

RESULTS BY ORGANIZATION

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 report
(UNAIDS/PCB (52)/23.8)
- iii. UNAIDS Performance Monitoring Report 2022: Results by region
(UNAIDS/PCB (52)/23.9)
- 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;
- *encourage* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs

Cost implications for implementation of decisions: *none*



RESULTS BY ORGANIZATION

PERFORMANCE MONITORING REPORT

2022

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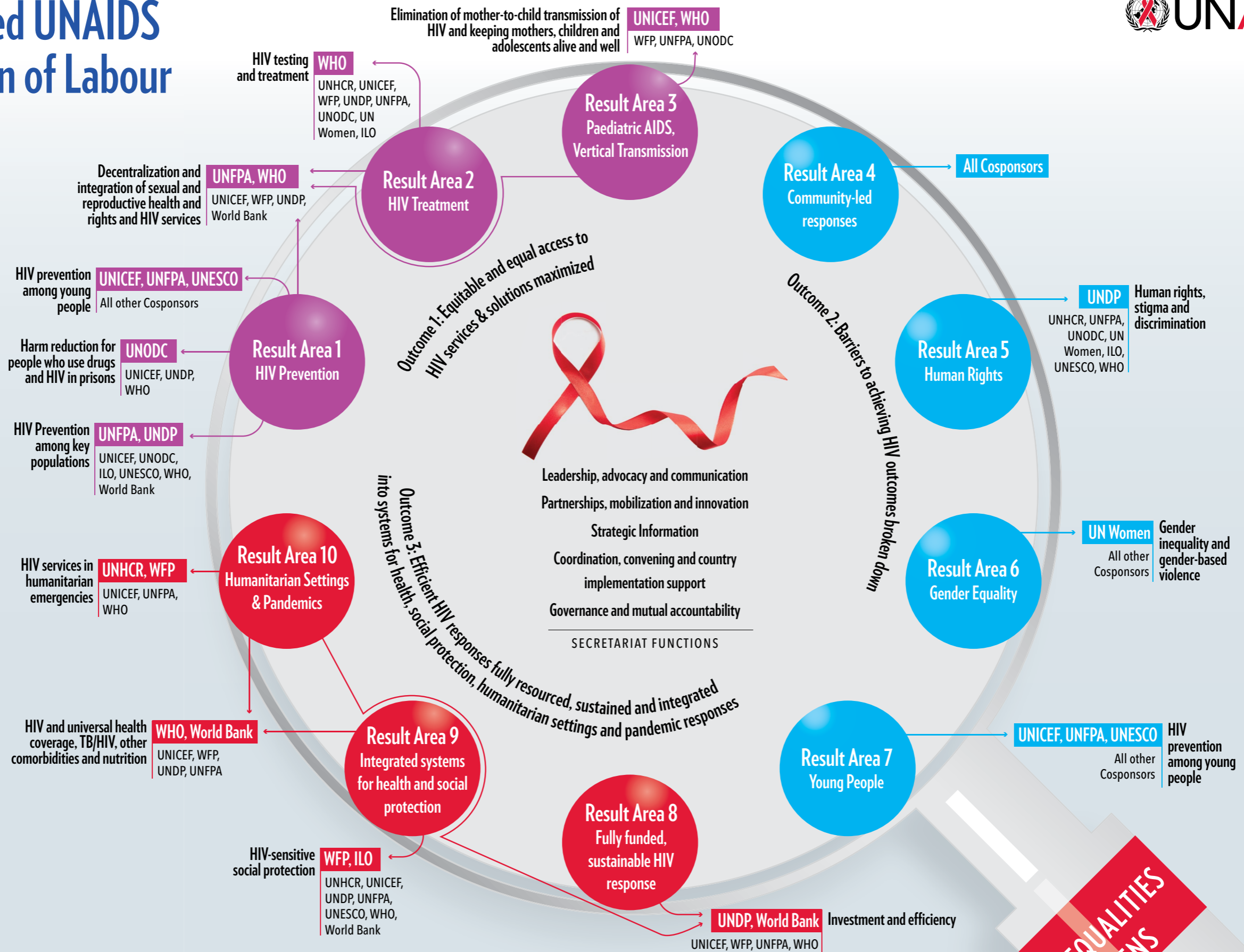
INTRODUCTION

1. As the HIV response works to close the HIV-related inequalities that slow progress towards ending AIDS as a public health threat, outlined in the Global AIDS Strategy, the multisectoral leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is as important as ever. By design, it brings together the complementary contributions of its 11 Cosponsors and the Secretariat to ‘much more than the sum of its parts’, leveraging their comparative advantages in a partnership to support countries and communities. This holistic, multisectoral approach is vital for closing the gaps and the inequalities in the HIV response.
2. The Joint Programme combines political, normative and technical leadership in the health sector with a people-centred approach that seeks to advance gender equality and human rights. It applies its resources and leadership to a range of cross-cutting issues: sexual and reproductive health, education, the world of work, social protection, food security, drug policy, and financing for health and development. Cosponsors and the Secretariat bring unique expertise with respect to populations at risk of or heavily affected by HIV, including women, children, adolescents and young people, key populations and people living in humanitarian settings. The multisectoral approach of the Joint Programme also links its contribution with broader efforts to advance international development, including the health and socioeconomic benefits that the HIV response brings to the Sustainable Development Goals.
3. UNAIDS’ division of labour¹ clarifies the roles and responsibilities of each member of the Joint Programme, including identifying lead agencies in specific results areas in accordance with the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF). The UBRAF provides the blueprint for the Joint Programme’s work to implement the 2021–2026 Global AIDS Strategy.
4. This report describes the contributions of each member of the Joint Programme to UNAIDS’ collective achievements in 2022. Individual Cosponsors’ reports outline the top results achieved by each organization and describe how they leverage their resources and expertise to contribute to the HIV response by mainstreaming HIV within their organizational mandates. The report also describes the UNAIDS Secretariat’s main results as per its five strategic functions supporting and working with Cosponsors to optimize collective efforts for all results areas and outcomes and in its capacity as the “orchestra conductor” of the Joint Programme.
5. In countries, the Joint Programme works through Joint UN Teams on AIDS, which include all UN staff working on HIV issues from Cosponsors, the Secretariat and, at times, other engaged UN agencies. Reporting to UN Country Teams, the Joint UN Teams on AIDS are fully part of the UN Resident Coordinator system, in line with UN reform. Given their respective mandates, institutional set-ups and resources, Cosponsors support countries in different ways. This report includes the number of Joint UN Teams on AIDS which each Cosponsor is engaged in among the 91 countries where the Joint Programme operated in 2022.² This is indicative of direct in-country support and is not meant to capture all the contributions that are also provided from the regional and global levels.

¹ For a more detailed overview of the updated Division of Labour, please see Annex 4 of UBRAF (pages 85–88) at [PCB_SS_2022_2026_UBRAF_Framework_EN.pdf \(unaids.org\)](#).

² The Joint Teams on AIDS in these 91 countries are led mostly by the UNAIDS Secretariat, except for at least four countries, where the teams are led by Cosponsors (since the UNAIDS Secretariat is either not currently present or soon will not be present).

Updated UNAIDS Division of Labour (2021)



LEGEND
 Convenor Agencies
 Partner Agencies



UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

HIV IN UNHCR'S MANDATE

6. UNHCR is mandated to lead and coordinate international action for the world-wide protection of refugees and the resolution of refugee problems. UNHCR's primary purpose is to safeguard the rights and well-being of refugees and it strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, and to return home voluntarily. By assisting refugees to return to their own country or to settle permanently in another country, UNHCR also seeks lasting solutions to their plight.
7. To support implementation of the [Global AIDS Strategy \(2021-2026\)](#) and advance progress towards the 2030 Agenda for Sustainable Development to leave no one behind, UNHCR engages in holistic, multisectoral actions, including life-saving public health and nutrition programming, and advances gender equality and universal human rights in humanitarian settings worldwide. UNHCR works in approximately 137 countries together with governments, civil society and other partners in a multisectoral approach that contributes to SDG 3 and many other SDGs, including: ending poverty (SDG 1); eliminating hunger and malnutrition (SDG 2); ensuring quality education for all (including refugees) (SDG 4); promoting gender equality (SDG 5); water, sanitation and hygiene for all (SDG 6); economic empowerment and inclusion (SDG 8); reducing inequalities (SDG 10); and climate action (SDG 13).

UNHCR IS A MEMBER OF THE
JOINT UN TEAM ON AIDS IN 56
OF THE 91 COUNTRIES WHERE
THE JOINT PROGRAMME
OPERATES

8. UNHCR aims to ensure that all refugees, forcibly displaced and stateless individuals are able to fulfil their rights to access life-saving and essential health care; HIV prevention, protection and treatment;

sexual and reproductive health services; food security and nutrition; and water, sanitation and hygiene services. During 2022, UNHCR provided support to ensure continued HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50 countries around the world.

Key UNHCR strategy for HIV

9. [UNHCR's Global Strategy for public health \(2022-2025\)](#) contributes towards the health-related SDGs, translating evidence into action for both quality health service provision and addressing the social determinants of health. The right to health requires equitable health services that are available, accessible and adapted to meet the needs of all persons, with particular attention to groups at-risk, in accordance with UNHCR's [Age, gender and diversity policy](#).
10. UNHCR works with governments, partners and communities to design and monitor quality, essential public health services that promote and support equitable outcomes. This includes meeting the needs of forcibly displaced women and girls, children, adolescents and young people, men and boys, persons with disabilities, individuals engaged in selling or exchanging sex and LGBTI+ persons.
11. The [Global compact on refugees](#) is a framework for more predictable and equitable responsibility-sharing to ensure that host communities get the support they need and that refugees can lead productive, dignified lives. It aims for inclusion of refugees in national policies, strategies and plans and integration in national systems, while emphasizing the importance of supporting those systems. As the majority of refugees live in low- and middle-income countries where national public health systems may be under-resourced and over-burdened, UNHCR and partners implement a combination of support to health systems and to refugees themselves to ensure access and advance towards universal health coverage.

TOP RESULTS IN 2022

12. Inclusion of refugees in national health, social protection and education systems, policies and programmes enhanced through advocacy.

Advocating for and pursuing the integration and inclusion of refugees in national health services is central to UNHCR's approach to public health and shows positive trends. Greater responsibility is being taken by host countries and there is increasing support from donors, including the Global Fund, Gavi, the Vaccine Alliance and the World Bank.³ For example, while Mauritania is conducting a nationwide health sector reform (with World Bank support), 67 000 Malian refugees hosted in the Mbera camp are included and health services previously supported by UNHCR are being transferred progressively to the country's Ministry of Health.

13. In 2022, UNHCR completed the analysis of a Public Health Inclusion Survey, which showed important progress in the situations of refugees at the end of 2019 and 2021. Of the 46 countries that reported on their national health plans in 2021, 35 (76%) included refugees, compared to 29 (62%) of the 47 countries that reported on their health plans in 2019. Refugees' access to services was generally on par with that of nationals for primary health care (94%), while equitable access to secondary care among refugees improved over time (from 75% in 2019 to 83% in 2021). In countries/contexts where refugees' access to vital secondary care was not on par with that of nationals, UNHCR provided additional support to meet refugees' health and human rights needs.

14. **Access of all refugees to HIV testing, treatment and care enhanced through promotion of refugee health and human rights.** In 2022, UNHCR supported the scale-up of national HIV prevention and treatment programmes in humanitarian settings. According to the survey, 47 (98%) countries have adopted a universal test-and-treat approach in their national policies, and 42 (89%) countries have introduced this approach in refugee settings. HIV self-testing has been included in the national policies of 26 (54%) of 48 countries and has been introduced in refugee settings in 14 (54%) countries where a national policy was in place. In addition, pre-exposure prophylaxis (PrEP) for HIV has been included in the national

policy for 32 (67%) countries, of which 20 (63%) countries have introduced it for key populations in refugee settings. UNHCR distributed over 7 million male and female condoms to refugees and other displaced populations, and over 1 million refugees and other persons served by UNHCR participated in community sensitization activities.

15. **Access to essential health and nutrition services for people forced to flee improved throughout the displacement cycle.** Results from the survey indicated that, among 49 UNHCR country operations, 45 (92%) countries provided access to antiretroviral therapy (ART) through the national system for refugees, and 39 (87%) countries provided ART to refugees under the same conditions as nationals. In countries hosting Ukrainian refugees, refugees accessed health care services, including continued HIV treatment, through Blue Dots hubs for children and family support (UNHCR and UNICEF), internet portals and hotlines.

16. **Increased support mobilized for HIV prevention, treatment and care among refugees/forcibly displaced populations.** UNHCR enables refugees, forcibly displaced and stateless persons to access HIV prevention, treatment and care. It does so by working with and through governments, partners, communities and major donors, such as the Global Fund, to supply medicines (including antiretroviral drugs), condoms, laboratory diagnostics and counselling. As detailed in the report on the [inclusion of refugee and internally displaced persons in Global Fund applications for 2020–2022](#), the inclusion of refugees in Global Fund proposals has increased significantly across HIV, tuberculosis and malaria (for HIV, it increased from 15% in 2017 to 60% in 2021).

17. **Equitable provision of health-care services promoted and supported through strengthened capacity building and multisectoral collaboration.** Reducing vulnerability is key to prevent HIV and address underlying socioeconomic and structural drivers of disease and poor health. To enhance protection, enable individuals to meet their basic needs, and facilitate access to essential services, [UNHCR scaled up cash-based interventions](#), 95% of which are unrestricted. This has substantially reduced vulnerability among forcibly displaced populations. Evidence suggests that cash transfers help strengthen people's dignity, personal agency

³ More countries are including refugees in national health systems, and development partnerships are key to the process. [UNHCR blog, 7 December 2022](#).

and life options. In 2022, UNHCR delivered US\$ 977 million to some 10 million people in more than 100 countries, including in challenging emergency contexts (e.g., Democratic Republic of Congo, Ethiopia, Pakistan, Syria and Ukraine). Cash-based assistance for people facing chronic disease has been shown to improve access and adherence to treatment, including for HIV.

18. All UNHCR-supported public health programmes for refugees and other persons of concern are based on the fundamental, rights-based principles of primary health care. The programmes are people-centred, adopt a whole-of-society approach, provide care in and through the community, and improve individual, family, community health, as well as public health. UNHCR (together with partners) further enhanced capacity on related knowledge/skills-building tools, such as:

- [Good practices on cash-based interventions and health \(2022\)](#);
- [Tuberculosis prevention and care among refugees and other populations in humanitarian settings: interagency field guide](#) (with CDC, UNHCR and WHO);
- updated UNHCR maternal and new-born health operational guidelines (2022), including integration of HIV;
- [Operational guidance: community health in refugee settings 2022](#) (including HIV service delivery);

- training and learning packages on LGBTI+ individuals in situations of forced displacement; and
- a high-level call for action at the 2022 [International AIDS Conference's](#) special session on HIV in armed conflict, focusing on protecting those “most left behind” (including adolescent girls, pregnant women, children, key populations, [trafficked persons](#), etc.).

19. Inequalities reduced and progress made towards leaving no refugee behind. UNHCR leads globally in strategic inter-agency initiatives to improve the well-being, security and dignity of refugees and all persons of concern, including advancing gender equality and addressing [gender-based violence](#) within the humanitarian response. UNHCR and its partners took multisectoral actions to prevent and respond to gender-based violence, including the provision of medical and psychosocial services, and protection and legal services. Post-exposure prophylaxis was provided to survivors of sexual violence and awareness-raising and capacity-building interventions were made at community level with local authorities in culturally sensitive and appropriate manners. For example, in Moldova, UNHCR, UNFPA and UNICEF, in coordination with the refugee response coordination forum, conducted a “[gender-based violence safety audit](#)”, which noted and achieved several risk reduction actions through coordination among humanitarian actors.

United Nations Children's Fund (UNICEF)

HIV IN UNICEF'S MANDATE

20. UNICEF works in over 190 countries and territories to save children's lives, defend their rights, and help them fulfil their potential, from early childhood through adolescence. Access to HIV treatment and prevention for pregnant women, children and adolescents has slowed, halted or even reversed in recent years. Globally, AIDS-related illness claims the life of a child every five minutes. Only half (52%) of children living with HIV are on ART, compared to treatment coverage of 76% of adults living with HIV. In 2021, 160 000 adolescents (aged 10–19 years) were newly infected with HIV, and the global ART coverage level among pregnant women was 81%, 4 percentage points lower than in 2020.

UNICEF IS A MEMBER OF THE
JOINT UN TEAM ON AIDS IN 86
OF THE 91 COUNTRIES WHERE
THE JOINT PROGRAMME
OPERATES

Key UNICEF strategy for HIV

- 21.** To address inequalities in the global HIV response for children, adolescents and pregnant women, UNICEF integrates HIV responses into strategic planning and programme implementation across all its core interventions, including health, nutrition, child protection, education, social policy and humanitarian response.
- 22.** UNICEF's [Strategic plan for 2022–2025](#) prioritizes actions to accelerate progress towards ending AIDS as a public health threat as part of its strategic goal to ensure that every child and adolescent survives and thrives. UNICEF's [Strategy for health for 2016–2030](#) integrates actions for HIV across all health interventions. UNICEF's global [Gender action plan](#) prioritizes HIV prevention and care, and promotes the leadership, empowerment and well-being of adolescent girls. UNICEF's [Adolescent](#)

[girls programme strategy](#) emphasizes support to countries to deliver multisectoral programming that addresses HIV prevention, treatment and care.

TOP RESULTS IN 2022

23. Greater political commitment, action and resourcing generated towards the goal of ending paediatric AIDS. In 2022, UNICEF co-convened and launched, with WHO, the UNAIDS Secretariat and networks of people living with HIV, the [Global Alliance to end AIDS in children by 2030](#), which 12 African countries have joined. The Global Alliance supports national governments to:

- close the treatment gap among breast-feeding adolescent girls and women living with HIV, and optimize continuity of treatment;
- prevent and detect new HIV infections among pregnant and breast-feeding adolescent girls and women;
- promote accessible testing, optimized treatment, and comprehensive care for infants, children, and adolescents exposed to and living with HIV; and
- address gender equality, and the social and structural barriers that hinder access to services.

24. Prevention of vertical transmission supported in hardest-to-reach populations. UNICEF provides guidance and technical support to countries to develop and implement their national plans for the elimination of mother-to-child transmission of HIV (EMTCT), and promotes strategies for the triple elimination of HIV, syphilis and hepatitis B. In 2022, 80 countries had a national plan for EMTCT, and 90 countries were implementing a treat-all policy for pregnant and breast-feeding women living with HIV. UNICEF also developed guidance for achieving EMTCT in countries with low HIV prevalence and/or concentrated HIV epidemics. Adolescent girls and young women living with HIV are often missed with quality HIV prevention, treatment and care. UNICEF supported governments to tailor interventions 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 breastfeeding women.

- 25. Paediatric treatment regimens optimized.** More countries are using dolutegravir-based regimens, an optimal treatment protocol for children. In 2022, 73 countries were using those regimens, up from 33 at the end of 2021, a shift supported by strong UNICEF advocacy. In 2022, UNICEF, as a partner of the Global Accelerator for Paediatric Formulations Network, accelerated the development of a new HIV treatment regimen for children based on a single, fixed-dose ARV combination tablet of dolutegravir, abacavir and lamivudine.
- 26. HIV services for children integrated into health systems.** UNICEF supported governments to ensure that HIV services for children and adolescents are integrated into primary health-care systems. In 2022, 63 countries supported by the Joint Programme have HIV services for children integrated into primary health care. At the end of 2022, 32 of UNICEF's 37 HIV-priority countries were implementing a comprehensive package for paediatric HIV treatment within primary health-care systems.
- 27. Age-appropriate interventions and tools improved for HIV case finding in children.** Early infant diagnostic services are the primary channel to identify children living with HIV. However, the majority of newly diagnosed paediatric HIV cases globally are among children older than two years of age. Testing strategies that go beyond early infant diagnosis are therefore essential. Outpatient testing and index testing are key to finding undiagnosed children and adolescents living with HIV. In 2022, UNICEF and the United States of America Centers for Disease Control and Prevention, with partners, convened a technical consultation to identify specific gaps in national child case-finding strategies. UNICEF also established a Paediatric Case Finding Work Group to support countries to accelerate rates of paediatric testing, diagnosis and links to treatment and care.
- 28. HIV outcomes improved for pregnant and parenting adolescents.** UNICEF supported governments to provide services for pregnant adolescents and young mothers. This included stronger effective peer-led approaches that support and mentor young mothers and equip community health workers to provide psychosocial, mental health support and referrals. UNICEF supported research partners in the first analytical longitudinal study (Hey BABY) in Africa to assess pathways to resilience among adolescent parent families living with and without HIV (in South Africa).
- 29. HIV prevention and treatment prioritized for adolescents, especially adolescent girls and young key populations.** UNICEF supported governments to implement tailored HIV services for adolescents and young people, including through peer-led programmes, differentiated service delivery using digital technologies, access to self-testing, and use of PrEP. With UN partners and stakeholders, UNICEF supported the global Adolescent and young key populations network to conduct a technical update of the [adolescent and young key population toolkit](#) and to launch the "Young Champions for Equality" project to strengthen youth-led movements working for an AIDS-free future.
- 30. Adolescents empowered and youth leadership supported in the HIV response.** UNICEF advanced programmes that focus on empowering adolescents and young people to be agents of change to design HIV and other health services and programmes that meet their needs. UNICEF and partners in the Joint UN Programme [Together 4 SRHR](#) developed, in collaboration with Y+Global (the Global Network of Young People Living with HIV) and adolescents and young people from five countries in eastern and southern Africa, a [toolkit](#) to improve the knowledge and engagement of adolescents and young people on HIV and sexual and reproductive health issues and to increase uptake of services. UNICEF also collaborated with Y+Global to implement the Ground Up! initiative, which supports the leadership of youth-led HIV and sexual and reproductive health and rights networks across six countries in eastern and southern Africa and supported young LGBTI+ advocates and dialogue with governments and partners to advance national comprehensive sexuality education.
- 31. Evidence generated to strengthen adolescent programming.** UNICEF, together with the UNAIDS Secretariat, published an important [advocacy brief](#), which describes the HIV epidemic among young people from key populations in Asia and Pacific, and priority actions to accelerate progress. UNICEF and the "Accelerating achievement for Africa's

adolescents (Accelerate)” hub sponsored research which:

- showed the negative [impacts of violence on ART adherence](#) among adolescents living with HIV;
- identified key risks and facilitators that influence [pathways between mental health and HIV outcomes](#) for adolescents;
- highlighted [key areas for interventions](#) for more effective provision of integrated services and support for adolescents living with HIV; and
- described [programming implications](#) for adolescent pathways in HIV care.

32. Harmful gender norms addressed. To accelerate progress for girls and young women, UNICEF worked in partnership with governments, UN agencies, community partners and young women. For example, through the [Spotlight Initiative](#), UNICEF supports efforts to reduce gender-based violence. As part of [Education Plus](#), UNICEF promotes young women’s voices and leadership and works to accelerate actions and investments to prevent HIV, using secondary education as a strategic entry point.

33. Digital innovations to reach adolescents accelerated. UNICEF continued to build on the success of the youth-friendly “U-Test” model, which combines social media, digital outreach and traditional HIV prevention methods to reach young people with HIV information and link them to support and care, including PrEP. “U-Test” has reached 2.8 million young people, with 75 000 HIV self-test kits distributed, 139 young people who tested positive enrolled in ART and almost 2000 young people enrolled for PrEP.

34. Innovative, HIV-sensitive social protection approaches designed and implemented. UNICEF further collaborated with partners to implement and evaluate a “Cash Plus” model, as part of the cash transfer and livelihood enhancement programme of the United Republic of Tanzania. A [report](#) published in 2022 examined the impact of the model. UNICEF initiated the first systematic review of bundled interventions for adolescents at risk of, or living with HIV, and how they can be strengthened further.

35. Diagnostics strengthened within national health systems. UNICEF supported governments to strengthen national diagnostic systems, especially at the community health level, and to engage with communities to increase uptake of diagnostic services across all ages, including for HIV, tuberculosis (TB), malaria and human papilloma virus. UNICEF is working globally within the [Community Health Roadmap](#) partnership to train community health workers on diagnostic tools, including for HIV.

36. Continuity of HIV services ensured in humanitarian contexts. In the context of the COVID-19 pandemic and other emergencies, including the diversion of resources away from HIV services and disruptions to supply chains, UNICEF worked to protect women, children and adolescents from acquiring HIV and worked to ensure access to treatment and care to those with HIV infection.

World Food Programme (WFP)

HIV IN WFP'S MANDATE

37. As the world's largest humanitarian agency, WFP saves lives in emergencies and uses food assistance to build pathways to peace, stability and prosperity for people recovering from conflict, disasters and the impact of climate change. WFP leverages its extensive operational and logistical footprint in emergencies to reach the furthest behind and most vulnerable, working with partners to ensure that people living with, at risk of and affected by HIV have access to essential food and nutrition support. In 2022, WFP supported over 45 countries by integrating food and nutrition into national HIV and TB responses. It assisted nearly 350 000 people living with HIV and TB, and their families, to meet their basic nutritional needs via direct support, in the form of food, cash or voucher transfers, across all regions and including conflict-affected and emergency contexts.

WFP IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 54 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

38. Hunger, malnutrition and HIV are closely linked. Food insecurity is both a driver and an exacerbating factor of HIV, often forcing people to adopt risky strategies to meet their food and nutrition needs. HIV also impairs people's ability to access adequate food and nutrition due to reduced productivity and stigma. The recent global food crisis has affected the global HIV response, reinforcing the crucial role of food and nutrition support for people living with and affected by HIV. Sharp increases in the prices of foods have caused an estimated 180 million additional people worldwide to become food insecure, leading to increased HIV vulnerability. Data evidence shows that people living with HIV who are malnourished are significantly more likely to interrupt their HIV treatment.

Key WFP strategy for HIV

- 39.** To eradicate hunger and malnutrition, WFP supports the inclusion of vulnerable and left-behind populations to meet their urgent and essential food security and nutrition needs. By stressing food security and nutrition as fundamental building blocks for health and development, WFP helps people living with HIV and their households meet their essential needs. WFP also links HIV clients with asset-generating and sustainable livelihood activities, enabling people to build resilience to shocks and stressors.
- 40.** WFP's mandate and duty pertain to all people in need. This means ensuring that vulnerable groups, such as those affected by HIV, are not left behind—a central priority in WFP's strategic vision.
- 41.** With its mandate to save lives, WFP leverages its emergency footprint to ensure that vulnerable groups are reached, while striving to include the people who are most in need. Supporting people affected by HIV in emergency settings is key for delivering on the humanitarian imperative, while also laying the foundation for longer-term health and resilience.
- 42.** WFP promotes inclusive social protection systems to help people meet their essential needs, decrease their long-term vulnerability, and access services. By tackling multidimensional risks and intersecting inequalities and mitigating the social and structural drivers of poverty and exclusion, social protection can help address the deep-rooted social vulnerabilities and structural factors that affect people who are vulnerable to HIV. By providing adequate and comprehensive food and nutrition support, WFP addresses the economic and social causes of hunger and enhances access to complementary services at scale.
- 43.** WFP's strategic and long-term role in partnering for the global HIV response means that WFP can help revitalize efforts to raise the bar for the SDG agenda, while advancing and sustaining the humanitarian and development nexus. In an

era of renewed efforts to ensure better synergies between development and humanitarian actors, WFP's expertise on joint programme delivery can accelerate progress towards multiple SDG outcomes.

44. WFP pursues its vision and mandate strategically including HIV within its programme, policy and partnership work, while sustaining global efforts to eliminate AIDS as a public health threat by 2030.

TOP RESULTS IN 2022

45. **Partnerships and community-led support provided for inclusion of the most vulnerable in Ukraine.** To ensure inclusive assistance during humanitarian responses in high-burden contexts, WFP established partnerships with a Ukrainian community-based organization serving people living with HIV, TB patients, the LGBTI+ community, the Roma community, and persons with disabilities. The Ukrainian network of people living with HIV, "100% Life", became WFP's cooperating partner.⁴ It provided comprehensive geographic coverage, enabling a deeper reach among minority groups with in-kind assistance, and leveraged its experience in working with people living with and affected by HIV. As a result, 58 926 people living with HIV received food assistance, accounting for 39% of all people living with HIV on medical surveillance in Ukraine. Additionally, WFP supported over 11 000 TB patients with cash and food assistance.
46. **Improved knowledge on food security and broader social protection to reduce risk of HIV via continued multiyear research collaboration between WFP and the University of Cape Town and Oxford University.** This long-term study, which engaged WFP's regional offices in Johannesburg and Nairobi, has generated novel evidence underscoring the critical role of food security in a global HIV response. It shows that food security reduces HIV risk and negative coping strategies, especially among adolescent girls and young women. The research, which draws on findings from a survey of 1700 adolescents, shows how social protection platforms can increase food security and nutrition, while reducing HIV risk for the most at-risk cohorts, such as adolescent girls

and young women in sub-Saharan Africa. The research led to a journal article,⁵ a policy brief⁶ and a webinar on World AIDS Day. The collaboration has highlighted the importance of social protection for reducing HIV-related vulnerabilities in adolescents and young people. Responding to a growing interest in age- and gender-sensitive social protection provisions, the brief is relevant to both policymakers and development practitioners working on social protection, HIV prevention and gender equality. HIV continues to hinder human capital development in sub-Saharan Africa, with a disproportionate effect on the most vulnerable groups. Social protection provisions, including food and cash support, can play an important role in addressing the structural drivers, reducing new HIV infections, and supporting safe transitions to adulthood.

47. **A novel pilot programme to develop urban gardens increases ART adherence in the Dominican Republic.** Together with the Government of the Dominican Republic and the University of Massachusetts (Amherst), WFP helped lead a novel programme that combined urban gardens and peer nutritional counselling for food-insecure people affected by HIV. A pilot cluster randomized controlled trial involving two HIV clinics in the Dominican Republic assessed preliminary efficacy of an urban garden and peer nutritional counselling intervention. Participants with moderate or severe food insecurity and suboptimal ART adherence and/or detectable viral loads were assessed at baseline, six and 12 months. Within a year, the urban garden programme helped reduce the prevalence of detectable viral load, clinic attendance improved, food insecurity was significantly decreased, and adherence to life-saving medication increased by 25%. The full results of the innovative pilot programme were published in a [journal article](#).⁷
48. **Roadside wellness project in Mozambique provides integrated and essential services for mobile and vulnerable populations.** Launched in 2020 by WFP, together with the International Organization for Migration, UNICEF and WHO, in support of the Government of Mozambique, the roadside wellness centre (also called the "blue box clinic") in the main Beira transport corridor

⁴ Cooperating partnerships refer to nongovernmental and other civil society organizations, which perform activities on WFP's behalf, under a field-level agreement, whereby WFP transfers food or cash resources to the partner or the partner otherwise handles WFP's cash or in-kind resources.

⁵ Cluver L, Rudgard WE, Toska E, Orkin M, Ibrahim M, et al. [Food security reduces multiple HIV infection risks for high-vulnerability adolescent mothers and non-mothers in South Africa: a cross-sectional study.](#)

⁶ Social protection, food security and nutrition: Critical enablers for reducing HIV-related vulnerabilities amongst adolescents and young people. Policy brief. Rome: WFP; November 2022 (<https://www.wfp.org/publications/social-protection-food-security-and-nutrition-critical-enablers-reducing-hiv-related>).

⁷ Derose KP, Then-Paulino A, Han B, Armenta G, Palar K, Jimenez-Paulino G, et al. Preliminary effects of an urban gardens and peer nutritional counseling intervention on HIV treatment adherence and detectable viral load among people with HIV and food insecurity: evidence from a pilot cluster randomized controlled trial in the Dominican Republic. *AIDS Behav.* 2023;27(3):864-874.

(in Manica province) increased access to HIV and TB prevention and treatment services for key populations and other populations at high-risk, including truck drivers, female sex workers and adolescents. In Mozambique, adolescent girls are 4.5 times more likely to acquire HIV than their male peers, while truck drivers have difficulty accessing health services due to their mobility. The “blue box clinic” offers service provision for these vulnerable groups at a mobile and easily reproducible facility constructed from a converted shipping container, which was painted blue. In 2022, nearly 7000 people received services from the “blue box”, including HIV testing and counselling, ART, as well as sexually transmitted infection (STI),

COVID-19 and malnutrition screenings. Almost 1300 adolescent girls and young women and over 1400 female sex workers benefited from sexual and reproductive health services and family planning education sessions. WFP also integrated livelihood support and resilience-building activities, adding literacy and economic empowerment and training primarily targeted at female sex workers. This included vocational training and courses for cooking, cutting and sewing, hairdressing, as well as villages loans and savings groups, coupled with financial literacy. The interactive monitoring and evaluation dashboard managed by WFP’s Mozambique country office is available [here](#).



United Nations Development Programme (UNDP)

HIV IN THE UNDP'S MANDATE

49. UNDP works in 170 countries and territories to help eradicate poverty, reduce inequalities and exclusion, and build resilience. As the UN's development agency, UNDP plays a critical role in helping countries achieve the SDGs and deliver on the pledge to leave no one behind. UNDP is one of the founding Cosponsors of UNAIDS and as such convenes work on supporting law, human rights and stigma and discrimination reduction to improve national HIV responses. UNDP co-convenes, together with UNFPA and UNODC, the work on rights, access to justice and access to services for people living with HIV and for key populations most at risk of HIV. Together with the World Bank, UNDP co-convenes the work on improving efficiencies in HIV responses. UNDP is a principal recipient of Global Fund grants in challenging operational environments and a technical and policy support provider to the Global Fund.

Key UNDP strategy for HIV

50. UNDP's work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the 2021 Political Declaration on HIV and AIDS, the Global AIDS Strategy (2021-2026), the [UNDP Strategic Plan \(2022-2025\)](#), and, specifically, the [UNDP HIV and Health Strategy \(2022-2025\)](#).
51. The Strategic Plan and the HIV and Health Strategy commit UNDP to address the inequalities that drive pandemics and to strengthen governance and systems for health in order to regain ground lost against HIV, TB and malaria as a result of the COVID-19 pandemic, and to address emerging priorities such as noncommunicable diseases (NCDs), mental health and pandemic preparedness. UNDP's work on HIV and health also contributes to the organization's core mission of reducing poverty and inequalities, building resilience and helping to ensure that no one is left behind. UNDP's activities in HIV and health for the period 2022–2025 encompass three action areas, each of which has three key policy and programming priorities. These three action areas are closely interrelated: work in one action area will often be dependent upon and contribute to progress in others.

**UNDP IS A MEMBER OF THE
JOINT UN TEAM ON AIDS IN 80
OF THE 91 COUNTRIES WHERE
THE JOINT PROGRAMME
OPERATES**

Action area 1 Reducing inequalities and exclusion that affect health and drive epidemics	Action area 2 Promoting effective and inclusive governance for health	Action area 3 Building resilient and sustainable systems for health
Key priorities 1.1 Promoting gender equality and empowering women and girls. 1.2 Ensuring inclusion of key populations at risk of HIV and other excluded groups. 1.3 Strengthening inclusive social protection.	Key priorities 2.1 Enabling legal, policy and regulatory environments for HIV and health. 2.2 Strengthening governance, including to address NCDs, mental health and accelerate tobacco control. 2.3 Enhancing sustainable financing for HIV and health.	Key priorities 3.1 Implementation support and capacity development for large-scale health programmes. 3.2 Planetary health, including climate, energy and health. 3.3 Pandemic preparedness.

TOP RESULTS IN 2022

52. 150 countries supported on HIV and health.

UNDP supported 104 countries on HIV, among them 45 countries through the UNDP-Global Fund partnership. UNDP supported 97 countries on HIV and TB-related rights, 69 countries to address gender equality and gender-based violence, 87 countries to work with and for key populations, 83 countries on LGBTI+ rights and inclusion, and 31 countries on HIV-sensitive social protection.

53. Over 1.6 million people received HIV treatment through the UNDP-Global Fund partnership.

UNDP managed 29 Global Fund grants, covering 21 countries, and two regional programmes, covering an additional 11 countries, many of which in 2022 were affected by conflict, crises, sanctions and other risks. Despite these challenges, UNDP continued to deliver results at scale in support of the HIV, TB and malaria responses, including providing HIV tests to more than 3 million people and ART to 1.61 million people. UNDP-managed Global Fund grants supported the treatment of 98 000 people for TB.

54. Enabling legal, policy and regulatory environments for HIV and health. UNDP continued to lead and partner in supporting countries to advance the recommendations of the independent Global Commission on HIV and the Law. This work contributed to the decriminalization of HIV in Zimbabwe and the introduction of human rights-based drug legislation in Côte d'Ivoire. UNDP supported the Democratic Republic of the Congo to develop and implement the plan for the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. UNDP also partnered with Parliamentarians for Global Action to update the [Handbook for Parliamentarians on advancing the human rights and inclusion of LGBTI people](#), which was launched at the 145th Inter-Parliamentary Union Assembly in Kigali, Rwanda.

55. UNDP continued to assist regional judges' fora in Africa, the Caribbean and eastern Europe. A judge who participated in the Caribbean

judiciary forum delivered the 2022 court decision decriminalizing consensual same-sex sexual activity in Saint Kitts and Nevis. As part of a partnership with the Asia Pacific Forum of National Human Rights Institutions, UNDP expanded its work with national human rights institutions on LGBTI+ issues in Australia, Bangladesh, Fiji, India, Mongolia, Myanmar, Nepal, New Zealand, the Philippines, Sri Lanka, Thailand and Timor-Leste. UNDP addressed the issue of shrinking civic space, which is critical factor for community-led HIV responses, through an issue brief on safe and open civic spaces for HIV responses,⁸ a discussion paper on strengthening civic space and civil society engagement in the HIV response,⁹ as well as programmatic work at country level.

56. Support provided for rights and access to key populations to services and community-led responses. In the lead-up to World AIDS Day, UNDP launched "[SCALE: Removing barriers to HIV services](#)", a two-year partnership with PEPFAR to expand key population-led approaches for countering discriminatory laws that block progress on HIV. In line with the 10–10–10 strategic targets of the Global AIDS Strategy¹⁰, SCALE focuses on supporting efforts to decriminalize HIV transmission, exposure and nondisclosure, as well as key populations. It involves identifying and scaling up effective approaches, strengthening the capacity and leadership of key populations, and supporting South-South learning. In India, thanks to UNDP support, the National Network of Transgender Persons was formed and support was provided to the transgender community through advocacy, skills building and livelihood development. In Zimbabwe, UNDP assisted the Zimbabwe National Key Populations Forum to contribute to the Global Fund's proposal and to the mid-term review of the Zimbabwe National HIV and AIDS Strategic Plan. UNDP's #WeBelongAfrica programme aims to promote an inclusive approach to sexual and gender diversity that advances the SDGs and the 2030 Agenda in sub-Saharan Africa. UNDP engaged and partnered in 83 countries on LGBTI+ rights and inclusion, including on countering homophobic and transphobic bills and other attempts to limit the rights and access of

⁸ Safe and open spaces for HIV responses Issue brief 4. New York: UNDP; July 2022 (<https://www.undp.org/publications/issue-brief-4-safe-and-open-civic-spaces-hiv-responses>).

⁹ Strengthening civic space and civil society engagement in the HIV response. New York: UNDP; December 2022 (<https://www.undp.org/publications/strengthening-civic-space-and-civil-society-engagement-hiv-response>).

¹⁰ Less than 10% of countries have punitive legal and policy environment that deny or limit access to services, less than 10% of people living with HIV and key population experience stigma and discrimination, less than 10% women and girls, people living with HIV and key population will experience gender inequalities and violence.

LGBTI+ people to services. In 2022, UNDP piloted the [LGBTI Inclusion Index](#) in Angola, the Dominican Republic, Ecuador, Georgia, Guyana, New Zealand, Pakistan and Viet Nam.

57. Gender and service access of young women and girls addressed. UNDP assisted the Central African Republic in revising its Family Code, the country's key legislation on gender equality. In China, UNDP supported a series of youth leadership development convenings on gender and health for LGBTI+ youth and people living with HIV to advocate for HIV, mental health, transgender health and gender-based violence services. UNDP supported Liberia's Ministry of Health to address the barriers that women face in accessing HIV and TB services and support related to reproductive health and gender-based violence. In South Sudan, UNDP worked with UNFPA and community organizations, including National Empowerment of Positive Women United, to deliver community-based HIV prevention, including addressing sexual and gender-based violence for sex workers. In Sudan, UNDP partnered to build capacity for civil society organizations to tackle gender-based violence, leading to the development of a national action plan to address gender-based violence and improve access to shelters, women's organizations, helplines and other support services. In Kazakhstan, UNDP supported the Union of People Living with HIV in developing its strategic plan for 2023–2027 and the capacity-building of women living with HIV and nongovernmental organizations for preventing gender-based violence. In South Africa, UNDP assistance enabled led to the provision of single-gender accommodation for victims of floods in KwaZulu-Natal province.

58. Access to medicines and other health technologies enabled. UNDP aids countries to increase access to PrEP for the most vulnerable communities. In Pakistan, with support from the Global Fund, UNDP partnered with local

community-based organizations, government, the UNAIDS Secretariat and WHO to launch PrEP delivery through networks of peer outreach workers and drop-in centres. It did so by working closely with key populations and by training government health workers at existing ART centres. In Colombia, UNDP assisted the government in introducing a digital solution to scale up PrEP: the [PrEP-Colombia.org platform](#), which combined with training on combination prevention strategies, reached more than 20 300 people. UNDP published "Using competition law to promote access to health technologies",¹¹ which provides further policy guidance on strategies to improve access to health technologies, particularly through recent examples of the use of competition law. In response to evidence that people living with HIV are more likely to have type 2 diabetes than people without HIV, UNDP published a working paper titled "A competition law approach to promoting access to insulin" to draw attention to the potential relevance of competition law as a tool to increase access to insulin.¹² UNDP partnered with the governments of Malawi, Kazakhstan and the United Republic of Tanzania to support various aspects of national legislation and policy reform to increase access to medicines, opportunities for domestic production and technology transfer.

59. Promoting efficiencies in HIV responses. Commissioning NGOs to deliver HIV and health services via social contracting arrangements can be an effective way for countries to support community-led responses. UNDP developed a model for assessing the social return on investment from social contracting and used this to develop guidance on contracting NGOs to provide services for key populations and vulnerable groups. UNDP supported Algeria, Kazakhstan, Kyrgyzstan, Moldova, Morocco, Tajikistan, Tunisia and Ukraine to develop social contracting guidelines.

¹¹ Using competition law to promote access to health technologies: a supplement to the guidebook for low- and middle-income countries. New York: UNDP; 2022 (<https://www.undp.org/publications/using-competition-law-promote-access-health-technologies-supplement-guidebook-low-and-middle-income-countries>).

¹² A competition law approach to promoting access to insulin: a working paper. New York: UNDP; 2022.

United Nations Populations Fund (UNFPA)

HIV IN UNFPA'S MANDATE

60. UNFPA strives for a world in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Approved in 2021, the UNFPA 2022–2025 Strategic Plan includes key shifts of scaling up the provision of high-quality, comprehensive sexual and reproductive health (SRH) information and services (inclusive of HIV), as part of universal health coverage plans; incorporating the multisectoral needs of women, adolescents and youth along the continuum of care; and addressing structural inequalities, such as discriminatory gender and social norms, that hinder achievement of UNFPA's three transformative results.

61. Actions include scaling up national interventions on equity in access and the quality of comprehensive SRH care by supporting national efforts to implement the essential sexual and reproductive health and rights (SRHR) package. That includes, inter alia, comprehensive sexuality education (CSE) and the prevention and treatment of HIV and other STIs. In addition, action is taken to identify marginalized and vulnerable populations who experience inequities in access to comprehensive SRHR information and services along the continuum of care.

Key UNFPA strategy for HIV

62. UNFPA's approach to HIV and other STIs is part of ensuring good sexual health and well-being, a foundation for good reproductive health. The promotion of sexual health is part of [UNFPA's Strategic Plan for 2022–2025](#) and it contributes to the 2021–2026 Global AIDS Strategy. Using an integrated approach, the upcoming strategy on HIV/STI and sexual health positions the work within [UNFPA's comprehensive framework on SRHR](#) across the life course.

UNFPA IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 89 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES.

TOP RESULTS IN 2022

Averted 117 000 new HIV infections, 13.3 million unintended pregnancies and 5.14 million sexually transmitted infections	
Logistic information system. 39 countries with partial or full electronic logistic management system for reaching "the last mile".	Adolescent girls. 6.4 million marginalized adolescent girls were empowered through health, social and economic asset-building programmes.
In-school sexuality education. 65 countries operationalized in-school CSE.	Out-of-school sexuality education. 64 countries delivered out-of-school CSE.
Youth policies. 64% of countries integrated SRHR into national youth policies and plans.	Participation. 88 countries promoted youth-led innovative solutions related to the three transformative results.
Gender and social norms. 41% of countries had a national mechanism to address discriminatory gender and social norms.	Social movements. 79 countries had social movements that advocated against harmful gender and social norms.
Gender-based violence. 79% of countries experiencing humanitarian crises had a functioning inter-agency coordination mechanism or platform to address gender-based violence.	People with disabilities. 347 000 women and young people with disabilities benefited from services related to SRH gender-based violence and harmful practices.
Preparedness. 53 countries integrated SRH into emergency preparedness and disaster risk reduction plans.	Service provision. 30 million adolescents and youth benefited from SRH services.
Legal frameworks. 47% of countries had laws and regulations that support the realization of universal access to SRH.	Universal health coverage. 61 countries integrated SRH into universal health coverage-related policies.
Climate policies. 18% of countries integrated SRH into policies related to climate change.	

- 63.** UNFPA co-convoked the Global HIV Prevention Coalition and Global Prevention Working Group, which strengthened HIV prevention programming and policy in 28 focus countries (accounting for almost three quarters of annual new HIV infections globally in 2020) and beyond. Launched at the 2022 International AIDS Conference, the HIV Prevention 2025 Roadmap¹³ outlines a people-centred and precisely focused approach to combination prevention for and with key populations, young people and women and men in areas with high HIV incidence. It proposes a ten-point action plan which defines transformative country-level actions to ensure success and requiring governments, communities and implementers to come together and build a stronger HIV prevention movement than ever before. At the end of 2022, UNFPA, the UNAIDS Secretariat and partners held a meeting of national AIDS commissions, managers and ministry of health's prevention focal points from the 28 focus countries to discuss the operationalization of the 2025 Road Map in ways that meet country needs and realities. A [summary report](#) provides further detail on findings, challenges and proposed actions and commitments.
- 64.** UNFPA supported in- and out-of-school CSE in over 70 countries, including at least 28 countries where it supported national strategy, policy, curriculum, standards and/or guideline development and implementation.
- With support from UNFPA and UNESCO, CSE technical guidelines were released in China after four years of development. They serve as a technical resource for policy-makers, sexuality education practitioners, educators, programme managers, youth development professionals and young leaders in the design, implementation, and monitoring and evaluation of quality CSE curricula and programmes.
 - In Zambia, in close collaboration with the Ministry of General Education, 618 teachers in UNFPA-supported provinces were trained to deliver CSE at the classroom level, through both face-to-face and online training. Over 729 000 learners across the 228 schools accessed CSE lessons and 136 schools established CSE clubs using the enter-educate approach out-of-school CSE framework to reinforce the knowledge and skills acquired from the lessons.
 - As of 2022, 193 125 teachers in the Philippines have been trained on CSE.
 - In Argentina, support was provided to various institutions including the National Programme for Comprehensive Sexuality Education and the Mercosur Youth Parliament of the National Ministry of Education. The guide "El VIH y el sida desde el enfoque de la educación sexual integral: guía para docentes sobre prevención y cuidados en el ámbito educativo" was published at the end of 2022 by UNFPA, the UNAIDS Secretariat and other partners to promote a pedagogical approach for the development of institutional projects at the secondary education level.
- 65.** In line with the Joint Programme's division of labour, UNFPA's support to prevention efforts focuses on HIV prevention for key populations and adolescent girls and young women, with a strong technical focus on condoms and other reproductive health commodities. Examples include:
- With direct support from UNFPA, in Sudan the Association of People Living with HIV conducted about 250 peer outreach sessions in 18 states. A total of 2082 people living with HIV were reached with "positive health dignity and prevention" packages, along with STI services and information on family planning and services.
 - Nearly 130 000 people were reached in Cuba through four educational campaigns (including "Let's talk about sexuality" and the 15th Cuban Campaign against homophobia, transphobia and other forms of discrimination) aimed at the recognition and exercise of the rights to gender equality of LGBTI+ people, adolescents and young people, carried out by the National Center for Sex Education, with UNFPA's support.
 - UNFPA and UNAIDS supported implementation of the Global Fund's Strategic initiative for condom programme stewardship (2021-2023) in Malawi, Mozambique, Uganda and Zambia to heighten a country focus on condoms as a priority for HIV prevention and contraception. Globally, UNFPA continues to procure billions of condoms for HIV, STI and pregnancy prevention.

¹³ Global HIV Prevention Coalition. HIV prevention 2025 road map. Geneva: UNAIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/prevention-2025-roadmap_en.pdf).

66. UNFPA works in over 150 countries, with HIV forming part of an integrated package of SRHR services. These interventions follow a life-course approach, with a focus on equity in access, quality of care without discrimination, and accountability.

- Building on a vision that all people in the eastern and southern Africa region are empowered and supported to exercise their SRH rights and can access quality, people-centred integrated SRHR, HIV and gender-based violence services, over the past four years the comprehensive eastern and southern Africa regional programme, [2gether 4 SRHR](#) (combining the strengths and contributions of UNFPA, UNICEF, WHO and the UNAIDS Secretariat) has supported ten countries to strengthen legal environments and test and scale up models of integrated SRHR services, including with key populations. The experience of these countries was shared extensively

in 2022 and is being used to support other countries to also explore models and approaches to integrate SRHR services.

- In Kyrgyzstan, SRH and HIV service delivery at the primary healthcare level was formalized through the signing of trilateral memoranda of understanding between the 18 pilot healthcare settings at the primary healthcare level, AIDS centres and NGOs working at oblast level.
- Strategies for providing SRH services for people living with disabilities and other vulnerable groups, particularly adolescent girls and young women with children, were developed and implemented in Benin. About 575 peer educators and service providers were trained and they provided targeted family planning, psychological support and information campaigns to over 9300 people.



United Nations Office on Drugs and Crime (UNODC)

HIV IN UNODC'S MANDATE

67. UNODC, UNAIDS's convening agency for HIV among people who use drugs and people in prison, implements its mandate in full compliance with the relevant declarations, resolutions and decisions from the UN General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and the Criminal Justice and the UNAIDS Programme Coordinating Board.

**UNODC IS A MEMBER OF THE
JOINT UN TEAM ON AIDS IN 48
OF THE 91 COUNTRIES WHERE
THE JOINT PROGRAMME
OPERATES**

68. UNODC's comparative advantage within the Joint Programme stems from its mandate and strong expertise in working with and between ministries of health, justice and interior, drug control agencies, law enforcement and prison authorities, and civil society and community-led organizations, including networks of people who use drugs. UNODC's role in reducing HIV among its mandated key populations is cross-cutting, involving technical guidance and assistance, capacity building, procurement and targeted advocacy for effective coordination and policy-making.

69. UNODC focuses its efforts and programme delivery on high-priority countries,¹⁴ including in humanitarian settings. It does by working with partner UN agencies, Member States, civil society, academia and communities to support the reform, development and implementation of effective legislation and policies to ensure access to HIV services for people who use drugs and people in prisons. It promotes the elimination of stigma and discrimination, and the implementation of human

rights, evidence-based, public health-centred approaches to drug use and HIV.

70. Based on compelling and comprehensive evidence that harm reduction¹⁵ improves the health of people who inject drugs and is safe and cost-effective, UNODC works to expand and scale up the availability of these services. It also seeks to ensuring that services are tailored to the needs of women who use drugs and women in prisons, including the prevention of vertical transmission of HIV and of gender-based violence.

71. As part of its work to address HIV, viral hepatitis and TB in prisons and other closed settings, UNODC advocates for preventing the use of custodial sentences for minor offences, reducing prison overcrowding and implementing measures for alternatives to imprisonment for women and juveniles and for nonviolent offences, particularly for crimes not recognized under international law. UNODC also supports the integration of HIV services in prisons into public health systems, recognising that interventions provided in prison settings ultimately benefit the community as a whole.

72. UNODC values and support the unique expertise that community-led organizations and networks of people who use drugs and people in prisons bring in all aspects of the HIV response. It regularly convenes academia and the community of people who use drugs to review and discuss challenges and best practices—such as the UNODC civil society group on drug use and HIV, and the informal global network of civil society organizations working on HIV in prisons—to expand HIV services in prisons and in the community.

73. UNODC support to countries is based on the comprehensive package of HIV prevention, treatment and care services (WHO, UNODC and the UNAIDS Secretariat), the UN Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the [Technical Brief on](#)

¹⁴ Twenty-four high-priority countries for drug use and HIV and 30 high-priority countries on prisons and HIV in Asia-Pacific, eastern Europe and central Asia, eastern and southern Africa, Latin America and the Caribbean, the Middle East and North Africa.

¹⁵ Harm reduction is defined as a comprehensive package of evidence-based interventions, based on public health and human rights, including needle and syringe programmes, opioid agonist therapy and naloxone for overdose management.

[HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions](#) (UNODC, UNDP, UNFPA, ILO, WHO and the UNAIDS Secretariat).

Key UNODC strategy for HIV

74. UNODC is committed to implementing the Global AIDS Strategy and the [UNODC Strategy \(2021-2025\)](#) in synergy to magnify their impact on the HIV response among people who use drugs and people in prisons. The Global AIDS Strategy and the 2021 Political Declaration outline the 10–10–10 targets, which aim to reduce restrictive legal and policy frameworks, gender-based inequalities and stigma and discrimination.

TOP RESULTS IN 2022

75. New technical guides developed to support high priority countries to address HIV among people who use drugs and people in prisons.

76. Implementation and scale up of evidence-based harm reduction programmes supported.

Following sustained advocacy by UNODC with government agencies, opioid agonist therapy programmes are now being implemented in Algeria, Egypt, Pakistan and Uganda. In Tajikistan, opioid agonist therapy was recently extended to pre-detention centres, ensuring sustainability throughout all stages of the criminal justice process.

77. To increase stronger political commitment and a cooperative national approach on HIV and sharing of experiences, knowledge and best practices to scale up harm reduction interventions, UNODC, in partnership with the Global Fund and WHO, conducted a series of high-level advocacy meetings in Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe, followed by targeted technical support.

78. Issues related to availability and accessibility of opioid agonist therapy for people who use drugs, the inequalities that drive the HIV pandemic among people who use drugs and people in prisons, and country experiences with needle and syringe programmes in prisons and other closed settings were highlighted during the 2022 International AIDS Conference.

79. Capacity built for an evidence- and human rights-based response to HIV and drug use.

UNODC implemented a large capacity-building programme in its high-priority countries, using technical guidance developed in collaboration with the UNAIDS Secretariat, WHO, the International Network of People Who Use Drugs and Harm Reduction International:

- on HIV prevention, treatment and care among people who use stimulants in Afghanistan, Cambodia, India, Laos, Malaysia, Myanmar, Thailand and Viet Nam;
- on opioid agonist therapy in Egypt, Mozambique and Pakistan; and
- in partnership with Harm Reduction International and harm reduction civil society experts, virtual trainings in South-east Asia, south Asia and Africa on tailoring vaccination and COVID-19 services for people who use drugs.

80. Together with the Global Fund, WHO and the International Network of People Who Use Drugs, UNODC established a discussion platform to foster community-led organizations' engagement in the HIV response among people who use drugs and people in prisons in several African countries.

81. Strategic information collected to inform effective action. In collaboration with WHO, the UNAIDS Secretariat and the World Bank, UNODC led the compilation and joint review of estimates (published in the 2022 World drug report) of the number of people who inject drugs, and of HIV and hepatitis C prevalence among people who inject drugs.

82. Support provided to accelerate progress towards the 10–10–10 targets. UNODC further assisted countries to reach the societal enabler targets for 2025 and deliver on political and financial commitments needed to scale up interventions to address the structural, financial and economic inequalities, and gender-based inequalities driving the HIV epidemic among people who use drugs. A virtual, multistakeholder consultation took place between the academic community and civil society, with a focus on the impact of unequal HIV prevention, treatment, care and support among people who use drugs and its main outcomes were presented to the Commission on Narcotic Drugs.

83. UNODC supported the International Network of People Who Use Drugs to **build the capacity of community-led organizations** to evaluate the impact of criminalization of drug use on people who use drugs and develop new skills on evidence-informed advocacy for 10–10–10 targets. With UNODC support, the International Network of People Who Use Drugs collaborated with Persaudaraan Korban Napza Indonesia, the Drug Harm Reduction Advocacy Network and the South African Network of People who Use Drug to conduct three national capacity building fora of drug user advocates in Indonesia, Nigeria and South Africa. A five-year advocacy road map guides the national network advocacy for human rights for people who use drugs.
84. **Actions taken to strengthen efforts to address HIV and prisons.** As part of its work to address HIV, viral hepatitis and TB in prisons and other closed settings, UNODC conducted trainings in India, Nigeria, South Africa, Thailand and the United Republic of Tanzania to strengthen the capacities of policy-makers, prison administrations, staff and healthcare providers in implementing the Nelson Mandela Rules and the Bangkok Rules to address stigma, discrimination and violence in prisons and other closed settings.
85. Jointly with civil society and other UN agencies, UNODC further advocated for gender-sensitive HIV services and built the capacity of service providers in prisons in the Islamic Republic of Iran, Morocco, Mozambique, Myanmar, Nepal and Thailand. In collaboration with relevant Cosponsors, the UNAIDS Secretariat and experts, UNODC developed and launched a tool to monitor epidemiological trends in vertical HIV transmission in prisons and services to prevent such transmission, including by through tools for data collection.
86. UNODC provided technical support for the national guidelines and related standard operating procedures for health and HIV services in prison settings (Ethiopia and Indonesia), for opioid agonist therapy (Nigeria) and a national drug and HIV prevention, treatment and care strategy for both community and prison settings (Morocco and Tunisia).
87. **Support provided to strengthen partnerships with law enforcement.** UNODC strengthened partnerships between law enforcement and other relevant sectors, including public health, social welfare, civil society and community-based organizations, through several national and regional consultations with representatives from law enforcement agencies and civil society in Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Some 1100 police officers benefited from training on the role of the police in the national HIV response, including in Moldova, Tajikistan and Zambia.

United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN)

HIV IN UN WOMEN'S MANDATE

- 88.** As a UNAIDS Cosponsor, UN Women supports the governance of the HIV response by:
- ensuring that national HIV policies, strategies and budgets are informed by sex- and age-disaggregated data and gender analysis;
 - scaling up what works to tackle the root causes of inequality, including through mainstreaming HIV in efforts to end violence against women and promote women's economic empowerment; and
 - supporting the leadership of women and girls in all their diversity, particularly women living with HIV, to meaningfully engage in decision-making at all levels in HIV responses.

UN WOMEN IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 48 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

Key UN Women strategy for HIV

- 89.** The [UN Women Strategic Plan \(2022-2025\)](#) sets out how UN Women will leverage its unique triple mandate—encompassing normative support, UN system coordination and operational activities—to mobilize urgent and sustained action to achieve gender equality and the empowerment of all women and girls in the context of HIV and support the achievement of the 2030 Agenda for Sustainable Development, including SDG 3. The UN Women Strategic Plan prioritizes this critical work through HIV-dedicated indicators and inclusion of HIV as one of the five “leave-no-one-behind” subcategories of programmatic disaggregation.

TOP RESULTS IN 2022

- 90. Global norms and standards setting on gender equality and HIV supported.** UN Women continued to provide support to Member States to adopt and implement global norms and standards on gender equality and women's empowerment in the context of HIV. UN Women's policy support to the Southern African Development Community in preparation for the 66th session of the Commission on the Status of Women resulted in the unanimous re-affirmation of the [2016 CSW 60/2 resolution](#) on women, the girl child and HIV and AIDS by Member States. The resolution reasserts the Beijing Declaration and Platform for Action and calls for accelerated efforts to address women's and girls' vulnerabilities in the context of HIV. To support implementation of the resolution, the Southern African Development Community, with policy support from UN Women, adopted the gender responsive oversight model—a regional framework and programme of action to monitor and oversee implementation. The model prioritizes tracking efforts to address the root causes of adolescent girls' and young women's vulnerability to HIV. It was adapted by Angola, Lesotho, Malawi, Namibia and Zimbabwe to enhance government accountability.
- 91. Gender-responsive HIV policies and institutions promoted.** UN Women strengthened gender equality expertise among AIDS coordinating bodies and HIV programmes across 26 countries.¹⁷ This has resulted in identifying persisting inequalities that affect the progress and integration of gender equality issues in national HIV strategies and plans, along with appropriate budgetary allocations, and tracking progress and outcomes with gender-responsive indicators. UN Women-supported gender assessments of the HIV response in Uganda and the United Republic of Tanzania have informed national planning and budgeting. Following the gender assessment, the Tanzania Commission for AIDS included actions to transform unequal gender norms and to prevent gender-based violence

¹⁷ Central African Republic, Côte D'Ivoire, Democratic Republic of Congo, El Salvador, Ethiopia, Indonesia, Jamaica, Kenya, Kyrgyzstan, Lesotho, Liberia, Malawi, Namibia, Nepal, Nigeria, Papua New Guinea, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Tajikistan, Uganda, United Republic of Tanzania, Viet Nam and Zimbabwe.

and discrimination against women in its next multisectoral strategic framework for HIV. The new HIV prevention strategy in Uganda prioritizes and resources actions to prevent new HIV infections among adolescent girls and young women.

92. Support provided for repealing discriminatory HIV-related laws and practices. UN Women worked with women's organizations and networks of women living with HIV in Indonesia, Malawi, Papua New Guinea, Uganda and Viet Nam towards repealing discriminatory HIV-related laws. In Zimbabwe, organizations of women living with HIV and other partners successfully advocated with the national parliament to repeal section 79 of the country's criminal code, which had criminalized HIV transmission. 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 lays out measures to address the issue.

93. Unequal gender norms to prevent violence against women and HIV transformed to and accelerate progress towards the UNAIDS 95–95–95 targets. In 2022, UN Women scaled up evidence-based interventions across 17 countries¹⁸ to transform unequal gender norms in order to prevent violence against women and prevent HIV infections. As part of implementation of the EU/ UN Spotlight Initiative, UN Women scaled up the implementation of the SASA! community-based initiative in Uganda and Zimbabwe to prevent HIV and violence against women. In Zimbabwe, UN Women invested in strengthening the capacity of the Ministry of Women Affairs, the National AIDS Council and several HIV and women's rights organizations to continue implementation of the SASA! approach¹⁹ across multiple districts. UN Women's "HeForShe" community-based initiative in Malawi, South Africa and Zimbabwe transformed harmful social and gender norms. In Malawi, over 1500 men and boys were trained as "HeForShe" change agents, engaging in dialogues with community members across four districts to shift attitudes and behaviours, prevent violence against women and prevent HIV, and improve men's health-seeking behaviours.

94. Women's equitable access to services, goods, and resources promoted. Across 16 countries,²⁰ UN Women worked towards ensuring that no women and girls are left behind in the HIV response by strengthening access to HIV information, testing, treatment and care, and gender-based violence services for women living with and affected by HIV and those in key populations. Based on UN Women's [Essential services package for women and girls subject to violence](#), the national network of women living with HIV in Indonesia developed and further improved an app, "DeLiLa" ("Listen, Protect, Report"), in collaboration with the Ministry of Women's Empowerment and Child Protection and other partners involved in the response to violence against women. The app enables women facing violence to access peer legal and psychosocial counselling and to be referred to health services and the police. The network also successfully contributed to the special operating procedures implemented by the Ministry of Health to help promote their responsiveness to the needs and priorities of women living with and affected by HIV.

95. Women's voice, leadership and agency in the HIV response amplified. Through the "Investing in adolescent girls and young women's leadership and voice in the HIV response programme, funded by the United States President's Emergency Plan for AIDS Relief" (PEPFAR), UN Women built feminist leadership skills of 185 young women in 15 sub-Saharan African countries, pairing young women in mentoring relationships with established women leaders. At the end of 2022, UN Women convened a high-level meeting on championing the priorities of women and girls in the HIV response, in partnership with PEPFAR, the UNAIDS Secretariat, the African Women Leaders Network and the Government of the United Republic of Tanzania. At the meeting, 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 UN Women's Executive Director [launched a multisectoral, cross-country, intergenerational collective](#) to address the increasing rates of HIV among adolescent girls and young women in sub-Saharan Africa.

¹⁸ Botswana, Burundi, Cameroon, eSwatini, Ghana, Haiti, Kyrgyzstan, Lesotho, Liberia, Malawi, Morocco, Mozambique, Sierra Leone, South Africa, South Sudan, Uganda and Zimbabwe.

¹⁹ SASA! is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV by addressing imbalance of power between men and women, boys and girls.

²⁰ Cambodia, Cameroon, China, Côte D'Ivoire, Indonesia, Haiti, Malawi, Liberia, Nepal, Nigeria, Papua New Guinea, Senegal, Uganda, Ukraine, Viet Nam and Zimbabwe.

96. Catalytic support provided for organizing and mobilizing of women living with HIV. Investing in institutional capacities of the networks of women living with HIV remained at the heart of UN Women's support in Cambodia, El Salvador, Nepal, Nigeria, Papua New Guinea, Senegal, Viet Nam and Zimbabwe. Thanks to technical and financial support from UN Women, the Association of Women Living with HIV in Nigeria successfully developed and adopted its new strategic plan

and engaged in the final review of the national HIV strategic framework. The UN Trust Fund to End Violence Against Women, managed by UN Women, awarded US\$ 2.5 million in grants to local and grassroots women's organizations that work directly with women living with HIV, women who use drugs, and sex workers, empowering them to demand access to nondiscriminatory legal aid, HIV care and support and other health services.



International Labour Organization (ILO)

HIV IN THE ILO'S MANDATE

97. The mandate of the ILO is to advance social and economic justice through setting [international labour standards](#). With 187 Member States, 40 field offices, and staff in 107 nations, the ILO promotes decent work for all workers, regardless of where they work. A healthy workforce is essential for achieving SDG 8 (“promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all”). Promoting the health and safety of workers is thus an integral aspect of the ILO’s mandate. The ILO’s focus on HIV forms part its work to enable the health and well-being of workers.

THE ILO IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 35 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

Key ILO strategy on HIV

98. The 2019 ILO strategy, [ILO’s response to HIV and AIDS: accelerating progress for 2030](#), embraces the twin-track approach of HIV-focused efforts and integration of HIV in the broader development mandate. The strategy promotes HIV integration across areas such as social protection, labour standards, labour migration, gender equality, occupational safety and health, diversity and inclusion initiatives and ILO training courses, among others. The ILO’s [HIV and AIDS recommendation, 2010 \(No 200\)](#) calls for HIV integration across national development policies and programmes, including those related to labour, education, social protection, poverty reduction strategies, income-generation strategies, social security systems, private insurance and other schemes, occupational safety and health structures

and programmes, child labour and child trafficking and labour administration authorities.

TOP RESULTS IN 2022

Human rights and gender equality

99. **Progress accelerated towards the creation of enabling legal environments.** Following the adoption in 2019 of the first international treaty recognizing the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment—[ILO Convention on elimination of violence and harassment, 2019 \(No.190\)](#)—the ILO supported governments to ratify the convention and enact laws and policy measures to prevent and address violence and harassment in the world of work.²¹
100. **Global campaign undertaken to strengthen national laws.** The [ILO global campaign for ratification of the violence and harassment convention](#) was launched to promote the ratification of the convention and to enhance awareness about the need for ratification among Member States.
101. **Normative guidance promoted to control risks and minimize the negative impacts of violence and harassment in the workplace.** The ILO published a guideline, [Violence and harassment at work: a practical guide for employers](#), which has been implemented in over 20 countries.
102. **Knowledge generation to inform effective action in the world of work.** The ILO-Lloyd’s Register Foundation-Gallup survey, titled [Experiences of violence and harassment at work: a global first survey](#), was published in 2022. It showed that violence and harassment at work was widespread across the world, with more than one in five (23% or 743 million) persons in employment having experienced at least one form of violence and harassment at work. Psychological violence and harassment were the most common forms of violence and harassment, with nearly one in

²¹ To date, 23 countries have either ratified the Convention or have taken significant steps to ratify it and these include some HIV high burden countries. The countries are: Albania, Antigua and Barbuda, Argentina, Bahamas, Barbados, Canada, Central African Republic, Ecuador, El Salvador, Fiji, Greece, Ireland, Italy, Mauritius, Mexico, Namibia, Nigeria, Panama, Peru, San Marino, Somalia, South Africa, Spain, United Kingdom of Great Britain and Northern Ireland and Uruguay.

five (18% or 583 million) people in employment experiencing it in their working lives.

103. Normative guidance for LGBTI+ rights provided.

To promote a more conducive and enabling environment for LGBTI+ persons in the workplace, the ILO developed the "[Inclusion of LGBTI+ persons in the world of work](#)" learning guide. Jointly launched by the ILO and Spain, the self-learning tool describes the many challenges which LGBTI+ persons face in the labour market and includes an overview of the evolving protections available to LGBTI+ persons, including people living with HIV. It also sets out practical measures and actions to remove barriers faced by LGBTI+ persons in the workplace. The guide has been disseminated in over 20 countries, mainly in Africa and Asia.

Scaling up HIV testing

104. Knowledge of HIV status increased. Building on the "STAR Phase 3 HIV self-testing" partnership between PSI, Jhpiego, UNITAID, WHO and the ILO, the ILO focused in 2022 on reaching underserved men in economic sectors where workers face an elevated risk of acquiring HIV. The ILO, the UNAIDS Secretariat and partners provided tailored advisory support to 20 countries to implement HIV testing initiatives, which reached over 126 000 workers with HIV testing services, including 1014 who tested HIV-positive and were referred to treatment services. The ILO's [VCT@WORK initiative](#) identifies people living with HIV and links them immediately to care services. In the 20 countries in which HIV testing was undertaken, the average positivity rate was 0.8% (ranging from a high of 3.4% and 2.5% in Mozambique and Zimbabwe, respectively, to 0.1% and 0.3% in Côte D'Ivoire and Kenya).

105. Capacity built for strategic HIV testing initiatives.

The ILO and WHO jointly developed a policy brief on HIV testing, titled [HIV self-testing at workplaces: approaches to implementation and sustainable financing](#), which it disseminated through world of work structures in 20 countries. For capacity building, knowledge transfer and continuous learning on HIV testing, the ILO and the International Training Center in Turin developed an [online training course on HIV testing at the workplace](#), which is aimed at world-of-work actors, including the private sector, business coalitions, trade unions, representatives

from national HIV programmes, civil society organizations, developmental partners and other constituencies interested in enhancing their knowledge on HIV testing in the workplace.

Expanding social protection coverage

106. Social protection gaps documented and addressed. The [World social protection report 2020–2022](#) showed that COVID-19 was deepening inequalities and gaps in social protection coverage, comprehensiveness and adequacy in almost all countries. It found that only 47% of the global population was effectively covered by at least one social protection benefit. The ILO portfolio of social health protection activities substantially expanded to respond to the array of requests which emerged following the COVID-19 pandemic, including capacity building, policy and legal advisory services, as well as economic and actuarial analyses in 25 countries in Africa, Asia and Latin America.

107. Knowledge generation tools developed. The ILO, in collaboration with the French National Social Security School and SDG Academy, launched an open, online course on [making universal social protection a reality](#). The course enables learners to understand key social protection concepts as well as the strengths and weaknesses of different approaches, policy options and strategies for social protection in the context of decent work and socioeconomic development. To deepen understanding of social protection coverage for people living with HIV and TB, the ILO launched the publication, [Making social protection a reality for people living with, at risk of and affected by HIV or TB](#). It shows that the integration of social protection programmes, schemes and benefits can reduce stigma and discrimination, and it emphasizes that practices adopted by social protection institutions to respond to HIV and TB should be more systematically documented. It also notes the importance of social protection institutions partnering with organizations that provide prevention and referral services to key and vulnerable populations and identifies opportunities to enhance the shock responsiveness of social protection systems.

108. Normative guidance on social protection generated. The "[ILO-UNDP checklist on social protection for key populations](#)", launched at the

2022 International AIDS Conference, helped countries promote the inclusion of people living with HIV and key populations in social protection policies and programmes. Informed by a global dialogue on social protection for people living with HIV and key populations organized by the ILO and UNDP in 2021, with 52 countries, the checklist consists of a set of questions to improve the planning and evaluation of inclusive and gender-responsive social protection programmes.

109. Evidence base for action on HIV-sensitive social protection strengthened. A partnership between WFP, the UNAIDS Secretariat, UNICEF and the ILO completed a study to extend HIV-sensitive social protection in 12 countries in west and central Africa. It highlighted the need to strengthen coordination of efforts to promote social protection and end AIDS, the importance of including key populations in social protection programmes, and the value of raising awareness of social protection programmes among key populations. The study stressed the need to build the institutional capacities of social protection policy-makers on HIV and of civil society organizations, including key populations working

on HIV on social protection, and to reduce stigma and discrimination.

Innovative country practices

- 110.** Innovative country practices identified and promoted.
- **China.** Digital upskilling for the Women's Network Against AIDS was linked to a two-year strategy to enhance income generation for impoverished people living with HIV.
 - **Indonesia.** A new online self-learning system was combined with coaching sessions for 100 companies on HIV prevention.
 - **Kenya.** The ILO and Federation of Kenya Employers, the HIV tribunal and other partners worked jointly to build capacities of human resource managers on HIV-related stigma and discrimination in the workplace and in HIV tribunal activities.
 - **South Africa.** The South African National AIDS Council-Private Sector forum and strategy was launched; it leveraged US\$ 600 000 to scale up HIV programmes and policies.



United Nations Educational, Scientific and Cultural Organization (UNESCO)

HIV IN UNESCO'S MANDATE

111. UNESCO uses its comparative advantage within the education sector to support Member States to advance young people's health and well-being. Efforts are guided by the new, revised [UNESCO's Strategy on education for health and well-being](#), launched in 2022, which places greater emphasis on building stronger, more resilient school health systems that promote learners' physical and mental health and well-being. It also emphasizes HIV and reproductive health, while maintaining an intensive focus on comprehensive sexuality education (CSE) and on ending violence and discrimination. The strategy aims to build on the intersections of SDGs 3 (Health), 4 (Education) and 5 (Gender Equality).

UNESCO IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 51 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

Key UNESCO strategy for HIV

112. UNESCO's work on global HIV prevention continued through support for the delivery of in-school comprehensive CSE programmes, using the international technical guidance on sexuality education as a guiding framework for curricula, policy and advocacy.

113. Meaningful engagement of a diverse range of young people lies at the heart of UNESCO's work on education for health and well-being. Efforts focus on ensuring that young people have an active role at all levels, from programme design to implementation and evaluation. Young people are the ultimate protagonists and beneficiaries of activities implemented by UNESCO through the Joint Programme, with efforts focused on strengthening meaningful and ethical youth

engagement, while enhancing the political commitment of countries to the education and health needs of young people.

TOP RESULTS IN 2022

114. Quality of CSE strengthened as an essential tool of HIV prevention. The revised UNESCO Strategy on education for health and well-being continues to focus on supporting countries to strengthen good-quality CSE, an essential tool in HIV prevention. As co-convenor of the Global Partnership Forum on CSE with UNFPA, UNESCO has worked to transform global leadership on CSE by fostering a space for thought leadership and strategic action. In mid-2022, an online global symposium on CSE featuring 120 speakers attracted over 800 participants. It emphasized the need to tackle the social, cultural and political environment, and promoted young people's meaningful involvement and the inclusion of under-served populations. The event also highlighted the current evidence and good practice on effective delivery of CSE. Two important outputs of the Forum are a survey to obtain information on the latest or ongoing published and unpublished research and evaluations on CSE from around the world, and a "call to action on CSE".

115. Global efforts to respond to CSE opposition strengthened and better coordinated. UNESCO continues to improve coordinated global efforts to respond to opposition against CSE. Two studies on CSE and SRHR counter-movements were completed in the first half of 2022, leading to the enhancement of a strategic road map and communications strategy.

116. Efforts intensified to meet the needs of young people living with HIV. In 2021, UNESCO embarked on an innovative partnership with the Global Network of People Living with HIV (GNP+) and the Global Network of young people living with HIV to produce a youth-led update of the 2012 "Positive Learning" recommendations for meeting the needs of young people living with HIV in the education sector. The recommendations

were shared with a wider audience during a virtual webinar of over 100 participants, which was organized in collaboration with GNP+ and the UNAIDS Secretariat. The event featured young people, teachers, parents and education sector stakeholders who reflected on the continuing challenges of HIV-related stigma and discrimination in school settings. They also shared best practices for harnessing the power of education to meet the needs of young people living with HIV. "Positive Learning" and the power of education to end HIV-related stigma and discrimination were also the focus of the thematic segment of the June 2022 UNAIDS Programme Coordinating Board meeting. It resulted in expressions of support for UNESCO's work on CSE, including on HIV prevention, treatment and care.

117. Strategic information generated to guide action for young people. In collaboration with the UNESCO Institute for Statistics and the International Institute for Educational Planning, UNESCO commissioned a review of the SDG thematic indicator 4.7.2, which tracks the proportion of schools that provide life skills-based HIV and sexuality education within the formal curriculum or as part of extracurricular activities. The main objective of the review was to improve data standards, collection and reporting. UNESCO collaborated with the Global Education Monitoring Report team to develop a series of profiles enhancing education review for 50 countries, with a focus on sexuality education. The profiles have been launched and are intended to motivate national policy dialogue, regional peer-learning and facilitate monitoring of policy trends on CSE.

118. Efforts taken to ensure that quality CSE meets the needs of diverse learners. UNESCO's ground-breaking work, "Safe, Seen and Included", explores how sexuality education programmes can and should address the needs and rights of LGBTI+ learners. It highlights ways in which sexuality education can be made more inclusive of sexual orientation, gender expression and identity, addressing gaps documented in all regions of the world. The findings and recommendations are pertinent for policy makers, practitioners, youth, activists and other interested parties seeking to promote or better understand school-based sexuality education that is inclusive of diverse sexual orientations, gender identities and expressions.

119. UNESCO also took steps to support the delivery of quality CSE to younger age groups (5-12-year-olds) to provide foundational knowledge, skills and attitudes that can influence their future health, education and social outcomes. In mid-2022, UNESCO and partners started a spotlight initiative for this age group, titled "Building strong foundations", which brought together evidence from a desk review, report and consultations to document the rationale for providing CSE or foundational education for health and well-being to younger learners. Further case studies and practical examples will be published in 2023.

120. Regional efforts undertaken to address the needs of young people. A range of activities was conducted across regions.

- **Sub-Saharan Africa.** UNESCO supported HIV prevention through its long-standing experience working with ministries of education and by synergizing efforts with ongoing initiatives on girl's education and quality comprehensive sexuality education, including the "Our Rights, Our Lives, Our Future" (O3) programme. It seeks to transform gender norms and attitudes of learners, while challenging rigid notions of masculinity and promoting gender equality. The O3 programme addresses barriers to girls' education, health and empowerment, including adolescent pregnancy, HIV and gender-based violence. In western and central Africa, UNESCO worked closely with more than 10 ministries of education to strengthen their curriculum, policies, teacher training or monitoring relating to school-related gender-based violence, training over 20 000 teachers in Burkina Faso, Côte d'Ivoire, Mali and Senegal.
- The ESA Commitment, renewed in 2021, has been endorsed by 11 countries. UNESCO supported them to integrate their priorities into national strategies and develop plans to accelerate implementation. In the context of the WCA Commitment, a new regional communication and advocacy campaign, "Education saves lives", reached 15 million people across the continent in just one month and raised awareness of the urgent need for health education programmes that address HIV, child marriage and gender-based violence.

- **Eastern Europe and central Asia.** Over 8000 educators, psychologists, and youth workers from nine countries in this region (Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Ukraine and Uzbekistan) improved their skills in HIV and sexuality education, gender-based violence and bullying prevention in school. This was done via free self-study and instructor-led courses and webinars with experts, which were offered at the UNESCO-supported regional online educational platform EDUHUB and other training opportunities. It is expected that about 200 000 learners (at least 55% of them) will benefit annually from health education delivered by the trained teachers.
- Across eastern Europe and central Asia, over 4 million young people have improved their knowledge and attitude on issues related to HIV and sexual and reproductive health and rights thanks to UNESCO-supported youth-led digital media/platforms and artificial intelligence powered chatbots operating in three languages. A new online course for adolescents and their parents about HIV prevention and reproductive was launched with UNESCO's technical support. Jointly with UNFPA, the UNAIDS Secretariat and the Reproductive Health Alliance of Kyrgyzstan, UNESCO organized the first-ever festival on digital sexuality education in Kyrgyzstan, which enabled over 250 content creators, nongovernmental organizations, media and health workers, educators and young volunteers to share their experiences and consolidate approaches for robust online HIV and sexuality education and health promotion, with a particular focus on gender equality, stigma, discrimination and gender-based violence prevention and supporting young LGBTI+ people.
- **Asia Pacific.** UNESCO co-supported the UNAIDS-Youth Lead Asia-Pacific Youth forum on HIV, attended by 30 youth advocates on HIV and SRHR.
- **Latin America and the Caribbean.** Education ministers in Latin America and the Caribbean specifically included references to the importance of education for health and well-being in their 2022 Buenos Aires Declaration. UNESCO continued its support to FLACSO Argentina in its delivery of the sixth edition of a diploma-level course on CSE for authorities, educators and other specialists in the education and health sectors in the region. Over 100 participants from 19 countries participated in the 2022 edition. Since its inception, over 1000 specialists have benefited from a curriculum on HIV prevention for adolescents and young people.



World Health Organization (WHO)

HIV IN WHO'S MANDATE

121. WHO aims to ensure that a billion more people access universal health coverage, a billion more people are protected from health emergencies, and a billion more people achieve better health and well-being by 2025. As a founding Cosponsor of the Joint Programme, WHO leads on HIV testing, treatment and care, resistance to HIV medicines, managing common comorbidities and coinfections including HIV/TB co-infection and biomedical prevention options, including PrEP.

WHO IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 91 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

Key WHO strategy for HIV

122. The Seventy-Fifth World Health Assembly in May 2022 noted with appreciation [Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for 2022–2030](#), and approved their implementation for the next eight years. The strategies propose a common vision to end AIDS by 2030 and advance universal health coverage, primary health care and health security, thereby contributing to achieving the goals of the 2030 Agenda for Sustainable Development.

TOP RESULTS IN 2022

123. Major HIV treatment and care recommendations implemented in 2022. More than 95% of countries now implement a “treat all” approach. Rapid ART initiation (fewer than seven days after confirmed diagnosis) was implemented in 76% of those countries. WHO's preferred first- and second-line treatments for all populations were adopted by 120 of 132 low- or middle-income

countries and are being used by 87% of all people living with HIV on ART. That proportion is expected to reach more than 90% in 2023. Approximately 90% of low- or middle-income countries have adopted 3-6 monthly ARV 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 are integrating other healthcare services (TB, maternal and child care, SRH and noncommunicable diseases) into HIV services, less than 50% were delivering ART at primary health care and community levels in 2022. WHO regularly publishes maps to illustrate policy uptake.

124. ARV drugs optimized in adults and children.

WHO published a [technical report on priorities for ARV drug optimization in adults and children](#) in July 2022. The report revised the priority list of new drugs, formulations and delivery technologies to be developed in the next five to ten years and identified the research priorities for HIV treatment optimization, including the use of long-acting ARV regimens for treatment and prevention.

125. HIV drug resistance addressed. WHO updated its [acquired HIV drug resistance survey method to reflect the era of dolutegravir-based regimens](#), and published an updated survey method in 2022. WHO has also expanded its HIV drug resistance database to support dissemination of country-level HIV drug resistance survey data for the purposes of informing care and treatment guidelines.

126. Differentiated service delivery promoted.

WHO launched the latest online course on [HIV differentiated service delivery for HIV treatment](#). This series of webinar sessions offer audiences the opportunity to be introduced to some of WHO's past webinars that introduced the recommendations for service delivery and differentiated service delivery for HIV treatment.

127. Progress supported towards EMTCT of HIV. As of December 2022, 15 countries and territories²² had been certified by WHO for eliminating vertical HIV transmission. Oman became the first country in the eastern Mediterranean region to

²² Anguilla, Antigua and Barbuda, Armenia, Belarus, Bermuda, Cayman Islands, Cuba, Dominica, Malaysia, the Maldives, Montserrat, Oman, Sri Lanka, St Kitts and Nevis and Thailand.

eliminate mother-to-child transmission of HIV and syphilis. WHO published global guidance on the criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and, for the first time, also including hepatitis B virus. WHO also published [guidance](#) on the governance required for the validation of EMTCT, providing standardized structures and processes for use at the national, regional and global levels.²³ The first phase focuses on support to 12 African partner countries to develop action plans for implementation.

- 128. New guidelines and recommendations on HIV prevention published.** In 2022, WHO published: [guidelines](#) on long-acting injectable cabotegravir for HIV prevention; a [technical brief](#) on implementation guidance for simplified and differentiated and simplified pre-exposure prophylaxis for HIV prevention, and a [recommendation](#) on the dapivirine vaginal ring as a new choice for HIV prevention for women at substantial risk of HIV infection. Zimbabwe was the first country in Africa to announce regulatory approval for long-acting injectable cabotegravir as PrEP for HIV prevention, following the WHO guidelines and recommendations.
- 129.** WHO published [consolidated guidelines and a policy brief on HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for key populations](#), outlining a public health response for five key populations (gay men and other men who have sex with men, trans and gender diverse people, sex workers, people who inject drugs and people in prisons and other closed settings). It also published, with UNODC, an opioid agonist therapy implementation tool and training package. Together, the two Cosponsors conducted [two trainings \(in Egypt and Pakistan\)](#) in November 2022 on establishing and implementing opioid agonist therapy programmes for and with people who use drugs.
- 130. Support provided for scaling up integrated STI services for people who use PrEP.** WHO released [a new module of its PrEP implementation tool](#) to support countries implementing and scaling up integrated STI services for people who use PrEP. The module provides a framework and practical guidance for the gradual integration of STIs services in accordance with local context and modes of PrEP delivery.

- 131. Preferred product characteristics developed for monoclonal antibodies for use in HIV prevention.** WHO developed preferred product characteristics for [monoclonal antibodies for HIV prevention](#), including lenacapavir, HIV vaccines and broad neutralizing antibodies to ensure that products are developed in a manner that supports optimal use globally, including in low- and middle-income countries.
- 132. HIV testing service guidelines updated.** WHO updated its HIV testing service guidelines and made recommendations on HIV self-testing for PrEP and for testing in facilities. An algorithm verification tool was widely used in English and Spanish, and plans were made for French and Russian translations. Twenty-eight countries received WHO support to transition to the WHO HIV testing strategy and for scaling-up dual HIV/syphilis adoption. WHO coordinated with the Global Fund to ensure that HIV self-testing, the three-test strategy and lay-provider testing programme were promoted as essential for funding requests.
- 133. Strategic information guidelines launched to drive impact.** In mid-2022, WHO launched the [consolidated guidelines on person-centred HIV strategic information: strengthening routine data for impact](#). The guidelines present a standard minimum dataset, priority indicators and recommendations to strengthen data use across HIV prevention, testing and treatment, and linkages to services for STIs, viral hepatitis, tuberculosis and cervical cancer.
- 134.** WHO also published a document on [digital adaptation kits](#) for HIV, which sets out operational requirements for implementing WHO recommendations and standards within digital systems as part of the WHO SMART guidelines initiative.
- 135. Actions taken to address the needs of key populations in the context of health emergencies.** WHO leveraged its clinical, surveillance and community engagement expertise across the Orthopoxvirus, emergencies and HIV-focused departments at all three levels of the organization in response to the 2022–2023 multicity outbreak of mpox, which was designated as a public health threat of international concern in July 2022. The outbreak disproportionately affected communities of gay,

²³ To further accelerate progress towards ending AIDS in children, WHO joined with UNICEF, the UNAIDS Secretariat, the Global Fund, PEPFAR, implementing partners and civil society to launch the Global Alliance to end AIDS in children by 2030.

bisexual and other men who have sex with men, including many who were also living with HIV. Clear linkages with HIV were established, including the occurrence of more severe mpox disease in people with untreated and uncontrolled HIV. WHO's communications, community engagement and social media work prioritized active listening to the testimonies from those who had mpox, with health messaging, research and public health interventions adapted accordingly.

136. Material developed by WHO was used by partners, stakeholders, event organizers, public health agencies, ministries of health, local clinical and LGBTI+ advocacy groups. Products developed reached 63 million users across Facebook and Instagram. There were 534 848

active engagements across Facebook, Instagram, Twitter and TikTok. Mpox-related videos produced by WHO had 5.6 million views across various platforms. WHO published [guidance on the links between mpox and HIV as well as public health advice for men who have sex with men and for sex workers on monkeypox](#). WHO, through its Regional Office for Europe, published the [standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine](#), as well as provided support alongside European governments and nongovernmental organizations to provide HIV prevention, diagnosis and care services for Ukrainian refugees across Europe.



The World Bank

HIV IN THE WORLD BANK'S MANDATE

137. The World Bank provides financial and technical support to help countries end poverty and boost prosperity for the poorest people. The support is guided by three priorities: creating sustainable economic growth, investing in people, and building resilience to shocks and threats that can roll back progress. Ensuring everyone has access to essential services and that the underlying systems are effective, equitable and sustainable is a critical part of this. The World Bank also puts health at the heart of its Human Capital Project to drive more and better investments in people. It prioritized working with countries and global partners to strengthen resilience to shocks and crises, from COVID-19 and other health emergencies to climate to humanitarian crises including situations affected by fragility, conflict and violence. In fiscal year 2022, the World Bank committed over US\$ 60.8 billion towards these goals, and disbursed over [US\\$ 29.4 billion](#).²⁴

THE WORLD BANK IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 24 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

Improving HIV outcomes

138. The World Bank has long recognized the threat HIV poses to development. The breadth and depth of the Bank's portfolio affords particular opportunities to advance the integrated approaches that improve outcomes and the systemic supports needed in the fight against HIV. The World Bank integrates HIV into effective and equitable health systems and into its broader efforts to advance sustainable development for all, including through progress on other key contributors to success such as social protection,

education and empowering women, girls, and youth. The Bank places a strong emphasis on sustainability, efficiency and effectiveness—helping countries do “better for less” by using available resources wisely and redesigning their HIV and broader health programming to maximize resource allocation and service delivery and transition to new funding approaches in a rapidly shifting funding landscape. Leveraging data and innovation, including opportunities in digital health and service delivery, is an essential part of this approach. It also supports other areas that improve HIV outcomes such as gender, social protection, education access in fragile, conflict and violence contexts.

TOP RESULTS IN 2022

139. Women and girls empowered. In 2022, over 60% of the World Bank's operations pushed for gender equality, ending gender-based violence and empowering women and girls through numerous initiatives, many of them highlighting health, education and social and economic empowerment. All those issues are critical for the HIV response. Examples included:

- The Sahel Women's Empowerment and Demographic Dividend Project, which reached over 2 million girls, with more than 210 000 adolescent girls and young women receiving scholarships and other materials to improve enrolment and retention. Almost 13 400 religious leaders were engaged to promote girls and women's empowerment, while awareness campaigns on reproductive, child and maternal health and violence against women reached over 4 million people. The number of national and regional legal frameworks supporting sexual and reproductive health, education and the elimination of gender-based violence and harmful practices doubled to 18;
- The gender-based violence prevention and response project (Democratic Republic

²⁴ This reflects amounts via the International Development Association and the International Bank for Reconstruction and Development. It does not include amounts via World Bank-based trust funds and financial intermediary funds.

of Congo) reached over seven million beneficiaries by July 2022, with 99% of cases of gender-based violence receiving post-exposure prophylaxis within 72 hours; and

- Projects helped girls enrol and stay in school and empowered women in countries such as Angola, Malawi, and Zambia.

140. Enablers, social protection and education

leveraged. The World Bank continued to address key non health enablers that improve HIV outcomes, particularly education and social protection. With a social protection and jobs portfolio of US\$ 12.5 billion, in FY2022 the Bank supported 510 projects, including through US\$ 1.6 billion in new financing to 16 countries. The support reached more than 1 billion people, reducing HIV vulnerabilities and empowering people to protect themselves and access services. As the largest financier of education in low- and middle-income countries (US\$ 16 billion portfolio and programmes in over 80 countries), the World Bank worked to ensure access to education across all levels. Examples in 2022 included:

- Cash transfer payments in Zambia were expanded, covering the school fees of over 90 000 girls;
- the STEP programme aided 5.8 million people in the Democratic Republic of Congo, including 3 million women, through a package of interventions, including US\$ 93 million in safety net measures that reached 530 000 vulnerable individuals;
- the Sahel Women's Empowerment and Demographic Project reached over 435 000 adolescent girls and improved their retention rates in secondary schools to 92%; and
- in the Democratic Republic of Congo, a [US\\$ 800-million](#) project for primary education benefitted 2.3 million students and helped the government partly shoulder the costs of free primary education to ensure vulnerable children can enrol and stay in school.

141. Resilience to shocks increased. The Bank redoubled its efforts to help countries maintain essential services and boost the resiliency of the systems the HIV response relies on in the face of

multiple, overlapping crises (health emergencies, conflict and climate).

- *Pandemics.* The World Bank helped countries improve pandemic preparedness and response in ways that also benefit HIV outcomes with commitments expanded in international development assistance¹⁹²⁵ and the new, three-year US \$93 billion IDA20—making it the largest provider of financing for pandemic preparedness and response-specific and -supportive operations (active portfolio of [US\\$ 34 billion in over 100 countries](#) for health system strengthening). It supported over 100 countries for COVID-19 access to vaccines and essential services; undertook the [Africa CDC Regional Investment Financing Project](#) for epidemics and public health priorities; and supported the launch of the Pandemic Fund, a collaborative partnership hosted by the World Bank and with WHO as a technical lead. A [report on building resilient health systems in the shadow of COVID-19](#) helped prioritize investments, including ones essential to improving HIV outcomes.
- *Conflict and instability.* Prioritizing efforts to address HIV-related needs in fragile, conflict and violence settings, the World Bank mobilized over US\$ 20.6 billion in emergency financing for Ukraine in multiple areas that improve HIV outcomes. Operations started under [IDA20](#) include US\$ 30 billion in financing for fragile, conflict and violence affected countries, including health services and numerous projects address refugees and host communities health and other needs. A US\$ 53 million health system support and strengthening project grant in Central African Republic supported an essential health services package, including family planning and vertical HIV transmission.

142. Sustainability of HIV responses strengthened.

The World Bank addressed fiscal space issues, provided financing for health and human capital, and supported transitions to greater domestic financing and improved efficiency including leveraging innovation:

- *Global and domestic financing.* The US\$ 93 billion IDA20 started operations, supporting the poorest countries including prioritizing investments important to the HIV response.

²⁵ This reflects amounts via the International Development Association and the International Bank for Reconstruction and Development. It does not include amounts via World Bank-based trust funds and financial intermediary funds.

The World Bank also continued to scale up support to countries on sustainable, innovative shifts toward domestically funded HIV responses and produced a report outlining a novel, integrated framework to improve tax systems.

- *COVID-19 fiscal impacts.* Continued support via the COVID-19 facility included over US\$ 30 billion to support health systems and other domestic spending the HIV response relies on. The updated *From double shock to double recovery* publication highlighted the macroeconomic effects on the fiscal space for health financing. As total debt levels rose to a 50-year high, the Bank helped countries improve debt management and bolster their fiscal positions by improving tax compliance, public expenditure effectiveness and domestic resource mobilization.
- *Analytical support.* The Bank supported data-driven HIV investments to boost the impact of available resources and tackle inequities. The Bank conducted efficiency and effectiveness studies, supported key databases and tools to enable more country partners to conduct analytics. This included: (i) a cascade analysis how-to-manual useful for improving HIV outcomes; (ii) an inventory of disease modelling, health planning, budgeting, costing and resource allocation tools, and health information system platforms; (iii) a rapid review of open-access tools, including HIV programme planning and allocative efficiency tools; (iv) an impact assessment review of recommendations from HIV and TB allocative efficiency studies across 11 countries; and (v) Global Financing Facility performance-based financing support in the Central African Republic that helped increase domestic and external resources.
- *Leveraging innovation.* The World Bank helped partners leverage digital health to boost service access and impact with existing resources and conducted digital

health assessments for more effective health services, including HIV. The Identification for Development initiative worked to reach the estimated 850 million people who lack an effective form of identification, including many affected by HIV.

143. Service access and outcomes improved through greater integration.

The Bank focused on vital areas for health systems strengthening, including HIV integration in universal health coverage and other settings:

- *Integration in health.* The World Bank's health portfolio included over 200 projects helping countries improve outcomes and the strength and resilience of the health systems on which the HIV response relies. A [health system strengthening project](#) in 21 Angolan municipalities saw the percentage of women living with HIV who deliver at health facilities and receiving antiretroviral therapy rise to 80% (versus 14% in 2021). The [Southern Africa TB and Health Systems Support Project has improved HIV-TB integration](#), and the Global Financing Facility supported the integration of SRH services into comprehensive health benefits packages.
- *Multisectoral integration.* HIV support was integrated into non-health sector Bank projects that affect key populations, such as transportation projects including HIV service components to reach key populations (e.g. in Bolivia, Lesotho, Papua New Guinea and Rwanda).
- *Knowledge.* Analyses that included a health systems resilience road map report and the health systems flagship programme reached over 1000 participants to help countries strengthen their systems toward universal health coverage.

The UNAIDS Secretariat

144. The UNAIDS Secretariat ensures coordinated strategic focus, effective functioning and accountability across the Joint Programme's work to support the implementation of the 2021–2026 Global AIDS Strategy and the 2021 UN General Assembly Political Declaration on HIV/AIDS. Using an inequalities lens, the UNAIDS Secretariat, in concert with Cosponsors, supported and strengthened the global HIV response through five strategic functions:

- through 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; and
- solid governance and mutual accountability.

THE UNAIDS SECRETARIAT IS A MEMBER OF THE JOINT UN TEAM ON AIDS IN 87 OF THE 91 COUNTRIES WHERE THE JOINT PROGRAMME OPERATES

TOP RESULTS IN 2022

145. Generated state-of-the art HIV data and strategic analysis leading to more granular understanding of inequalities and better-informed decision-making, including through stronger national capacities and community-led monitoring. Direct guidance and support for the generation and analysis of HIV estimates in 139 countries and coordinated reporting against the Global AIDS Monitoring framework in 155 countries enabled UNAIDS to remain the leading source of comprehensive data and analysis on HIV. The data and analysis are widely shared through

the Global AIDS update and dedicated data platform, called [AIDSinfo](#), was reached over one million times. Overall, 172 countries, representing 99% of the world's population, produced HIV estimates in 2022. The flagship Global AIDS update and wide use of evidence helped further optimize the impact of national programmes and investments by countries and partners, including the Global Fund and PEPFAR. A new framework and toolkit for understanding and addressing HIV-related inequalities was launched by the Joint Programme and piloted in five countries.

146. Sustained and enhanced political commitments to end AIDS and implement the Global AIDS Strategy through strong leadership and advocacy. The UNAIDS Secretariat leveraged the Joint Programme's strengths to inform 18 high-level political meetings and their outcome documents. These included the UN General Assembly's Annual Review of HIV/AIDS and report and the High-Level Political Forum on Sustainable Development; the 66th Commission on the Status of Women; the UN Human Rights Council; the General Assembly Omnibus resolution on Drugs; and the 65th Commission on Narcotic Drugs. The 24th International AIDS Conference was also supported to sustain global momentum, commitment and knowledge sharing on HIV.

147. Updated evidence-informed national strategic plans on HIV, aligned with the Global AIDS Strategy, to shape national HIV responses and leverage sustainable investments, including Global Fund and PEPFAR investments. The UNAIDS Secretariat supported over 30 countries to review, assess and update national strategic plans on HIV with dedicated multidisciplinary hands-on support. It also coordinated Joint Teams' broader support to 83 countries to assess and/or update their national strategic plans on HIV (such as for modelling and target settings costing, mid term reviews etc.). Through its critical partnerships with the Global Fund and PEPFAR at global, regional and country levels, the UNAIDS Secretariat leveraged and guided evidence-informed

allocation and use of funding and helped improve return on investments. This included providing policy and technical guidance through over 160 support assignments, via the UNAIDS Technical Support Mechanism, for more impactful national strategic assessments and planning for data-driven HIV responses, with a focus on prevention and optimizing Global Fund investment.

- 148.** Technical programme managers, country stakeholders and consultants working in 30 countries in Africa are better prepared to develop high-quality and prioritized funding requests and maximize the Global Fund 2023–2025 allocations after attending workshops organized by the Technical Support Mechanism initiative in October (Nairobi, Kenya) and December 2022 (Saly, Senegal).
- 149.** With support from the Technical Support Mechanism, 14 countries developed and submitted their HIV or TB/HIV funding requests to the Global Fund by 20 March 2023, for a total value of approximately US\$ 2.06 billion. Once recommended for grant-making, it is expected that these additional funds will contribute to filling critical gaps—especially for community-led responses and resources for key and underserved populations—and strengthen the national HIV responses in the recipient countries.
- 150. Reduced HIV-related inequalities and ensured meaningful engagement and leadership of people living with HIV, key populations, affected women and young people at risk of or affected by HIV and government institutions in 89 countries.** Through partnerships with communities and key stakeholders, and four global strategic initiatives, the UNAIDS Secretariat boosted HIV prevention, highlighted intersecting inequalities and promoted societal enablers need to end AIDS by 2030. Furthermore, the Secretariat supported engagement of young people at risk of and affected by HIV in 71 countries, women and girls at risk of and affected by HIV in 66 countries and people living with disabilities in 30 countries.
- 151. Convened and leveraged, in concert with Cosponsors, global strategic initiatives and other partnerships for focused attention and action to meet the global AIDS targets.** Key global and partnerships brought multiple further benefits, especially for accelerated action and knowledge sharing. Twenty-eight countries are part of the Global Prevention Coalition, 12 countries have joined the Global Alliance to End AIDS in Children, 13 countries are part of the Education Plus initiative, and 34 countries participate in the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. The Fast-Track Cities initiative continued to mobilize political leadership in more than 400 cities and the UNAIDS-PEPFAR Faith initiative mobilized faith partners in 6 countries and provides a health platform to over 2500 members.
- 152.** Advanced the incorporation and expansion of community-led HIV responses in more than 80 countries. The UNAIDS Secretariat led the adoption of the first international definition of and recommendations for community-led response to a pandemic. It developed normative guidance and shared strategic information to actively promote stronger community-led responses focusing on network strengthening, community-led monitoring and service delivery. The UNAIDS Secretariat also facilitated community-led monitoring through dedicated expert support to almost 40 countries. More broadly, it led the Joint Programme’s overall expertise and support to national and/or subnational government and other stakeholders for the incorporation and expansion of community-led HIV responses in 84 countries.
- 153. Ensured a well-coordinated and effective UN support to countries.** Through effective coordination of Joint UN Teams on AIDS in six regions and 91 countries, the Secretariat optimized the Joint Programme’s strengths and support to national HIV responses. It also leveraged the broader power and voice of the whole UN system through ensuring HIV related priorities’ integration in UN Sustainable Development Cooperation Frameworks (in 87 countries). Furthermore, the UNAIDS Secretariat supported 68 countries in optimizing evidence-informed HIV investments across their Global Fund grant cycles through coordination and facilitation, such as for effective and inclusive country dialogues, Country Coordination Mechanisms or other fora.
- 154. Ensured mutual accountability and transparency mechanisms.** Stronger governance and oversight

mechanisms are in place through effective PCB and other fora including the PCB Independent External Oversight Advisory Committee, quality management, oversight, and performance reports, the updated UNAIDS [Results and Transparency portal](#) on results and investment. A Multilateral Organization Performance Assessment is ongoing. UNAIDS has shown high compliance with UN reform implementation, including the Quadrennial Comprehensive Policy Reform and UN funding

compact. A new, ambitious UNAIDS Resource Mobilization Strategy and a multistakeholder task team guided efforts to resolve the Joint Programme’s significant funding shortfall. Effective implementation of the UNAIDS Evaluation Plan, with four new joint evaluations and two new ones initiated in 2022, and systematic follow-up of recommendations yielded many important lessons.



