Living with HIV in the United Republic of Tanzania to implement HIV combination prevention policies and programmes. ILO provided technical and financial support to the Indonesian Women Positive Network for integrating HIV workplace, harassment and violence issues, and provided access to reporting systems on gender-based violence and HIV. The Movement for Treatment in Mozambique and "Associação Avante Mulher" implemented a social mobilization campaign on HIV, cancer testing and treatment, with ILO and the UNAIDS Secretariat support. UNHCR worked with authorities in supporting community-led approaches, such as 15 community sensitization sessions on SRH and HIV engaged more than 1500 participants in Malawi. The WFP community-led initiative with the All-Ukrainian Network of People Living with HIV resulted in food assistance to nearly 60 000 people living with HIV (accounting for 40% of all people on HIV treatment in Ukraine) and support to over 11 000 TB clients.
- 91. Community engagement to improve the quality and inclusivity of services.** Close collaboration with communities led to more inclusive services in several countries. In Moldova, Montenegro, Serbia and Ukraine, UNODC supported 13 local civil society organizations in providing HIV services to people who use drugs, internally displaced populations, refugees and prison populations and people in humanitarian crisis. In Mozambique, UNODC co-designed and -led trainings for community health workers on community outreach for diagnostic and counselling, prevention and referral to health care for people who use and inject drugs. ILO and the UNAIDS Secretariat supported the provision of identity cards for transgender people in Indonesia, and access to cash transfers for networks of people living with HIV by in Malawi.
- 92. Mobilization of critical resources for community-led responses.** The Joint Programme's collaboration with community organizations led to increased engagement in Global Fund decision-making and a greater focus on other possible sources of resources, including the private sector. For example, UNDP and PEPFAR launched the SCALE two-year partnership, which, among other objectives, promotes community-led HIV responses with people living with HIV and key populations, including small grants to community and key-populations-led organizations.
- 93.** ILO partnered with GNP+ and the Global Fund to organize an African region-wide interactive trainer-of-trainers programme to build capacity among world-of-work actors to mobilize resources for HIV interventions focused on vulnerable working populations. UNODC and the International Network of People Who Use Drugs facilitated and empowered community-led organizations, especially from Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe to engage in Global Fund Country Coordinating Mechanisms, as well as in harm reduction interventions for people who use drugs and for people in prisons. The Secretariat piloted tools for advocacy on mobilizing domestic resources for harm reduction in Nepal, Uganda and South Africa. ILO partnered with civil society actors in multiple countries, including Indonesia, Mozambique, United Republic of Tanzania and Zimbabwe, including through business coalitions on AIDS.
- 94.** The World Bank supported governments in designing, implementing and evaluating community-led developments programmes across a range of low- and middle-income countries. As of June 2022, the World Bank had supported 373 active community-led development projects in 96 countries—for a total lending of US\$ 42.4 billion (69% of which was International Development Association or IDA/blend funding). In fiscal year 2022, US\$ 6.4 million in new lending was approved community-led development, with 9% of overall lending channelled to community-led projects. In the Horn of Africa, the World Bank, using a community-driven approach, is scaling up emergency essential services, including to improve HIV outcomes for 4.3 million people, including refugees and host communities.

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$5 272 900	\$3 906 910	\$10 266 600	\$10 568 464	\$15 539 500	\$14 475 374

### Joint Programme 2022 results

*Advocacy for, collaboration with and partners convened for supporting countries for the removal and/or amendment of punitive and discriminatory laws and policies relating to HIV and/or develop protective ones.*

**95. Enabling legal and policy environments are essential for effective HIV responses.** Research shows that countries criminalizing key populations saw 18–24% poorer HIV outcomes. In 2022, the Joint Programme intensified its efforts to support countries in removing punitive norms and approaches to deliver on the 10–10–10 strategic commitment.

**96. Law reform.** The Joint Programme further drove important progress in aligning laws with scientific evidence and human rights principles. UNDP supported 97 countries on HIV-related laws and rights (including decriminalization), including 87 countries on working with and for key populations. UNDP, together with governments, civil society organizations, and UN and other partners, continued to support countries in applying the recommendations of the independent Global Commission on HIV and the Law. This included the follow up of government-led legal environment assessments, contributed to the decriminalization of HIV in Zimbabwe and the introduction of a human rights-based drug law in Côte d'Ivoire. UNDP and PEPFAR launched a partnership to expand key population-led efforts to address discriminatory laws and HIV-related criminalization in 50 PEPFAR-supported countries, in collaboration with people living with HIV, other key populations, other Cosponsors and the Global Fund. In 2022, the UNDP-Parliamentarians for Global Action Handbook for Parliamentarians on advancing the

### Indicator progress on human rights (RA 5)

- **60 countries** were supported to **remove or amend punitive and discriminatory laws and policies, and/or develop protective ones** affecting the HIV response.<sup>13</sup>
- Efforts mostly focused on **addressing policies around criminalization of exposure to HIV, nondisclosure of HIV status or transmission of HIV** (23 countries) or the development of protective policies on gender identity and antidiscrimination in health-care settings, for example (28 countries).
- **77 countries** were supported to **reduce stigma and discrimination as defined in the Global Partnership for action to end all forms of HIV-related stigma and discrimination.**<sup>14</sup>

human rights and inclusion of LGBTQI+ people was launched at the 145th Inter-Parliamentary Union Assembly in Rwanda. UNDP continued to support regional judges' forums in Africa, the Caribbean and eastern Europe. This has contributed to progress in several countries, including St. Kitts and Nevis, where a judge who participated in the Caribbean judges' forum delivered the 2022 court decision decriminalizing consensual same-sex sexual activity.

<sup>13</sup> Support by the Joint Programme consisted primarily of technical assistance (48 countries) and advocacy and communications (47 countries).

<sup>14</sup> Most of the support provided by the Joint Programme focussed on healthcare settings (82 countries) and individuals, households and community settings (66 countries), as well as education settings (55 countries) and included technical assistance (7 countries), advocacy/communications (70 countries) and capacity building (66 countries).



97. UNFPA collaborated with the Southern African Development Community's Parliamentary Forum and other UN partners in Botswana to successfully convene a high-level dialogue with parliamentarians to advance SRHR and HIV-related services for populations who are being left behind, specifically persons with disabilities and key populations. Twenty-one parliamentarians, one-third of the members of parliament, participated in the dialogue on creating an enabling legal and policy environment.
98. The UNAIDS Secretariat led and partnered in global consultative efforts exploring how the UN can support decriminalization efforts (five national good practices were shared), as well as the global expert consultations on HIV and human rights, including at the 50th sessions of the Human Rights Council. UNODC, in partnership with UNDP, UNFPA, WHO, UNAIDS Secretariat, and Penal Reform International published a technical brief on transgender people and HIV in prisons and other closed settings.
99. UN Women collaborated with women's organizations and networks of women living with HIV in six countries to repeal discriminatory HIV-related laws. In Indonesia, the National Network Of Women Living with HIV participated in the development of the first-ever sexual violence crimes law, which now acknowledges forced sterilization of women living with HIV as a form of violence and includes measures to address it.
- 100. Advocacy and technical support for more inclusive, rights-based approaches.** UNDP supported 83 countries in Africa, Asia and the Pacific, Latin America and the Caribbean, and eastern Europe in their work on advancing LGBTQI+ rights and inclusive development. In 2022, UNDP led the piloting of the LGBTI Inclusion Index in eight countries (Angola, Dominican Republic, Georgia, Guyana, Ecuador, New Zealand, Pakistan, Viet Nam), six of which completed the pilots in 2022. The pilot of the LGBTQI+ Inclusion Index demonstrated the willingness of national authorities to engage in the discourse on LGBTQI+ health, including but not limited to HIV, and the need for enabling legislative framework and sufficient resources.
101. UNODC, in partnership with UNAIDS Secretariat, sensitized lawmakers and law enforcement officials about human rights-related barriers affecting access to HIV services and advocated for greater access of people who use drugs to HIV services and for alternatives to imprisonment in seven countries. UNODC also led a regional analysis in eight countries in Asia to support efforts to abolish compulsory drug treatment in favour of rights-based access to services.
102. The UNAIDS Secretariat provided technical support to 13 countries for initiatives that included an AIDS policy review in Gambia; the development of a gender and human rights action plan in Togo; the amendment of a drug law in Viet Nam; and a dialogue on the International Guidelines on Human Rights and Drug Policy in Ghana (with UNDP and OHCHR). Also supported was the development of fact sheets on human rights for Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine; technical support for the removal of harmful laws that criminalize vulnerable and marginalized groups in Jamaica; and the development of a human rights operation plan and associated monitoring and evaluation framework in Mozambique. The technical support contributed to the passage of an HIV law in Argentina and a revised HIV law in Central African Republic; a policy brief on decriminalization of HIV transmission which was developed and used for national advocacy in Tajikistan; a brief against compulsory HIV testing, developed in Kazakhstan and Uzbekistan; and the roll-out of the #NotACriminal Campaign, led by GNP+. The Secretariat joined as amicus curiae in litigation in Chile and Kenya, where the courts acknowledged that coerced and forced sterilization of women living with HIV are anti-constitutional and a violation of human rights, that policies must be changed, and that victims should be compensated.
- 103. Normative guidance.** After comprehensive multistakeholder consultations, WHO launched the [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#) in July 2022, supported by UNDP, UNFPA, UNODC and the UNAIDS Secretariat. Underpinned by the principles of human rights, gender equality, equity and inclusion, medical ethics, universal health coverage, evidence-based public health and key population community-led responses, the consolidated guidelines were shared at numerous global, regional and local events. In addition, a range of policy briefs summarizing the most relevant recommendations and guidance for five key populations were produced, as well as one

summarising the new recommendations on HCV, on behavioural interventions, and on peer navigators. WHO supported countries to develop related national guidelines, strategies and interventions including for PEPFAR Country Operational Plans and Global Fund funding proposals.

*Technical and policy advocacy provided to support countries on actions to reduce HIV-related stigma and discrimination affecting the HIV response, including through leveraging the Global Partnership for action to eliminate HIV-related stigma and discrimination.*

**104.** Joint Programme partners achieved concrete gains in supporting efforts to reduce HIV-related stigma and discrimination.

**105. Global Partnership.** Thirty-four countries are now part of the [Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination](#), with five countries having joined in 2022. Co-convened by UNDP, UN Women, UNAIDS Secretariat, Global Fund and GNP+, the Partnership provided long-term technical support to countries in Asia-Pacific, Caribbean, eastern Europe and central Asia, and sub-Saharan Africa. The partnership introduced guidance on monitoring and evaluation and advocacy, a practical guide on stigma and discrimination, country factsheets, a data dashboard, an introductory video and a website. At its 51st session in December 2022, the PCB called on Member States to fast-track actions to end stigma and discrimination.

**106.** The UNAIDS-PEPFAR Faith Initiative mobilized faith partners to address HIV-related stigma and gender-based violence through implementation of faith-based action plans in support of national AIDS strategies in Cameroon, Côte d'Ivoire, Kenya, Nigeria, the United Republic of Tanzania and Uganda. A framework for dialogue between religious leaders and people living with HIV and key populations was implemented in Dominican Republic, Democratic Republic of Congo, India, Indonesia, Jamaica, Nigeria, Uganda, Ukraine and the United Republic of Tanzania, and trainings in health-care facilities managed by faith-based organizations took place in Kenya, Nigeria, Uganda and Zambia. The Interfaith Health Platform, which had more than 2500 members at the end of 2022, facilitated participation in the "10-Million

Campaign", an interfaith advocacy campaign promoting access to HIV services for children, women and men living with HIV who are not yet receiving ART.

**107. Key populations.** Following the independent evaluation of the work of the Joint Programme with and for key populations (2018-2021), UNICEF, UNDP, UNFPA, UNODC, WHO and the UNAIDS Secretariat identified 53 key actions to intensify support for key populations in the joint management response, including to reduce stigma and eliminate discrimination, and have started the implementation where funding permits.

**108. Justice sector.** The Joint Programme's work in 2022 recognized the critical role the justice sector plays in aligning HIV responses with human rights principles. UNDP continued to lead the Global Partnership's work on addressing stigma and discrimination in the justice sector, including support to countries to implement related action plans at the country level (e.g. in Congo), or through the partnership with the Asia-Pacific Forum of National Human Rights Institutions in 12 countries. UNDP also led and partnered in efforts to discuss stigma and discrimination with judges (in Africa, the Caribbean and eastern Europe and central Asia), and sensitized lawmakers. In 2022, UNDP led and partnered in the development of guidance documents on enabling legal environments, including the decriminalization of HIV responses, the role of the judiciary in HIV responses, and the importance of regional spaces for strengthening HIV responses. UNDP also advocated for stigma-free safe and open civic spaces for HIV responses, including through an issue brief and a discussion paper.

**109.** As part of the Global Partnership, UN Women strengthened the capacities of networks of women living with HIV to provide legal support and referrals and to monitor and report cases of violence against women living with HIV. In Tajikistan, UN Women created a platform for collaboration between the national network of women living with HIV and professional lawyers, which led to increased legal awareness and literacy among women living with HIV and the improved reporting of violations of women's human rights, including cases of violence against women and discrimination in healthcare settings.



**110.** UNODC focused on trainings to sensitize lawmakers and law enforcement officials about human rights-related barriers affecting access to HIV services for people who use drugs, strengthening the capacities of policy-makers, prison administrations, staff and health-care providers. This included a specific effort aimed at implementation of the Nelson Mandela Rules and the Bangkok Rules in addressing stigma, discrimination and violence in prisons, the inclusion of people who use drugs and people in prisons in national preparedness and response plans, and improving access to justice.

**111. Prioritizing nondiscrimination and inclusion in financial and technical support.** In 2022, 40 countries were supported by the ILO with technical, financial and normative support to develop and/or strengthen nondiscriminatory legislation and policies at the national, subnational and enterprise

levels. Examples included the launch of the ILO LGBTQI+ learning guide; a partnership between the ILO and UNDP in China to develop an interactive app to promote LGBTQI+ inclusion at the workplace; and the engagement of the ILO, UNAIDS Secretariat and partners in an LGBTQI+ cultural and diversity fair in Brazil. UNDP and the ILO launched a global checklist on HIV-inclusive social protection, including recommendations to eliminate stigma and discrimination against people living with HIV and key populations.

**112.** The World Bank continued to spearhead efforts in data collection and analytical work to address stigma and discrimination and improve efficiencies in HIV responses. This included efforts focusing on LGBTQI+ people, such as the Equality of Opportunity for Sexual and Gender Minorities project, which is scaling up its data collection to 62 countries.



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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$3 851 600	\$3 634 247	\$27 402 700	\$37 102 461	\$31 254 300	\$40 736 708

### Joint Programme 2022 results

*Policy guidance, tools, knowledge and analysis developed, disseminated and their use promoted to integrate gender equality issues into the HIV response and to mobilize women in all their diversity, together with men.*

**113. Global norms and standards.** In 2022, the Joint Programme supported countries in adopting and implementing global norms and standards on gender equality and women's empowerment in the context of HIV. Policy advice from UNFPA, UN Women and the UNAIDS Secretariat to the Southern African Development Community in preparations for the 66th session of the Commission on the Status of Women resulted in the unanimous re-affirmation of the [60/2 Resolution on Women, the girl child and HIV and AIDS](#), including recalling the commitments made in the 2021 Political Declaration on HIV and AIDS. The 2022 resolution calls for accelerated efforts to address women's and girls' needs and priorities in the context of HIV and provides a road map for countries to accelerate efforts to address gender inequalities in the context of HIV. UN Women and the UNAIDS Secretariat also supported the use of an oversight tool to monitor implementation of the resolution (in Angola, Lesotho, Malawi, Namibia and Zimbabwe).

**114.** The ILO and partners advocated with governments to ratify the ILO Convention No. 190 on the elimination of violence and harassment in the world of work and promote laws and policies to prevent and address such violence. To date 23 countries, including several with high burdens of HIV, have ratified the convention, or taken significant steps to ratify it, and advanced its implementation. In

### Indicator progress on human rights (RA 6)

- **41 countries** strengthened their gender expertise and capacity to further **integrate gender equality** into the national HIV response, and meaningfully engaged women in all their diversity together with men.<sup>15</sup>
- The Joint Programme provided policy and advocacy support and contributed to mobilizing partnerships to implement **gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence in 33 countries.**<sup>16</sup>

Malawi, UN Women, the ILO and the UNAIDS Secretariat provided technical support for the adoption of a public sector sexual harassment policy that is aimed at the elimination of gender-based violence and the prevention of HIV. In Bangladesh, UNFPA and the UNAIDS Secretariat jointly supported networks of people living with HIV, sex workers, gay men and other men who have sex with men, and transgender people and other implementing organizations to prevent and respond to gender-based violence.

<sup>15</sup> This included integration of gender-responsive indicators into the monitoring and evaluation frameworks of national HIV plans, programmes or Global Fund funding requests (46 countries); facilitating the participation of women's organizations in the design and/or review, monitoring, implementation and evaluation of the national HIV plan, programme or strategy and/or Global Fund funding requests (73 countries); and applying the findings of the gender assessment in those frameworks (34 countries).

<sup>16</sup> Support was provided for advocacy efforts to understand and address the impact of unequal gender norms (69 countries); advocacy for increased financing for gender-transformative actions (47 countries); and mobilizing strategic partners (59 countries). Note that, in a significantly larger share of countries, one or two of the above areas of support were provided.



**115. Gender equality and the rights of women and girls.** The Joint Programme continued its global leadership in promoting gender equality as a cornerstone of the HIV response. UN Women supported advocacy and monitoring of women's human rights violations by facilitating the participation of women living with and affected by HIV in the reporting to the Committee on the Elimination of Discrimination against Women (CEDAW) and implementation of its concluding comments. In Tajikistan, members of the national network of women living with HIV prepared an alternative report to the CEDAW report and engaged in a dialogue with the government during a mock CEDAW session ahead of the 2023 session.

**116.** Nearly 11 000 adolescent girls and young women from Malawi, Sierra Leone, South Africa and Uganda created the Nerve Centre, a young women's leadership centre, which in 2022 launched Flourish, a "toolbox for girls and young women leaders on the frontlines of gender justice in health". UNFPA worked with the UN Human Rights Office (OHCHR) and UN Women to support the Uganda Human Rights Commission to hold a high-level symposium on sexual and gender-based violence. The symposium served as a platform for advocacy, especially on strategies and actions to address and avert the consequences of sexual and gender-based violence.

**117. Building expertise and capacity for programmes and resources.** The Joint Programme intensified the use of knowledge and tools to promote gender equality in national HIV strategies and plans, including the use of gender assessments to inform gender-responsive actions, budgets and indicators. Joint Teams on AIDS supported 41 countries to strengthen gender expertise and capacity to further integrate gender equality into national HIV responses and meaningfully engage women in all their diversity. UN Women strengthened gender equality expertise in AIDS coordinating bodies and HIV programmes across 26 countries, resulting in the integration of gender equality issues in national HIV strategies and plans, with budgetary allocations and gender-responsive indicators to track progress. Example of results included a new HIV prevention strategy in Uganda, which prioritizes and resources actions to prevent new HIV infections among adolescent girls and young women; and the approval, in Ghana, of US\$ 2 million for programming on young women and

HIV. The UNAIDS Secretariat led the analysis of 15 gender assessments to distil lessons for future assessments. UNICEF, UNFPA, UN Women, UNDP, the UNAIDS Secretariat and others have provided technical support to ensure gender equality aspects and interventions are well integrated in country funding requests to the Global Fund.

**118. Promoting women's leadership in the response.** Women's leadership in the HIV response—including in the development, review and implementation of national HIV strategies, and the engagement of men as gender equality advocates—has been a priority for the Joint Programme across 76 countries. WHO's advisory group of women living with HIV successfully advocated for inclusion of gender equality and human rights as critical enabling factors for health into the Global Health Sector Strategies on HIV, viral hepatitis, and STIs, which the 75th World Health Assembly approved.

**119.** UN Women promoted the leadership of women living with HIV to inform national HIV strategies, plans and indicator frameworks in 12 countries. In Peru, for example, the Joint Teams on AIDS advocated for women living with HIV participation in the Global Fund's Country Coordinating Mechanism. In Rwanda, a national "MenEngage" and gender transformative strategy for gender equality was developed as a result of collaboration between the UNAIDS Secretariat, UN Women and the Ministry of Gender and Family to engage women and men as gender equality advocates and promote positive masculinities.

**120. Preventing violence against women and promoting healthy gender norms.** The Joint Programme continued to invest in the implementation of the management response actions in response to the findings and recommendation of the [joint evaluation on preventing and responding to violence against women and girls](#). The Joint Programme strengthened implementation and/or scaled up evidence-based approaches to prevent violence against women and HIV and transform harmful gender norms.

**121.** Across more than 20 countries, through the EU/ UN Spotlight Initiative to eliminate violence against women, UNICEF trained young women to become peer educators and provide CSE, including changing norms and attitudes among school-going and out-of-school adolescents and youth. The

ILO facilitated economic empowerment among marginalized women, including women living with HIV, by providing training on using ILO business tools, and UN Women implemented the “SASA!” community-based initiative to prevent HIV and violence against women.<sup>17</sup> In Uganda, UNAIDS partnered with Positive Young Women Voices and Community for Action and Results, and Salamander Trust to adapt, implement and scale up the “Stepping Stones” programme to reduce violence against women in the context of HIV.<sup>18</sup> World Bank projects in Nigeria and Sao Tome and Principe led communication campaigns on safe, enabling and inclusive environments, and the prevention and mitigation of gender-based violence and sexual exploitation and abuse.

*Strategic partnerships mobilized to prioritize gender-responsive HIV prevention, treatment, care and support services free of gender-based discrimination and violence.*

**122. Strategic partnerships to drive progress.** At the 2022 African Union summit, several countries pledged support to the Education Plus initiative, which is co-led by UNICEF, UNFPA, UN Women, UNESCO and the UNAIDS Secretariat. Its aim is to address structural barriers, such as access to secondary education, in order to prevent HIV among adolescent girls and young women. Thirteen African countries have committed to the initiative. As part of that initiative, UNICEF and UNFPA have created hubs to support girls’ leadership in the HIV response, which has facilitated a powerful girl-led movement for the advancement of gender equality and social justice in sub-Saharan Africa. UNESCO also piloted a new curriculum, “Connect with Respect”, in seven countries in Africa and Asia; it provides teachers with guidance and tools on how to prevent and address school-related gender-based violence.

**123. Knowledge generation and advocacy to address structural barriers to HIV services.** The Joint Programme produced cutting-edge knowledge and led advocacy efforts to demonstrate the importance of removing structural barriers and facilitating provision and access to HIV prevention, treatment and care services that are free of discrimination. UNESCO disseminated a technical brief that outlines the role teachers can play in ensuring that the learning environment is free from

violence and increases HIV prevention knowledge. WFP, in collaboration with Oxford University and Cape Town University, published a journal article and a policy brief and hosted a global webinar highlighting the critical role food security can play in reducing HIV risk, especially among adolescent girls and young women. UNODC, in collaboration with UNFPA, UNAIDS Secretariat, WHO, UNDP and others, released a technical brief for policy-makers and programme managers, outlining guiding principles and targeted interventions that countries can adopt to reduce the risk of HIV infection and transmission among transgender people, and ensure their access to health care. The World Bank’s analysis of the [Sitakhela Likusasa Impact Evaluation](#) found that financial incentives contingent on educational participation significantly reduced HIV incidence among adolescent girls and young women.

**124.** The Joint Programme tackled structural barriers that impede access to HIV prevention, treatment and care services and increase susceptibility to acquiring HIV, particularly for women living with and affected by HIV and women in key populations, including those in humanitarian settings. UNODC provided support to several countries for developing gender-responsive HIV services that also address the needs of women who use drugs or are in prison in order to ensure continuity and sustainability of HIV prevention, treatment, and care services, particularly in the context of the COVID-19 pandemic and in humanitarian contexts. UNHCR developed and launched a gender-based violence safety audit toolkit to assess risk factors that increase exposure to violence for women refugees or impede their access to care, including HIV prevention and care. In Moldova, an audit led by UNHCR, UNFPA and UNICEF identified and mitigated several factors that increased the risk of violence and impeded access to services, including for women affected by HIV. The World Bank’s collaboration with UNFPA and WHO in Benin, Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Guinea, Mali, Mauritania and Niger provided over two million adolescent girls and young women with life skills and improved their access to health services, including for preventing HIV. Another World Bank programme to address gender-based violence reached over seven million women in the Democratic Republic of Congo and contributed

<sup>17</sup> “SASA!” is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV by addressing imbalance of power between men and women, and boys and girls.

<sup>18</sup> “Stepping Stones” is a 50-hour programme that aims to improve sexual health and transform unequal gender norms in order to prevent HIV and violence against women.

to 99% of women who reported gender-based violence cases accessing post-exposure prophylaxis within 72 hours.

**125. Catalytic action to engage men and boys.** The Joint Programme promoted the engagement of men and adolescent boys to foster gender equality, improve their uptake of HIV services and remove gender-based barriers that prevent women and girls from accessing services. Male engagement and family-centred approaches have led to increased HIV testing among men, improved uptake of positive prevention practices among discordant couples, and stronger support for women seeking health services. For example, UNICEF supported approaches that encourage men to accompany their female partners to antenatal care services. The community-based “HeForShe” initiatives of UN Women in Malawi, South Africa and Zimbabwe engaged women and men in community dialogues to change harmful social and gender norms and improve HIV health-seeking behaviour.

**126. Law reform.** The Joint Programme also worked towards removing legislative barriers that increase women’s risk of exposure to HIV and impede access to HIV services. For example, UNDP supported the Central African Republic to revise its Family Code, the country’s key legislation on gender equality. The changes included strengthening provisions to prevent child marriage, as well as protecting women’s rights on issues such as polygamy, choice of marital home, and dowry payments. In Indonesia, UN Women supported the national network of women living with HIV who successfully advocated for the adoption of the first-ever sexual violence crimes law, which now acknowledges forced sterilization of women living with HIV as a form of violence against women living with HIV and includes measures to address the practice.





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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$6 550 900	\$3 894 140	\$22 656 700	\$43 694 572	\$29 207 600	\$47 588 713

### Joint Programme 2022 results

*High-level political will from ministries of education and health, among others to establish new commitments to scaling-up access to youth-friendly SRH services, economic empowerment, and quality education (including comprehensive sexuality education) mobilized through advocacy.*

**127. Education Plus.** The Education Plus initiative, endorsed and co-led by the UNAIDS Secretariat, UNESCO, UNICEF, UNFPA and UN Women has been launched in 13 countries,<sup>21</sup> as well as during the African Union summit in Zambia mid-2022, which was attended by 200 high-level decision-makers. Education Plus and its objectives featured prominently during the Transforming Education Summit, including in its Youth Declaration and the Call to Action on Gender Equality. The African Union in 2022 adopted three declarations advancing the goals of Education Plus: The African Union Declaration on Transforming Education in Africa; the African Union Declaration of the Specialized Technical Committee on Education, Science, Technology; and the Youth Advocacy Declaration.

**128.** Policy changes driven and supported by Education Plus initiative in champion countries, included the adoption of policies to prevent and manage pregnancies in learners (in Cameroon, Lesotho, South Africa and Uganda); education policies to address the needs of out-of-school children and adolescents (Cameroon and Lesotho); and progressive integration of interventions into sector-wide education policies (Malawi, Sierra Leone and Zambia). In Lesotho, an Education Plus investment case found that keeping girls in secondary school could reduce HIV incidence by 50%. An additional

### Indicator progress on young people (RA 7)

- **51 countries scaled-up multisectoral interventions that align with ministerial commitments to increase access to youth-friendly SRH services, including CSE, to improve young people's well-being.**<sup>19</sup>
- **26 countries developed and implemented costed plans to expand and institutionalize youth-led HIV responses.**<sup>20</sup>

eight countries are now being supported with Education Plus investment cases.

**129. Promoting HIV and SRH.** The Joint Programme continued to prioritize young people's access to youth-friendly services. The Sida-funded "[2gether4SRHR](#)", which brings together the efforts of UNICEF, UNFPA, WHO, the UNAIDS Secretariat, regional economic communities, national governments and civil society organizations in 10 countries, developed a toolkit on SRH and HIV for adolescents and young people, in collaboration with Y+ Global and with content co-created by adolescents and young people from five countries. The toolkit facilitated the engagement of young people and promoted the uptake of services for SRHR, HIV, sexual and gender-based violence, and mental health. In 2022, a comprehensive report shared the learnings, best practice and

<sup>19</sup> Support provided by the Joint Programme included capacity building (68 countries); technical assistance (64 countries) and advocacy/ communications support (63 countries).

<sup>20</sup> Support by the Joint Programme focussed on technical assistance (26 countries); advocacy/communications (24 countries) and capacity building (23 countries).

<sup>21</sup> Benin, Cameroon, Eswatini, Gabon, Gambia, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Uganda, United Republic of Tanzania and Zambia.



insights from “2gether4SRHR” to inform future UN programming.

**130.**In Uganda, UN Women led a regional campaign to promote the importance of secondary education for girls as a protective factor from HIV, child marriage and early pregnancies, engaging over 15 000 community leaders, including faith-based and traditional leaders.

**131. Expanding quality comprehensive sexuality education.** CSE remained a major focus for the Joint Programme in 2022. UNESCO and UNFPA supported over 80 countries to strengthen in-and-out-of-school CSE and promote healthy, safe, inclusive learning environments. That included over 40 countries in Africa, primarily through the “Our Rights, Our Lives, Our Future” (O3) programme, which has reached more than 30 million learners in 2018–2022 through support for strengthened CSE programmes and delivery; and over 60 countries across the world where UNFPA supported out-of-school CSE for young people living with HIV and young key populations (Ethiopia, Ghana, Philippines), young people with disabilities (Malawi), young people in humanitarian settings (Moldova), and young indigenous people (Colombia).

**132.**UNESCO and partners developed a new initiative, “Building Stronger Foundations”, which will focus on providing a strong CSE foundation for children aged 5–12 years. UNESCO with the Global Education Monitoring Report team is to develop a series of profiles enhancing education review for 50 countries, focusing on sexuality education, with the aim of motivating national policy dialogues and promoting regional peer-to-peer learning. UNESCO also created the “Digital Sex-Ed Creators Hub”, a community of practice for 290 content creators (from more than 60 countries) for cutting-edge digital content creation for adolescents and young people. UNFPA supported the development and implementation of a digital CSE centre of excellence in Latin America, as well as digital CSE applications in Tunisia, Morocco and elsewhere. It used traditional media to reach populations with limited access to the Internet, with CSE topics included in radio shows in Malawi and a TV series in Honduras.

**133. Catalyzing national action on HIV and SRH.** The Joint Programme’s advocacy and technical support drove improvements in addressing the needs of young people. Country-level technical

and advocacy meetings with permanent secretaries for education, health, gender and youth focused on securing endorsement of the renewed ESA Commitment on Young People beyond the 11 countries that had endorsed already. UNESCO launched the “Education Saves Lives” campaign, which reached 15 million people across Africa with messages on the urgency of developing health education programmes that address HIV, child marriage and gender-based violence. In 2022, UNICEF continued its technical assistance partnership with the Global Fund’s Adolescent Girls and Young Women Strategic Initiative in 13 countries in sub-Saharan Africa to develop a sustainable package of HIV prevention services for adolescent girls and young women within national strategies and budgets.

**134. Building the evidence base for action.** The Joint Programme strengthened the scientific evidence to guide effective interventions for young people. UNESCO also advanced a research agenda on CSE through two multicountry studies that are informed by evidence gaps and research needs. The first will examine the short- and medium-term nonhealth outcomes of CSE, while documenting the sociocultural factors and context of the programme in six different countries. The second, currently in its proposal evaluation phase, will investigate adolescents’ and young people’s perspectives, attitudes and experiences of CSE.

**135.**In 2022, UNICEF collaborated with the London School of Hygiene and Tropical Medicine to complete and publish a strategic review of the evidence base for 33 interventions targeting young people with gender-transformative programming. Such programming explicitly seeks to redress gender inequalities through approaches that enhance the choice, agency, resources and social norms of marginalized populations in order to improve HIV or SRH outcomes. The strategic review identified key elements of successful interventions for young people and outlined a learning agenda for generating future evidence. UNICEF and the UNAIDS Secretariat jointly published an advocacy brief on HIV and young key populations in the Asia and Pacific region.

**136. Young people in humanitarian settings.** The Joint Programme improved the lives of adolescents in refugee settings. To ensure service availability and access for adolescent refugees, UNHCR equipped and trained community promoters and peer educators with information, education

and communications materials to facilitate both information sharing and referrals to adolescent-friendly health services. In 2022, 36 UNHCR country operations monitored and supported programmes to improve service delivery for adolescent and youth in refugee settings. Twenty-six operations ensured the availability of information, education and communication materials for adolescent refugees, while 22 operations offered health providers training to deliver services in adolescent-friendly ways. In 17 operations, community promoters facilitated adolescent SRH health programme implementation.

### **137. Integration of youth-focused HIV programming in health and development opportunities.**

The World Bank pursued multiple projects addressing the HIV-related health and education needs of youth, including through support for girls' and women's empowerment in at least 30 International Development Association countries and programmes to prevent and respond to gender-based violence in at least 15 countries. The World Bank remains the largest financier of education in low- and middle-income countries, with programmes in more than 80 countries. Its Western and Central Africa Regional Education Strategy aims to train at least 1 million young people with digital skills and enable at least 60% of recipients to obtain better jobs. The US\$ 680 million Sahel Women's Empowerment and Demographic Dividend Project (in Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Mali, Mauritania and Niger) provides young women with life skills, and improves their access to quality reproductive, child, and maternal health services; it has reached over 2 million girls and achieved an educational retention rate of 92% among girls and young women. The number of national and regional legal frameworks that support enrolling and maintaining girls in school, as well as adolescent reproductive health and the elimination of gender-based violence and harmful practices, doubled to 18 in 2022.

*Strengthened youth leadership and youth-led responses, including engagement in decision-making, organizational capacities, monitoring and research, advocacy and service delivery through advocacy and country-level guidance.*

**138. Building youth leadership in the response.** The Joint Programme worked to place young people at the centre of efforts to improve HIV responses for young people. UNESCO and UNAIDS Secretariat

jointly supported the Youth Lead Asia-Pacific Youth forum on HIV, which was attended by 30 youth advocates. UNICEF collaborated with UNDP, the UNAIDS Secretariat and UNFPA to update the toolkit for advocacy and capacity-building among adolescents and young people.

**139.**UNAIDS's #GenEndIt Youth Ambassadors programme reached more than 35 000 young people with peer-led prevention, human rights and SRH messages and activities. The youth-led #GenEndIt Youth Steering Group advocates for donor countries to prioritize HIV in their foreign aid policies. It has created a training package and donor financing landscape brief to support that work.

**140.**#UPROOT youth-led accountability scorecards were completed in ten countries (Burundi, Ghana, Indonesia, Kyrgyzstan, Madagascar, Nigeria, Philippines, Uganda, Viet Nam and Zimbabwe) with technical support from the UNAIDS Secretariat, in partnership with The PACT and Y+ Global. An HIV Prevention South-to-South Learning Network workshop, an initiative of the GPC, was attended by adolescent girls and young women from 13 GPC countries (Botswana, Côte d'Ivoire, Eswatini, Ghana, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe). In addition to building capacity and sharing action plans, the SSLN workshop contributed to developing the skills of youth champions.

**141.**In partnership with the PEPFAR and the Global Fund, UN Women increased the feminist leadership skills of 185 adolescent girls and young women (DREAMS ambassadors, HER Voice ambassadors and African Women Leaders Network's Youth Caucasus) in 15 sub-Saharan Africa countries to elevate their advocacy efforts. Young women advocates attended feminist leadership sessions and were then paired with seasoned women leaders as their mentors. In October 2022, on the 10th anniversary of the International Day of the Girl Child, UN Women convened a high-level meeting on championing the priorities of women and girls in the HIV response, in partnership with PEPFAR, UNAIDS, the African Women Leaders Network and the Government of the United Republic of Tanzania. Women ministers of health and gender, representatives of national AIDS commissions, and young women leaders addressed young women's disproportionate burden of HIV. The meeting resulted in a set of recommendations and [the](#)

[launch of an intergenerational collective](#) to address HIV among adolescent girls and young women in sub-Saharan Africa.

- 142. Young people are increasingly involved in programme cycles.** For example, young people are members of the UNESCO-led technical advisory group on CSE, advisory groups on new research, and as leaders and creators of health education programmes and research (such as digital health education). UNESCO initiatives to build and support youth leadership and youth-led responses include supports for the delivery of quality CSE programmes, and the “Back-to-School” campaign, which helps young people continue on their education paths. The joint UNESCO-UNFPA capacity-building initiative in Latin America and the Caribbean has reached more than 1000 professionals in over 20 countries. In eastern Europe and central Asia, at least 4 million young people have improved their knowledge and attitudes about HIV and SRH issues thanks to UNESCO-supported youth-led digital media/ platforms and artificial intelligence-powered chatbots that operate in three languages. A new online course for adolescents and their parents about HIV prevention and SRH is available thanks to UNESCO’s technical support.
- 143.** UNICEF supported the Adolescent and Young Key Populations Partnership between UN agencies, youth networks, implementing partner organizations and young champions across different regions. Linking young people to essential services. UNICEF and partners continued to innovate and build on the success of the unique and youth-friendly “U-Test” model, which combines social media, digital outreach and traditional HIV prevention methods to reach young people with

information about HIV and link them to support and care services, including PrEP. “U-Test” has reached 2.8 million young people online and via health facilities and has distributed almost 75 000 HIV self-test kits. The perspectives of these marginalized and often hard-to-reach populations are essential for designing and delivering accessible HIV and SRH services that meet their needs. In Brazil, UNICEF supported the training of 48 young LGBTQI+ leaders living with HIV to engage in community discussions and advocacy aimed at improving HIV-related policies. It also trained 829 young people living with HIV to strengthen local networks and reduce stigma and violence.

- 144.** A World Bank project in Zambia covered the school fees for more than 90 000 girls living in extremely poor households. Its Secondary Education Quality Improvement Programme in the United Republic of Tanzania helped create safe learning environments for 1 million students through a comprehensive safe school programme, which has contributed to a 41% increase in girls’ enrolment in secondary schools since 2017.
- 145.** Through the PEPFAR/USAID-funded Fast-Track Cities project, the quality and responsiveness of service delivery for young people and key populations in informal settlements in Kenya has improved, with the number of health facilities offering integrated services for young people and key populations increasing from zero in 2018 to more than 30 by the end of 2022. The Youthwyze initiative, which supports young people with information on HIV and SRH services, human rights and gender-based violence, reached more than 9000 adolescents and young people in Namibia.

## OUTCOME 3: EFFICIENT HIV RESPONSE FULLY RESOURCED AND SUSTAINED

*Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.*



### RESULT AREA 8: FULLY FUNDED, SUSTAINABLE HIV RESPONSE

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$2 618 800	\$1 685 326	\$6 516 000	\$6 796 153	\$9 134 800	\$8 481 480

#### Joint Programme 2022 results

*Countries supported in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international financing.*

**146.** Ending the AIDS epidemic as a public health threat requires sound planning to ensure the HIV the response is sustainable. In 2022, the Joint Programme contributed on two fronts to advance that goal: by helping build sustainable financing structures, including national budgets that are well-positioned for investment in the well-being of people; and by prioritizing efficiency and effectiveness. This is helping countries do “better for less” by using available resources wisely and by leveraging tools and analytics to redesign their HIV programming in ways that maximize resource allocation and service delivery.

**147.** Global funding for impact. The Joint Programme actively advocated for a fully funded Global Fund 7th replenishment, while also fully funding the Joint Programme. Through influencing the Global Fund Board and facilitating and guiding technical discussion at global and country levels (especially for quality country funding requests), the Joint Programme leveraged more sustained

#### Indicator progress on a fully funded, sustainable HIV response (RA 8)

- **36 countries** developed and reported implementation of measures advancing full and sustainable HIV financing.<sup>22</sup>
- **20 countries** where the Joint Programme operates, submitted information on government earmarked budgets and expenditures on HIV through GAM.
- **48 countries** conducted studies to improve allocative efficiency and address implementation bottlenecks to improve resource use efficiency, multisectoral financing, impact and equity.
- The Joint Programme supported **79 countries** to make evidence-informed HIV investments across their Global Fund grant cycle.<sup>23</sup>

<sup>22</sup>Support or guidance from the Joint Programme primarily included HIV sustainability and/or transition plans (26 countries); community-led response financing and/or social contracting activities (23 countries) and HIV financing assessments (21 countries).

<sup>23</sup>This included guidance and technical support (71 countries), strategic information generation (67 countries) and coordination and facilitation (68 countries).



evidence-informed funding for key priority areas and populations that are being left behind. For example, WHO collaborated with PEPFAR to ensure strong alignment between the five-year PEPFAR strategy and the global health sector strategies on HIV, viral hepatitis and STIs, both of which support investments in primary health care to boost service delivery. Advocacy for increased resources for HIV prevention intensified as part of the work of the GPC and donors, while UNHCR sought to increase the inclusion of refugees in Global Fund HIV proposals. WHO and the Global Fund helped countries scale up interventions and strengthen health systems in ways that support the rapid uptake of procurement and supply chain management innovations and increase sustainability. In addition to its role as interim Principal Recipient of Global Fund grants, UNDP provided support to Global Fund Country Coordinating Mechanisms in 16 countries.

**148.** Knowledge on financing also improved thanks to capacity development for over 100 learners on SRHR and SDG financing, as well as the annual reporting on the flow of financial resources for implementing the programme of action of the International Conference on Population and Development agenda, led by UNFPA. In a bid to spur private sector interest in investing in areas that improve HIV outcomes, the World Bank issued Sustainable Development Bonds highlighting relevant areas. In addition, the US\$ 93 billion 20th replenishment of the World Bank's International Development Association started its operations, supporting the poorest countries and prioritizing investments in areas that are important to the HIV response, such as health, education, gender, safety nets and jobs.

**149. Data for results.** The strategic information on HIV financing featured in UNAIDS flagship reports informed advocacy for increased HIV funding, including for prevention and areas not funded equitably. The information was used by high-level stakeholders for decision-making on HIV, health and broader financing for development. For example, financing data on funding for human rights programmes and key populations, collected from low- and middle-income countries and carefully analysed by the UNAIDS Secretariat, is now a primary source of the Global Fund's key performance indicators on the monitoring

of funding for human rights and key population programmes.

**150.** Monitoring of domestic financing for HIV and HIV/TB in 64 countries improved further thanks to the UNAIDS Secretariat's collection of data on expenditures, government budgets and ARV prices through the Global AIDS Monitoring (GAM) system. Using these data, UNAIDS advanced resource alignment and financial data exchange across PEPFAR, the Global Fund and the GAM. The Population Data Portal, launched by UNFPA, provides up-to-date geospatial SRH data, with indicators on HIV prevalence (sex-disaggregated), comprehensive knowledge of HIV, and condom use.

**151. Support for increased domestic financing.**

The Joint Programme's expertise and support to countries on innovative, sustainable financing for health to support shifts toward domestically funded HIV responses is highly valued. UNDP modelled a new health tax model in Bahrain, Cabo Verde and Thailand, focusing on levies on alcohol, tobacco and sugar-sweetened beverages. It also demonstrated how excise tax increases could generate significant revenue while improving health. UNDP is supporting nine countries on health tax analyses, working to incorporate them into Integrating National Financing Frameworks for the SDGs. As part of investment cases for noncommunicable diseases and health, UNDP, WHO and partners advanced data analytics to expand domestic resources for health and to tackle co-morbidities. The World Bank produced the *Innovations in tax compliance* report, which outlines a novel, integrated framework to improve tax systems.

**152.** Through the Global Action Plan for healthy lives and well-being for all, UNAIDS Cosponsor worked with partners to reduce inefficiencies and support country efforts to deliver on their commitments on health including HIV. In the United Republic of Tanzania, networks of people living with HIV, aided by the ILO, integrated HIV and economic empowerment in 19 HIV business development plans. With ILO support, the South African National AIDS Council and the South African Business Coalition on HIV and AIDS mobilized US\$ 600 000 for HIV programmes.

**153. Mitigating the impact of COVID-19.** COVID-19 continued to strain financing for HIV, health systems and social support critical to the HIV response. The Joint Programme responded on multiple fronts. Using the "[Impact40.org](#)" toolkit developed by UNFPA, researchers analysed COVID-19's effects on family planning and used the findings to inform country-level investment cases. A support mechanism developed by the UNAIDS Secretariat helped over 18 countries mitigate the pandemic's impact by leveraging additional financial resources made available through the Global Fund's COVID-19 Response Mechanism. The World Bank Group continued its support through a fast-track COVID-19 facility, which included over US\$ 30 billion for health systems, livelihoods and economies. The World Bank also published an update to the [From double shock to double recovery](#) publication, drawing attention to COVID-19's serious macroeconomic impact on the fiscal space for health financing, which fundamentally affects the HIV response. The insights have been used widely for policy planning.

**154. Improving debt management.** As the COVID-19 pandemic drove total debt levels to a 50-year high, the World Bank provided data and analytic insights and helped countries improve debt management and bolster their fiscal positions by improving tax compliance, the effectiveness of public expenditures, and domestic resource mobilization. Examples included coordination with the International Monetary Fund to strengthen the Common Framework for Debt Treatments Beyond the Debt Service Suspension initiative, and steps to improve data and transparency through the 2022 International Debt Statistics and the Global Economic Prospects.

*Policy-making strengthened for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.*

**155. Analytical support.** Thanks to Joint Programme support, HIV investments are more data-driven to boost the impact of available resources and tackle inequities. UNDP supported analysis and simplification of the social security system for people living with HIV in Tajikistan, improving budgeting and benefits for children and mothers living with HIV. UNDP and the UNAIDS Secretariat

supported the Philippines to optimize HIV spending and HIV policies for more impactful national and subnational HIV programmes, particularly for people living with HIV and key populations. UNDP also developed a model for assessing the social return on investment from social contracting and used it to develop guidance for contracting NGOs to provide services for key populations and vulnerable groups (in Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine).

**156.** UNAIDS Secretariat, through the Technical Support Mechanism, provided technical assistance to countries through over 160 assignments across a range of priority areas. The work included reviewing national strategic plans, the Global Fund's quality proposals with inclusive engagement and sound prioritization, and data-driven assessments for evidence-informed HIV responses, with a special focus on prevention and programming for priority populations. With Secretariat support and capacity-building, technical reviews of National AIDS Spending Assessments were achieved in 13 countries. Resource monitoring trials for community-led response were also launched in six countries, including monitoring of finance flows and expenditures to show the value of contributions made through non-monetary and non-exchange transactions.

**157.** The World Bank conducted efficiency and effectiveness studies, supported key databases, knowledge sharing and capacity building, and developed tools to enable more practitioners to conduct analytics on their own. Examples included a how-to-manual on cascade analysis that can be used to improve HIV outcomes, and an inventory of health information system platforms, disease modelling, health planning, budgeting, and costing and resource allocation tools, which allows for a rapid review of open-access tools that can be used for HIV programme planning and for boosting allocative efficiency. Also conducted was an impact assessment review of recommendations from HIV and TB allocative efficiency studies across 11 countries, while other efforts supported the use of performance-based-financing to improve health outcomes, including for HIV.

**158. Leveraging innovation.** The Joint Programme used digital health to reduce the digital divide and promote inclusion. By the end of 2022,

UNDP had invested US\$ 183 million in 122 digital health projects across 62 countries, with 14% of the projects focused on HIV, 10% on TB, and 8% on EMTCT of HIV and syphilis. Similarly, over 30 World Bank operations had significant digital health components. The World Bank also conducted digital health assessments to strengthen effective delivery of key health services, including HIV services (in Burundi, Lesotho and

Senegal); developed the Digital Health Intervention Economic Evaluation Framework; and provided the Digital Health Applied Leadership Programme in partnership with WHO and others (in Cameroon, Democratic Republic of Congo, Guinea, Malawi and Zimbabwe). The World Bank Identification for Development initiative helped reach some of the estimated 850 million people who lack an effective ID, including many who are affected by HIV.







## RESULT AREA 9: INTEGRATED SYSTEMS FOR HEALTH AND SOCIAL PROTECTION

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

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$4 302 400	\$3 997 177	\$17 550 900	\$16 727 290	\$1 853 300	\$20 724 467

### Joint Programme 2022 results

*Better integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV through policy guidance, advocacy, technical support and knowledge products.*

**159.** Half the world's population lacks access to quality health services. Strong, inclusive, integrated health systems that reach all are crucial for ending AIDS as a public health threat by 2030. The Joint Programme worked with governments to include HIV service elements—such as peer educators, community outreach and point-of-care laboratory systems—into primary health care systems and universal health coverage. In addition, the Joint Programme contributed to broader health system strengthening programmes, including through technical advice and operational support for human resources, health benefit packages and improving community engagement. This also involved promoting uptake of innovations such as digital systems for health at the primary health care level.

**160. Policy guidance.** The Joint Programme continued to provide normative guidance on service integration. Simplified guidance published by WHO in 2022 focused on integrating HIV services with other health services (e.g. viral hepatitis B and C, STIs, SRH, noncommunicable diseases and mental health) and with services for key populations (e.g. harm reduction services for people who inject drugs).

**161.** The 7th World Health Assembly noted with appreciation the [Global health sector strategies on, respectively, HIV, viral hepatitis, and sexually transmitted infections for 2022–2030](#) and approved their implementation over the next eight years. The strategies outline a common

### Indicator progress on integrated systems for health and social protection (RA 9)

- **67 countries** have ART services, for both treatment and prevention purposes, organized and financed as part of overall health systems, including through primary health care.<sup>24</sup>
- **48 countries** included cervical cancer screening and treatment for women living with HIV in their national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.<sup>25</sup>
- **44 countries** were supported by the Joint Programme to generate data and evidence or revise social protection policies or programmes to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

vision to end epidemics and advance universal health coverage, primary health care and health security in a world where all people have access to high-quality, evidence-based and people-centred health services. They include actions focused on enhancing integration and linkages to address a range of health-related issues that are relevant to preventing HIV and to providing extensive health

<sup>24</sup> This primarily included PrEP (52 countries), combination ART (50 countries) and post-exposure prophylaxis (44 countries).

<sup>25</sup> Specifically, cervical cancer was included in national strategies, policies or guidelines (49 countries); national AIDS plans (41 countries); and national HIV-treatment/testing guidelines (43 countries).



care for people living with HIV (including for other communicable diseases, noncommunicable diseases, SRH and mental health).

**162. Advocacy.** UNAIDS and other partners strongly advocated to strengthen health systems and ensure that they meet the needs of people. This work included collaboration through the Global Action Plan for Healthy Lives to help countries accelerate progress towards SDG3 by mobilizing more resources for health, invest them better, and strengthen health system capacity. The World Bank's Advance UHC Multi-Donor Trust Fund, operating with support from partners such as the Global Fund, supported low- and middle-income countries in working toward universal health coverage. WHO and the World Bank Group also continued to co-convene the UHC2030 multistakeholder platform for strengthening health systems.

**163. Technical support.** The Joint Programme guided more effective Global Fund investments for strengthening formal and community health systems and responses by providing technical support to implementing countries. The Joint Programme also supported PEPFAR in shaping its [new five-year strategy](#), published in 2022, which includes a focus on support to countries to integrate vertical HIV programming more efficiently and effectively into local health service delivery infrastructure.

**164. Social protection.** The Joint Programme contributed to the expansion of social protection systems, an important policy response to enhance inclusion in national safety nets and platforms of people living with, affected by, and at risk of HIV. The ILO supported over 50 countries to promote policies and assisted countries to provide adequate levels of social protection to all members of society, especially those most vulnerable, in line with international social security standards. UNDP supported 31 countries in promoting HIV-sensitive social protection, while UNICEF and WFP also contributed their expertise, including by helping the Somali Government register over 50% of people living with HIV in the government's social protection programme. In Georgia, UNFPA, collaborating with UNDP, developed an analytical case study of an HIV-sensitive social protection system, which focused on the needs of key populations.

**165.** UNHCR launched a [new cash-based interventions policy for 2022–2026](#), which outlines the key priorities for cash assistance in the next five years. To enhance protection, enable individuals to meet their basic needs, and facilitate access to essential services, UNHCR scaled up cash-based interventions, which delivered US\$ 977 million to 10 million people in over 100 countries and contributed significantly to reducing vulnerability among forcibly displaced persons. Evidence indicates that cash transfers can enhance people's dignity, personal agency and options. UNICEF continued to collaborate with the Tanzania Social Action Fund, the Tanzania Commission for AIDS and other key stakeholders, to implement and evaluate a "Cash Plus" model, as part of the Government's cash transfer and livelihood enhancement programme. UNICEF also initiated the first systematic review of bundled interventions for adolescents at risk of, or living with HIV.

**166.** Across 19 countries, UN Women invested in economic empowerment initiatives for women living with HIV. It did so by using a mix of approaches, including training and capacity development, rights-awareness, mobilizing and organizing into self-help groups, advocacy, and by addressing structural causes of inequalities. WFP supported over 45 countries by integrating food and nutrition into national HIV and TB responses, helping individuals and households meet their basic nutritional needs via food, cash or vouchers transfers to offer life-saving and life-changing support. The World Bank supported over 500 active social protection and labour projects, representing investments of US\$ 12.5 billion, which reached more than 1 billion people.

**167. Direct support for service integration and health systems resilience.** The World Bank's US\$ 27 billion global health portfolio in fiscal year 2022 included over 200 projects helping countries strengthen the health systems on which the HIV response relies on and improve health outcomes. These included a [health system strengthening project](#) using an integrated approach in 21 Angolan municipalities, which increased the percentage of pregnant women living with HIV who received ART from 14% in 2021 to 80% in 2022. The World Bank also supported programming to improve AIDS-TB integration through programmes such as the [Southern Africa TB and Health Systems Support Project](#) and a [project launched in Indonesia](#) to

improve TB services including for people living with HIV. The Global Financing Facility for Women, Children and Adolescents provided financing and technical assistance to help integrate SRH services into comprehensive health benefits packages and to implement the needed health systems and financing reforms to accelerate results.

*Service integration and access to social protection services for people living with, at risk of, and affected by HIV and TB through data generation and better use of evidence.*

**168. Data generation.** The Joint Programme contributed to evidence generation on social protection and service integration. A multiyear research collaboration between WFP, the University of Cape Town and Oxford University examined the [critical role of food security in the global HIV response](#), with the findings published in a journal article. It underscored how food security has been proven to reduce HIV risk and negative coping strategies, especially among adolescent girls and young women. WFP also developed an accompanying [policy brief](#) on critical enablers for reducing HIV-related vulnerabilities among affected populations groups.

**169. Guidance to translate data into action and results.** Normative guidance and tools developed by the Joint Programme enabled implementation and expedited roll-out of evidence-based social protection. WFP developed operational guidance on [planning, implementing, and monitoring of social protection programmes](#) in the context of HIV/TB. The ILO and UNDP jointly developed a [checklist on social protection for key populations](#), which provides a framework for countries to promote the inclusion of people living with HIV and key populations in social protection policies and programmes. Launched in 2022 at the 24th International AIDS Conference, the checklist presents a set of questions to assist in the planning and evaluation of inclusive and gender-responsive social protection programmes.

**170.** UNHCR and ILO partnered to seek opportunities and implement schemes to integrate refugees in existing national social protection systems, specifically health insurance schemes. The aim is to enable refugees to access health services—including HIV prevention, treatment and care—at the same level as nationals, through shared risk mechanisms. The ILO launched a publication titled [Making social protection a reality for people living with, at risk of and affected by HIV or TB](#), which highlighted good practices adopted by social protection institutions to respond to HIV and TB needs.

**171. Guidance for increased service integration.** The World Bank used the “health interventions prioritization tool” to support Zambia in integrating service packages. It also supported the development of universal health coverage evidence through datasets such as the [Health Equity and Financial Protection Indicators](#), the [Health, Nutrition and Population Data Portal](#), and the [Primary Health Care Performance initiative](#) (also supported by UNICEF and WHO). The World Bank produced numerous analyses, including a health systems resilience report identifying key features and providing a road map to operationalize integrated resilience. Its [Health Systems Flagship Programme](#) helped countries strengthen their systems and move toward universal health coverage, with the core course reaching over 1000 participants.

**172.** An important, ongoing independent evaluation of the work of the Joint Programme on social protection during 2018–2021 period is assessing the relevance, coherence, effectiveness and equity of the Joint Programme’s initiatives on HIV-sensitive social protection. Its findings and lessons will contribute to the strategic assessment and future planning of HIV-sensitive social protection initiatives, programmes and/or activities to strengthen their reach and inclusion of people living with, at risk for, or affected by HIV, including key populations.



## RESULT AREA 10: HUMANITARIAN SETTINGS AND PANDEMICS

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

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

### Joint Programme 2022 results

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

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

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

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

### Indicator progress in humanitarian settings and pandemics (RA 10)

- **42 countries<sup>26</sup>** implemented interventions/ services for key populations in humanitarian settings.<sup>27</sup>
- **35 countries** had specific measures in place for vulnerable persons living with HIV and HIV/TB in humanitarian settings to promote health and well-being.<sup>28</sup>
- **53 countries** also reported the inclusion of priority HIV services in national pandemic preparedness and response plans or frameworks.

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

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

<sup>26</sup> Countries with a humanitarian setting.

<sup>27</sup> Interventions included HIV testing services (43 countries); HIV treatment and care (41 countries); distribution of condoms and water-based lubricants (37 countries); and treatment of STIs (35 countries).

<sup>28</sup> This included in-kind and food assistance (45 countries); cash-based transfers (34 countries); and integration into national social safety nets (29 countries).

- 178.** WFP provided food and nutrition support to vulnerable pregnant and breast-feeding women living with HIV and TB in humanitarian, refugee and other food-insecure contexts. For example, in Somalia, WFP continued its efforts to provide nutrition support to malnourished people living with HIV and TB clients through the Nutrition Assessment, Counselling and Support programme. In the Cabo Delgado province of Mozambique, where nearly one in three inhabitants are internally displaced due to armed conflict, WFP led an integrated project, combining HIV/TB prevention and treatment services with nutrition rehabilitation, food assistance and general health care. Implemented in 10 displacement camps in partnership with a local nongovernmental organization, “Associação Social de Apoio Comunitario”, the project tested 13 230 people for HIV. The positivity rate was almost 5% and 27% of people living with HIV and TB were identified as being malnourished.
- 179.** UNHCR supported the continuation of HIV prevention and treatment services for refugees, other forcibly displaced persons, and persons affected by humanitarian emergencies. Loss to follow-up of infants born to women living with HIV remains a major challenge in some refugee settings, often due to inter-settlement and cross-border movements. Efforts are continuing to reduce this through community-based interventions for early identification; pregnancy mapping; safe and confidential follow-up through community/village health teams; integrated outreach from clinics, including infant and young child feeding; and clinical support.
- 180. Responding to the mpox outbreak.** The Joint Programme contributed to the global response to the outbreak of mpox in non-endemic countries. The outbreak disproportionately affected networks of gay, bisexual and other men who have sex with men, and led to more severe disease outcomes among people with untreated HIV. WHO, supported by the UNAIDS Secretariat, convened communities across all regions to inform the response. HIV services and infrastructure were used in the outbreak response which has continued, especially in the Latin American region, into 2023. Several regions documented best practices, which WHO shared at the 2022 International AIDS Conference. WHO also advocated for a sexual rights approach to mpox, taking account of the role of stigma and discrimination. Its communications, community engagement and social media mpox campaign prioritized active listening to the testimonies from people who had mpox, and health messaging, research and public health interventions were adapted accordingly. The campaign reached 63 million users across Facebook and Instagram.
- Essential health services, including HIV services, that have been disrupted by COVID-19 continued and restored; and more resilient systems for health and pandemic preparedness supported in ways that also support platforms for the HIV response and more fully leverage lessons from the HIV response.*
- 181.** In 2022, the Joint Programme continued to help countries address key factors for effective progress towards the global AIDS targets in the context of ongoing and future pandemics and other health emergencies. The Joint Programme worked to build more resilient health systems and strengthen capacities for pandemic prevention, preparedness and response by drawing on lessons from the HIV response.
- 182. Support for robust pandemic preparedness.** The Pandemic Fund, a collaborative partnership hosted by the World Bank and with WHO as a technical lead, was launched to finance investments to strengthen pandemic prevention, preparedness and response capacities at national, regional and global levels, with a focus on low- and middle-income countries. UNAIDS Secretariat and WHO have played an important advocacy and influencing role in contributing to the key principles and elements that framed the conceptual zero draft and the zero draft of the Pandemic Prevention, Preparedness and Response Accord (PPPR). As an invited observer member of the Intergovernmental Negotiating Body, set up by Member States to draft and negotiate the PPPR accord, the UNAIDS Secretariat submitted several written statements and recommendations that were informed by lessons learned from 40 years of the HIV response. It also shared insights on how the infrastructure, systems strengthening, tools and investments that built the global HIV response have already been effectively leveraged to better respond to other pandemics and health emergencies.
- 183. Mobilization of funding in humanitarian and other fragile settings.** As detailed in [The inclusion](#)



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

**184. Mobilization of funding for the COVID-19**

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

**185. Responding to the Ukraine crisis.** In 2022, the Joint Programme responded to the urgent needs of people living with and at high risk of HIV in Ukraine, which has the second-largest HIV epidemic in eastern Europe and central Asia. To ensure continued access to life-saving HIV services as part of the humanitarian response in Ukraine and neighbouring countries, the Joint Programme

closely collaborated with national and local authorities, as well as with many community-led organizations. The work focused on supporting people living with HIV and key populations by sustaining access to HIV prevention and treatment services, providing logistical and supply chain support, as well as guidance and trainings, providing operational support in the form of food and cash assistance, mobilizing additional resources.

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

**187. Responding to Ebola.** UNICEF, WHO and the UNAIDS Secretariat, together with other actors, responded to an Ebola virus disease outbreak in Uganda. UNICEF leveraged the experience gained during past Ebola outbreaks, as well as in the COVID-19 response, to ensure continuity of essential HIV services for women and children. It did so by using the existing civic engagement platform "U-Report" to support community engagement and feedback, by training health workers on relevant guidelines, and by supporting district health departments to closely monitor service utilization and access.

# STRATEGIC FUNCTIONS TO DELIVER ON THE RESULT AREAS

**188.** Progress towards the three outcomes and 10 results areas were possible due to a strong, united and agile Joint Programme led by the UNAIDS Secretariat which carried out the following strategic functions in concert with Cosponsors:

- leadership, advocacy, and communication on strategic HIV issues
- catalytic actions to address HIV-related inequalities through partnerships and innovation for impact
- excellence in strategic information
- effective coordination, convening and country implementation support
- solid governance and mutual accountability.

## Budget and expenditure for Secretariat functions (in US\$)

Core		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$146 000 000	\$136 969 396	\$50 000 000	\$68 324 697	\$196 000 000	\$205 294 093

## SF1: LEADERSHIP, ADVOCACY AND COMMUNICATION

*Sustained and enhanced political commitments to end AIDS and implement the Global AIDS Strategy 2021–2026 through strong leadership and advocacy.*

**189.** The Secretariat leveraged the Joint Programme's strengths to inform the UN General Assembly's Annual Review of HIV/AIDS and report, and the High-Level Political Forum on Sustainable Development. The Secretariat supported the UN General Assembly Transforming Education Summit, its outcome document and Youth Declaration, which highlighted evidence on HIV-related inequalities, as well as the intersections of HIV, health, education and other SDGs.

**190.** The Joint Programme informed several high-level political meetings, such as the 66th Commission on the Status of Women, the UN Human Rights Council, and the General Assembly Omnibus resolution on Drugs, as well as the 65th Commission on Narcotic Drugs, which highlighted the need to tackle human rights issues, including stigma and discrimination, and disparities in treatment access. The Secretariat contributed to shaping the 24th International AIDS Conference's

### Indicator progress on leadership, advocacy and communication (SF 1)

- **18 high-level political meetings** related to HIV whose outcome document was influenced.
- **83 countries** supported to review, assess and/or update their **national strategic plans on HIV** (or equivalent plans or frameworks).
- **89 countries** supported for **meaningful engagement** between people living with HIV, key populations, affected women and girls and young people etc. and government institutions for information-sharing and decision-making on HIV priorities.

agenda, facilitating participation of civil society and communities, and shared experiences on successful reforms of criminal laws. With UNAIDS Secretariat support, the Fast-Track Cities initiative continues to mobilize political leadership in more than 400 cities that have committed to accelerate the HIV response while addressing health and social inequalities. The 2022 Fast-Track Cities conference launched the Sevilla Declaration, which highlights the roles of communities in urban HIV responses.

**191.** Well-coordinated Joint Programme support led by the Secretariat contributed to evidence-informed national strategic plans on HIV and equivalent frameworks in 83 countries, including the Secretariat's dedicated multidisciplinary technical expertise and peer review in over 30 countries. National strategic plans are critical for shaping national HIV responses and leveraging sustainable investments, including Global Fund and PEPFAR investments. The Joint Programme supported the development of new plans, through modelling for more impactful interventions, as well as new target-setting, costing and monitoring and evaluation frameworks or mid-term reviews. This support led to better-quality national strategic plans that are closely aligned to the Global AIDS Strategy and that focus on innovative and multisectoral approaches.

*Stronger meaningful engagement and leadership of people living with HIV, key populations, women and young people at risk of or affected by HIV, at all levels of decision-making and implementation.*

**192.** In 89 countries, the UNAIDS Secretariat reinforced the meaningful engagement between people living with HIV, key and other priority populations, affected women and girls and young people, and government institutions for information-sharing and decision-making on HIV priorities. In relevant regional and global fora, the Secretariat's advocacy and support successfully expanded both the space for leadership and the voice of communities infected and/or affected by HIV. Examples included continued support to the International Community of Women Living with HIV to document cases of coerced sterilization, and support to the International Network of People Who Use Drugs and Harm Reduction International for the decriminalization and empowerment of women who use drugs, and piloting of tools for advocacy for increased domestic resources.

## SF2: PARTNERSHIPS, MOBILIZATION AND INNOVATION

*Progress to reduce HIV-related inequalities accelerated thanks to effective convening and by leveraging the power of four global strategic initiatives and other partnerships.*

**193.** [The GPC](#) has significantly boosted HIV combination prevention efforts, investments, and impact at country level,<sup>29</sup> and a new [Global Alliance to end AIDS in children by 2030](#) reinvigorated commitment and action in 12 countries to accelerate progress towards closing treatment gaps for children and mothers.<sup>30</sup>

**194.** Through the [UNAIDS Education Plus initiative](#), UNAIDS generated high-level commitment for the dual goals of ending AIDS and increasing access to education with the aim of preventing HIV. The initiative has galvanized policy shifts in the education sector in seven countries, including for the management and prevention of pregnancies in learners, inclusive education policies and curricula review for out-of-school children and adolescents.

**195.** Through the [Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination](#), 16 countries are implementing interventions in accordance with costed action plans to reduce stigma and discrimination and increase access to HIV prevention and treatment services. At the national level, the Global Partnership has had a positive effect on law and policy reforms in 11 countries (such as through inclusive dialogues, human rights policy and advocacy briefs, operational plans and monitoring and evaluation frameworks), and on reducing stigma and discrimination in 10 countries (such as through knowledge sharing, advocacy, research, analysis, capacity building and community empowerment). In collaboration with GNP+, the linked #MoreThan anti-discriminatory campaign in six countries reached more than 119 000 people through social media and transitioned<sup>31</sup> into the #NotACriminal campaign in 2022 in 10 countries.

**196.** In eight countries, new Stigma Index surveys led by networks of people living with HIV benefited from the Secretariat's support. The Index generates critical analysis for effective advocacy and interventions, such as campaigns to eliminate stigma, which were conducted with governments in several countries.

<sup>29</sup> For more information on Global HIV Prevention Coalition results, see Result Area 1.

<sup>30</sup> For more information on Global Alliance to end AIDS among children results, see Result Area 3.

<sup>31</sup> For more information on the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination results, see Result Area 5.

**197.** Through its critical partnerships with the Global Fund and PEPFAR at global, regional and country levels, the UNAIDS Secretariat guided evidence-informed programmatic prioritization, allocation and use of funding, and improved returns on investments. Through technical support for quality national strategic plans, the Global Fund grant applications and PEPFAR Country Operational Planning, the Secretariat increased alignment with the 2021–2026 Global AIDS Strategy and 2025 targets, using an inequalities lens to close the gaps as well as guided efficiencies and sustainability through a focus on integration and multisectoral responses. In addition, various partnerships were convened by the Secretariat with other Cosponsors, worked with national and international partners to accelerate progress—especially for key specific programmatic areas and for people or locations with greatest needs such as the Global HIV Prevention Coalition, the Global Alliance to end paediatric AIDS, Fast-Track cities and the Go Further partnership on cervical cancer.

*With a knowledge management strategy including seven new communities of practice, UNAIDS is harnessing knowledge for an effective HIV response.*

**198.** A new UNAIDS Knowledge Management Strategy 2022–2026, linked to the Global AIDS Strategy and the broader internal organizational change agenda, has led to the creation of four internal communities of practice and three that engage with external stakeholders around HIV prevention, gender-based violence and stigma and discrimination.

### SF3: STRATEGIC INFORMATION

*Generation and analysis of HIV data, including more granular analysis on HIV-related inequalities, reduced key data gaps, including through stronger national capacities and community-led monitoring.*

**199.** The new GAM framework (with a total of 115 indicators) and 2022 guidance, developed in consultation with key experts, enables monitoring of the 2021 Political Declaration on HIV and AIDS, and the Global AIDS Strategy by national and global actors, as well as target-setting and strategic planning.

**200.** In 2022, comprehensive data on HIV services and policies were collected from 155 countries and subsequently validated. Eighty countries reported baseline data for new indicators on cervical cancer/HIV integration. This wealth of data sharpened the HIV response by enhancing the focus on inequalities in access to HIV services. It also enabled granular target setting and monitoring by geographic location, as well as by age, sex and population. Updated granular analysis was supplemented with prevention scorecards, which incorporated 2025 strategies and targets and tracked progress and gaps across the five combination prevention pillars in the 28 focus countries of the GPC.

**201.** The UNAIDS HIV epidemiological estimates are produced every year to update and summarize the status of the HIV epidemic. The estimates include data from 172 countries, representing 99% of the world's population. Among the 172 countries, UNICEF, WHO and the Secretariat provide direct guidance and support to 139 countries to ensure that they have sustainable capacity to develop national HIV estimates, and to 39 countries to develop subnational HIV estimates, which are important for monitoring the epidemic and for further improving programmes and investment

#### Indicator progress on partnerships, mobilization and innovation (SF 2)

- **28 countries** are part of the **Global HIV Prevention Coalition**.
- **12 countries** joined the **Global Alliance to end AIDS in children**.
- **13 countries** are part of the **Education Plus** initiative and **7 countries** have implementation plans.
- **8 countries** completed the **HIV Stigma Index** in 2022.
- **33 countries** are part of the **Global Partnership for the elimination of stigma and discrimination**, and **16 countries** implement action plans.
- **Knowledge management strategy** available and **7 communities of practice** initiated.



## Indicator progress on strategic information (SF 3)

- The 2021–2026 GAM Framework was developed and shared.
- HIV estimates from **172 countries** were directly supported.
- **155 countries** reported against GAM indicators.
- **75 countries** benefited from support for community-led monitoring, including **39** with dedicated Secretariat-led expert support.
- The **2022 Global AIDS Update: In Danger** was produced and **AIDSinfo** now includes an inequalities dashboard.

for impact. While the Joint Programme facilitated community-led monitoring in 75 countries, a more intensified support was provided by the Secretariat in almost 40 of those countries (such as for planning, data collection, programme, as well as coordination, analysis and tracking).

*Impact of programmes and investments by countries and partners, including Global Fund and PEPFAR optimized with the help of state-of-the-art HIV data and analysis, new flagship global AIDS reports and strategic use of evidence.*

**202.** Two UNAIDS flagship reports—[In Danger: UNAIDS Global AIDS Update 2022](#) and [Dangerous inequalities: World AIDS Day report 2022](#)—provided state-of-the-art analysis of the HIV epidemic, response and gaps to further galvanize action around addressing inequalities that thwart HIV prevention and treatment services. In addition, the Secretariat contributed to the 2022 UN Secretary General’s report on HIV/AIDS, which showed progress in implementation of the 2021 Political Declaration on HIV and AIDS.

**203.** The UNAIDS website provides the most comprehensive and publicly available compendium of HIV data, and estimates by countries and other sources and quality analysis. It includes [AIDSinfo’s](#) sections on the epidemic and response, on inequality, on laws and policies analytics, the key populations atlas and the HIV financing dashboard. This wealth of data is widely used

globally, regionally and nationally for programming, policy decision-making, target-setting and results-tracking, as well as for resource mobilization and allocation, including by Global Fund and PEPFAR.

## SF4: COORDINATION, CONVENING AND COUNTRY IMPLEMENTATION SUPPORT

*Joint UN Teams on AIDS at regional and country levels coordinated effective UN support for national HIV responses and for progress on the SDGs as part of UN Sustainable Development Cooperation Frameworks.*

**204.** The UNAIDS Secretariat leveraged and coordinated the UN system’s support to national HIV responses by leading country Joint UN Teams on AIDS. These Joint Teams implemented Joint UN Plans on AIDS, bringing collective UN support to implementation of the Global AIDS Strategy in 91 countries, including with partial funding from UNAIDS joint country envelope funding. The Secretariat led six Regional UN Teams on HIV in six regions and ensured integration and monitoring of HIV priorities in the UN Sustainable Development Cooperation Framework. At global level, the UNAIDS Secretariat shaped HIV and other SDG health indicators of the UN SDG Common Output Indicator Framework, which measures UN results against the SDGs in all countries.

**205.** Complementing this was other country implementation support, coordinated by the UNAIDS Secretariat, which included the provision

## Indicator progress on coordination, convening and country implementation support (SF 4)

- **In 91 countries**, Joint UN Teams on AIDS implemented a **Joint UN Plan on HIV**.
- **In 87 countries**, priorities on ending HIV related inequalities are reflected in the **UN Sustainable Development Cooperation Framework**.
- **Inequalities frameworks and tool kits** were launched and piloted in **5 countries**.

of quality technical expertise through the UNAIDS Technical Support Mechanism (via over 160 assignments). That support was directed especially at national strategic assessments and planning for data-driven, evidence-based HIV responses, with a focus on prevention and guidance for countries to access and optimize Global Fund resources.<sup>32</sup>

**206.** An assessment of the capacity of the Joint Programme was finalized in 2022, following a recommendation from the Independent Evaluation of the UN System response to AIDS 2016–2019. This provides an understanding of available and needed Secretariat and Cosponsor human resources for effective action across sectors, as well as other capacity that is available to the Joint Programme. It aims to ensure that the Joint Programme acts in line with current needs in order to respond effectively to an evolving epidemic, in line with the Global AIDS Strategy, by leveraging UNAIDS’s collective assets and capacities.<sup>33</sup>

*Harmonized Joint Programme approaches helped address HIV-related inequalities and remove barriers to equitable, people-centred and rights-based, gender-transformative, community and youth-led integrated HIV services at country level.*

**207.** A framework and toolkit for understanding and addressing HIV-related inequalities was developed by the Joint Programme and launched in 2022. Piloted in five countries, it guides countries in using data from multiple sources, including gender assessments and the Stigma Index, to identify and examine inequalities that drive the epidemic, and arrive at recommendations to close the gaps.

## **SF5: GOVERNANCE AND MUTUAL ACCOUNTABILITY**

*Stronger global HIV response due to effective governance of and inclusive stakeholder engagement in the Joint Programme, and robust multilateral commitment to HIV.*

**208.** The UNAIDS Secretariat further strengthened its governance, including proactive risk management and stakeholder engagement in 27 primary governance meetings. The PCB requested a multistakeholder task team, supported by the Secretariat, to propose recommendations to resolve the Joint Programme’s significant funding

### **Indicator progress on governance and mutual accountability (SF 5)**

- **Quality management, oversight and performance reports submitted to the PCB.**
- **Fully operational IEOAC to fulfil its mission (7 meetings and first organizational oversight report.)**
- **Updated UNAIDS Results and Transparency portal on results and investments, and Secretariat financial data were published in the International Aid Transparency Initiative.**
- **High compliance with UN Reform as shown in at least 8 UN system-wide reports/surveys.**
- **83% of evaluations implemented and recommendations from past evaluations tracked.**

shortfall and discussed its related report on solutions to mitigate the risk of the current UBRAF funding shortfall and the ambitious new UNAIDS Resource Mobilization Strategy.

*Mutual accountability and transparency mechanisms, including the PCB Independent External Oversight Advisory Committee (IEOAC), are in place.*

**209.** The Joint Programme’s accountability and transparency mechanisms are strong and further reinforced by the guidance provided by the Independent External Oversight Advisory Committee. The PCB appreciated progress toward stronger accountability and transparency, reflected in a series of internal and external management and performance reports, and took 32 decisions related to oversight and governance during its 50th session in June 2022. The Secretariat also contributed to the ongoing Multilateral Organization Performance Network whose report is expected in mid-2023.

<sup>32</sup> For more information on results achieved thanks to the Technical Support Mechanism, please refer to the relevant Result Areas. For information on support to the Global Fund, see Result Area 8.

<sup>33</sup> Available at: [UNAIDS Joint Programme Capacity Assessment\\_Final Report\\_29Aug2022 updated.pdf](#)

**210.** The UNAIDS Performance Monitoring Report for 2020–2021 included data for all UBRAF indicators (in the previous UBRAF 2016–2021) and demonstrated overall high performance, despite challenges and the funding shortfall. The UNAIDS Results and Transparency Portal is continually updated with dedicated pages on the UBRAF 2022–2026, results in six regions and over 90 countries, donor contributions and the UNAIDS Secretariat’s submission to the International Aid Transparency Initiative.

*UN reform implemented and further shaped for better impact.*

**211.** UNAIDS had made substantial progress towards full and effective compliance with, and integration in UN reform requirements, as well as system-wide tools and processes that can bring greater efficiencies. This is demonstrated in the completed UN mandatory reports on the UN Quadrennial Comprehensive Policy Review and the UN Funding Compact, and the UN System-Wide Action Plan

on gender equality and women’s empowerment. Other UN system-wide reports to which UNAIDS has contributed, such as “Greening the Blue”, UN Youth 2030, UN Disability Inclusion Strategy and the UN SDG report, are also publicly available at Resources | Portal (unaids.org).

*UNAIDS Evaluation Plan is effectively implemented, with systematic follow-up of recommendations and documentation of lessons learned.*

**212.** Evaluations enable the Joint Programme to further improve its performance. Four Joint Programme evaluations were completed (on key populations, efficient and sustainable financing, and joint country work in Mali and Lesotho), with reports and management responses publicly shared. Two additional evaluations (on the country envelopes and social protection) were initiated in 2022. The PCB praised the Evaluation Office for its work and recommended publicly disseminating the evaluation findings and incorporating HIV services into universal health coverage.



## CONTRIBUTIONS TO THE SDGS

- 213.** The global HIV response has made remarkable gains and is progressing toward achieving SDG 3.3. Annual AIDS-related deaths have declined by 68% since they peaked in 2004 and new infections are more than 50% lower than in 1996. The strongest progress is in regions with high burdens of HIV and among countries with varied economic means—testament to the power of strong political commitment, global solidarity, evidence-driven strategies and mutually supportive partnerships between affected communities and public authorities. These gains, and the health and community systems that are being strengthened, are also yielding wider health, economic and developmental dividends that are accelerating progress towards ten other SDGs.
- 214.** While the goal of ending AIDS is one of the SDGs, the HIV response also benefits from and contributes to progress towards the broad Agenda for Sustainable Development. The work of the Joint Programme and the HIV response is integrally linked to wider efforts to towards achievement of the SDGs. The Global AIDS Strategy has maintained and intensified the Joint Programme's efforts to reach the most vulnerable first and to leave no one behind—a central, animating principle of the 2030 Agenda. The gains driven by the Joint Programme and achieved by the HIV response include stronger health and community systems; better policies and data-driven integrated programmes to respond to the needs of the most vulnerable; and community leadership, empowerment and active engagement in HIV responses and policy-making.
- 215.** The Joint Programme leverages the broader political, policy, programme and partnership power of the entire UN system through the UN Sustainable Development Cooperation Framework and UN regional cooperation fora. The multisectoral expertise and work of the Joint Programme contributes to the achievement of an array of SDG health targets by strengthening health systems and preventing morbidity and mortality, including among children.
- 216.** The Joint Programme is also contributing to gender equality on several fronts, including through support for changing harmful gender norms, by combatting gender-based violence, and by supporting and empowering women and girls. It is supporting the achievement of increased educational access, through Education Plus and similar activities. It is reducing poverty by preserving the health and well-being of people from all walks of life, by creating employment opportunities for key populations, and by supporting countries to avert the potentially catastrophic financial burdens of HIV on households. It is promoting the eradication of hunger by integrating food and nutrition assistance with HIV services, and it is advocating for the elimination of stigma and discrimination, including through support for results-oriented collaborations between ministries of health and justice. It is also addressing the needs of highly vulnerable populations, such as those affected by humanitarian crises, key and other priority populations, and adolescent girls and young women. The Joint Programme's catalytic support for youth leadership development is helping nurture a new generation that is committed to collective action to improve health and well-being and ensure sustainable development.
- 217.** The multisectoral character of the Joint Programme and its emphasis on collaborating with diverse partners also exemplify the partnership-for-development approach envisaged in the SDGs. Results in 2022 speak to the smart and impactful partnerships at the country, regional and global levels that the Joint programme convenes and leveraged and which serve as role models for SDG 17.
- 218.** The Joint Programme's commitment to the 2030 Agenda was evident in its active leadership role in responding to COVID-19 by building on the HIV response lessons, including the coordinated efforts to secure access to continued services; the design and promotion of innovations; regional vaccine equity studies; and support for the Sustainable Procurement Index for Health. The Joint Programme serves as an incubator of innovation for the broader development agenda, including through its emphasis on scaling up community-driven service delivery innovations and digital service platforms, and on using data to drive impact and leave no one behind.



## KEY CHALLENGES AND LESSONS LEARNED

- 219.** The Joint Programme's experience in 2022 reveals important lessons as well as persistent challenges for the global HIV response.
- 220. In the face of historic geopolitical and global health challenges, the Joint Programme continued to drive progress in the response.** A focus on the slowing progress in reducing new HIV infections can obscure the reality that major gains continue to be made in efforts against AIDS. As PEPFAR reported in 2022, numerous high-burden countries in sub-Saharan Africa, all of which have benefited from extensive advocacy, strategic information, normative guidance and technical support from the Joint Programme, have either achieved or are with reach of achieving the 95–95–95 testing, treatment and viral suppression targets.
- 221.** With UNAIDS support, countries have been remarkably swift in adapting national HIV testing and treatment guidelines to align with international guidance for achieving the best health outcomes for people living with HIV and, at the same time, reducing HIV transmission. Twenty-six countries with high HIV incidence have developed action plans to strengthen and sustain HIV prevention. Even as funding for the Joint Programme has declined, the Joint Programme has maintained and further strengthened its repository of strategic information on the HIV pandemic and response with even more granular data and analysis, especially on key populations. These achievements, accomplished in the face of considerable difficulties, show that the Joint Programme is resilient, nimble and catalytic.
- 222.** Following extensive advocacy and technical support from the Joint Programme, 12 countries have removed laws criminalizing same-sex relations since 2016, several have reform legal frameworks to protect the rights of transgender people, and a global movement has emerged for the decriminalization of the possession of drugs for personal use. The 10–10–10 targets have focused unprecedented, high-level attention on efforts to institute societal enablers that will reduce and eliminate barriers and unequal access to opportunities and HIV services. **Strategic initiatives and partnerships are elevating attention to key gaps in the response and better focusing efforts to close HIV-related inequalities.**
- Responding to the mandate of the Global AIDS Strategy to use an inequalities lens across its work, the Joint Programme has intensified proven and new collaborative initiatives to address the critical gaps and inequalities, including gender inequality. The rising number of countries and partners that have taken up this approach confirms the many benefits and high demands of this work.
- 223.** The Global HIV Prevention Coalition has brought greater, better-focused attention and action to reduce HIV prevention inequalities through evidence-informed planning and implementation of HIV prevention programmes in 28 high-incidence countries. It is expanding its reach to other settings where HIV incidence is high. The Global Alliance to end AIDS in children is incentivizing countries and partners to intensify their efforts to address the specific factors that hold back quicker progress in preventing vertical HIV transmission and to address the unmet needs of children, pregnant women and mothers living with HIV. The Education Plus initiative is galvanizing advocacy for policy and programmatic changes in countries towards the dual goals of preventing HIV and mitigating its impact amongst young women and adolescent girls in sub-Saharan Africa through the power of secondary education. Through the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, countries are developing costed action plans and implementing policy reforms to combat stigma and discrimination.
- 224. Funding shortfalls are limiting the Joint Programme's capacity to lead and support to its full potential the implementation of the Global AIDS Strategy.** Although the Joint Programme recorded important achievements in 2022, the gap between the PCB-approved budget and available funds for the UBRAF—which has amounted to roughly 25% of the core UBRAF since 2016—is undermining the Joint Programme's capacity to deliver. The independent evaluation of the Joint Programme's work on key populations specifically noted the effects of UNAIDS's diminished capacity due to budget shortfalls. Inadequate funding has led to Cosponsors and the UNAIDS Secretariat achieving further efficiencies and further prioritizing their work, but the funding gaps lead to reduced capacities, especially for human resources.

- 225.** The Joint Programme has sought to do more with less, but the serious, persistent funding shortfall is threatening its basic capacity to lead global efforts and support countries and communities to close HIV-related inequalities, particularly gender inequalities, and to get the HIV response on track. It now puts at risk the attainment of the global 2025 AIDS targets and the goal of ending AIDS by 2030.
- 226. Inadequate funding for the global HIV response, particularly for ending inequalities, is slowing progress towards ending AIDS.** The Global AIDS Strategy demands substantially increased resources to maintain essential, life-saving services and close key gaps in the response. However, HIV investments globally have levelled off in recent years, with annual amounts available for HIV programmes in low- and middle-income countries roughly US\$ 8 billion short of the amount needed to reach the 2025 targets of the Global AIDS Strategy.
- 227.** Although the successful seventh replenishment of the Global Fund and the continued, strong political support for PEPFAR from the US Government are important signs of commitment to end AIDS, most other international donors have reduced their HIV-related assistance. Additional domestic investments in HIV and health programmes are essential, but many low- and middle-income countries face considerable economic difficulties, with dozens of countries in debt distress. Increasing commitment to make needed investments, including finding innovative ways to mobilize new resources, is critically important for ending AIDS.
- 228. The deterioration of the gender equality, human rights and civil society environment in many parts of the world is impeding efforts to accelerate progress in the response.** In many countries, the space for civil society action is shrinking, and human rights are being violated with seeming impunity across regions. The backlash against women's rights, gender equality and the international human rights framework is spreading, as seen, for example, in rising hostility to LGBTQI+ communities in many settings.
- 229.** As reflected in the Global AIDS Strategy, there is overwhelming evidence that legal frameworks that protect human rights and advance gender equality are essential for reaching the end of AIDS. Preserving and further strengthening the HIV response in this increasingly uncertain environment will require both determination and creativity. It will take bold advocacy and programming support based on human rights and gender equality principles, including resisting the push-back on gender equality and human rights, sharing experiences from countries that have repealed punitive laws, and cultivating champions for social inclusion and equality for all.
- 230. Community-led responses have a transformative potential, but they remain badly under-resourced.** A central lesson learned from the HIV response is that communities play unique roles in responding to pandemics—as advocates, sources of knowledge and innovation, shapers of national and local responses, accountability watchdogs and deliverers of quality services that reach and support people who are not engaged by facility-based services. However, the full potential of community-led responses is not yet fully realized due to inadequate funding and the failure in many settings to validate and integrate communities as essential partners in the response.

