

UNAIDS 2019

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Organizational report 2018

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Key strategies and approaches

The 2030 Agenda, the SDGs and the pledge to leave no one behind drive the work of UNDP and inspire a focus on innovation, partnerships and scale. The UNDP Strategic Plan 2018–2021 reaffirms the commitment to the principles of universality, equality and leaving no one behind, while responding to a dynamic development landscape.

The commitment of UNDP to HIV and other major health challenges is based on the principle that health is an outcome, contributor and indicator of development. HIV and health continue to be an important aspect of the work of UNDP, focusing on three interlinked action areas: reducing inequalities and social exclusion, which drive HIV and poor health; promoting effective and inclusive governance for health; and building resilient and sustainable systems for health.

Partnerships play a pivotal role in UNDP work. Working with national and local governments, academia, civil society, multilaterals, the private sector and the United Nations family, UNDP focuses on assisting countries to address the complex web of social, economic and environmental determinants of HIV and health and provide people with vital HIV and health services. For example, UNDP partnered with Colombia, Germany and Switzerland, the Office of the United Nations High Commission for Human Rights, UNAIDS Secretariat, UNODC and WHO and the International Centre for Human Rights and Drug Policy at the University of Essex, to develop international guidelines on human rights and drug policy to support efforts to advocate for human rights-based drug policies, development planning and poverty-reduction efforts.

UNDP prioritizes innovation in its efforts. UNDP invested in connecting global HIV and health issues, start-up thinking, technology and partnerships to turn innovations into scalable and sustainable solutions. In 2018 the UNDP-managed Global Fund HIV grant for the western Pacific rolled out 30 000 kits in 11 countries of a new rapid diagnostic test for HIV and syphilis that uses fingerprick blood or serum.

UNDP continues to advocate for people who too often go unheard because of stigma, discrimination or violence. Recognizing that health for all means all, UNDP is working with 53 countries worldwide to counter discrimination and protect the rights of lesbian, gay, bisexual, transsexual and intersex people.

The 2030 Agenda is an important opportunity to address HIV and health, human rights, humanitarian and other development challenges in a more integrated and comprehensive manner. As the integrator of the United Nations Development System, UNDP helps countries through its SDG integration function in four areas: integrated policy and programming solutions; SDG metrics, data and analysis; knowledge and innovation; and financing. For example, UNDP has worked to support cross-sectoral co-financing for HIV, health and

development in Malawi to determine the optimum budgetary contribution from different sectors (education, health, nutrition, poverty-alleviation programmes, employment) to advance combination HIV prevention.

UNDP remains one of the world's most transparent aid organizations, with a score of 95.4% on the 2018 Aid Transparency Index, a rise of 2.1 percentage points over the previous index in 2016. More than 93 000 users have visited the UNDP Transparency Portal (open.undp.org) since its launch in June. By opening its books in this way, UNDP has increased its accountability to donors and partners.

Highlights of results

In 2018 UNDP worked with partners to address the development dimensions of health in 129 countries. UNDP supported 89 countries in addressing HIV, TB and health rights; aided 32 countries with respect to HIV-sensitive social protection; supported 28 countries in strengthening health procurement and supply management; assisted 28 countries in expanding access to medicines; and aided 30 countries in issues pertaining to prevention and control of noncommunicable diseases.

The UNDP partnership with the Global Fund contributes to the 2030 Agenda and the commitment to leave no one behind, supporting the response to HIV, TB and malaria in some of the most challenging contexts. Since 2003 the partnership has saved an estimated 3.1 million lives.

As of November 2018, UNDP has been managing 31 HIV, TB and malaria grants from the Global Fund in 18 countries and 3 regional programmes that cover an additional 27 countries. UNDP work involves implementing large-scale programmes, building capacity of health systems to make them more resilient and sustainable, and supporting countries to strengthen laws and policies to ensure no one is left behind. This integrated, end-to-end approach is undertaken in partnership with, and leverages the expertise of, other UNAIDS Cosponsors such as UNFPA, UNHCR, UNICEF, WFP and WHO, civil society and the private sector.

In support of national partners, UNDP is currently providing 1.4 million people with antiretroviral therapy. Other key results in 2018 include:

- 97.3 million people have been counselled and tested for HIV (14% increase since 2017);
- 97 000 pregnant women are on antiretroviral therapy (7% increase since 2017);
- 54 000 new people with smear-positive TB have been detected and treated (7% increase since 2017);

- 1600 people have been treated for multidrug-resistant TB (9% increase since 2017).

Leveraging the UNDP partnership with the Global Fund, a growing number of countries are requesting UNDP support to strengthen the resilience and sustainability of systems for health. In 2018 UNDP supported countries to procure HIV medicines and diagnostics with Global Fund or other funding amounting to US\$ 160 million. Other input included supporting the functioning of country coordinating mechanisms in 18 countries. UNDP is working with the Global Fund on expanding work to strengthen the capacity of country coordinating mechanisms on gender dimensions of HIV, TB and malaria. In South Sudan, the capacity-building support of UNDP led to national AIDS bodies recommending that a portion of a Global Fund grant be allocated to gender-responsive interventions.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

UNDP supported the development of the African Union Model Law on Medical Product Regulation, adopted in January 2016 in recognition of the need to promote and protect the public health of Africa's citizens. The Model Law aims to harmonize medicine regulations and facilitate work-sharing among countries in Africa to ensure faster, more predictable and transparent approval of medical products, with the ultimate goal of enhancing access to life-saving medical products. Although at least 14 Member States have initiated steps to implement the Model Law, critical gaps persist, underscoring the need to support countries' efforts in national implementation processes.

Through the Access and Delivery Partnership, UNDP supports low- and middle-income countries to strengthen their laws, policies and capacities to deliver health technologies. The Partnership is supported by the Government of Japan and is a collaboration between UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases, and the non-profit-making organization PATH. The Access and Delivery Partnership is now supporting the process of domesticating the Model Law into national legislation to help countries meet the African Union target of 25 Member States adopting the Model Law by 2020. Cooperation between countries will be crucial in achieving this target, and UNDP is working with the African Union and the New Partnership for Africa's Development to promote cross-regional learning. The Access and Delivery Partnership worked with the New Partnership for Africa's Development to support 13 African countries to begin the domestication process. The Access and Delivery Partnership is also providing technical support to establish the African Medicines Agency, which will coordinate initiatives to harmonize medical product regulation and provide guidance to improve access to medicines and health technologies across the continent.

UNDP has worked with UNAIDS Cosponsors and other relevant stakeholders in supporting countries to promote innovation and access to medicines and other health technologies. In May 2018, after three years of multisectoral consultations supported by UNDP, the United Nations Conference on Trade and Development and others, the Government of South Africa approved a new intellectual property policy that aims to increase policy coherence and improve access and innovation to health technologies and other 2030 Agenda goals and targets. UNDP and WHO advised the Ministry of Health of the Republic of Moldova on the likely public health implications of provisions in the amendment of the Law on Medicines. In addition, UNDP and WHO supported the Ministry of Health of Ukraine to reform the Ukrainian Law on Inventions to increase access to affordable good-quality medicines by providing analysis of the draft provisions and advising on opportunities for optimization.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Strengthening Legal and Policy Environments for Reducing HIV Risk and Improving SRH for Young Key Populations in Southern Africa is a regional programme seeking to improve sexual and reproductive health outcomes for young key populations in five Southern African Development Community (SADC) countries (Angola, Madagascar, Mozambique, Zambia, Zimbabwe). The programme works to strengthen the HIV- and sexual and reproductive health-related rights of young key people in law, policy and strategy. Multistakeholder and participatory legal environment assessments were finalized in Angola, Madagascar, Zambia and Zimbabwe, and Mozambique is initiating its legal environment assessment. Legal environment assessment recommendations are informing national action on the protection of young people in prison in Madagascar; integration of lesbian, gay, bisexual, transsexual and intersex issues in comprehensive sexuality education in Zambia; the review of age-of-consent laws in Zimbabwe; and a change of name and gender marker for transgender and intersex people in Angola. As a result of joint advocacy by UNDP, the African Men for Sexual Health and Rights and the Health Economics and HIV/AIDS Research Division of the University of KwaZulu-Natal, issues pertaining to young key population were integrated into the SADC sexual and reproductive health scorecard.

Thirteen countries (Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe) have been prioritized to receive Global Fund catalytic funds for programmes to support adolescent girls and young women. As the principle recipient in Zimbabwe, UNDP was instrumental in the development of the programme for adolescent girls and young women and is currently implementing the programme in partnership with nongovernmental organizations. In Mozambique and Namibia, UNDP supported development of the funding request with a focus on programming for adolescent girls and young women.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

Advancing inclusion of sexual and gender minorities and promoting their access to HIV and health services is a key priority for UNDP. Regional Being LGBTI programmes are building understanding of the issues faced by lesbian, gay, bisexual, transsexual and intersex people, and advancing their inclusion in national development efforts. Built on south–south collaboration within and across regions, Being LGBTI and related programmes have been rolled out in 53 countries worldwide.

The Sexual Orientation and Gender Identity and Rights Africa project was launched in Botswana, Cameroon, Liberia, Nigeria, Senegal, the United Republic of Tanzania and Zambia in 2018, in a region where punitive laws and widespread social stigma and discrimination often block efforts to address the high incidence of HIV among key populations. UNDP helped all seven countries conduct national assessments, established national steering committees of government and civil society organizations, and provided financial and technical support to lesbian, gay, bisexual, transsexual and intersex organizations. National roundtables were organized in Botswana, Liberia and Nigeria and have led to calls for legal reform to advance the inclusion and rights of sexual and gender minorities.

The Being LGBTI in Asia programme completed 6 multicountry research projects across 19 countries. These projects are informing legal and policy reform in China, India, Pakistan, the Philippines, Thailand and Viet Nam. In 2018 Pakistan enacted the Transgender Persons (Protection of Rights) Act and began formulating transgender welfare policies with input from UNDP. These measures will increase transgender people’s access to medical care and counselling, and outlaw harassment and discrimination by employers and business owners. UNDP also supported the development of transgender inclusion laws in Thailand and Viet Nam.

UNDP organized a south–south exchange for countries to share experiences on advancing human rights and social and economic inclusion for transgender people. The consultation brought together national and local governments and civil society organizations from 12 countries (Argentina, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Panama, Peru, Uruguay). These countries have developed action plans and south–south exchanges focusing on employment, social protection, health and education, which UNDP will support in 2019.

UNDP has supported the completion of the SADC key population strategy for the region. The strategy builds on a key population model framework developed by the UNDP-supported Africa Key Populations Expert Group and includes key interventions for key populations, including transgender people. Once validated and adopted, the SADC strategy will inform national policies for key populations in SADC member countries.

Key population organizations and national-level actors are also using the framework to inform the planning, implementation and monitoring of HIV and health programmes. In South Africa, Expert Group representatives influenced the language used in the South African National Strategic Plan and facilitated the development of the National Sex Work HIV Plan. In Senegal, Expert Group representatives helped design a project on managing and sensitizing the risks related to drug use and adopting practices to lower the risks for people who are actively using drugs.

UNDP supported MPact Global Action in developing voluntary national reviews and launched this document at AIDS 2018. UNDP further supported the launch of the MPact Technical Brief on HIV and other Sexual Health Considerations for Young Men who Have Sex with Men (Out with It), together with UNFPA and WHO.

SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

UNDP is supporting 41 countries on improving gender equality and empowering women and girls in the context of HIV and health. UNDP efforts in this context range from challenging the legal barriers and social norms that impede access to health care, to improving integrated support for survivors of gender-based violence, to developing policies that address the links between HIV, violence against women and alcohol use.

In eastern Europe and central Asia, UNDP supported 15 000 women and adolescent girls living with HIV to exercise their rights and access services. This work included promoting gender equality in HIV service provision in Bosnia and Herzegovina; improving access to antiretroviral therapy, HIV testing and counselling, and legal aid services in Tajikistan; and improving access to TB-related services in Turkmenistan; and raising awareness of women's rights in Ukraine.

In Latin America UNDP is promoting regional cooperation to improve services and uphold the rights of young women and adolescents with HIV. Along with UNICEF and the UNAIDS Secretariat, UNDP supported the International Community of Women Living with HIV to establish a network of young women living with HIV in Latin America. UNDP advocated for greater visibility for young women in national AIDS programmes, and supported civil society partners from Argentina, Chile, Honduras, Nicaragua, Panama, Peru and Uruguay to plan advocacy actions on health rights in their respective countries.

In South Africa UNDP supported the Gauteng Province Department of Social Services, Statistics South Africa and the Centre for Public Service Integration with the study Applying Behavioural Insights to Encourage Bystander Actions against Intimate Partner Violence. The

findings of this study will inform broader interventions by Gauteng Province to encourage more bystanders to intervene in cases of intimate partner violence.

UNDP, UNFPA, UNICEF, WHO and the World Bank, under the auspices of the Special Programme on Research in Human Reproduction, published a policy brief on routine elective caesarean section for women living with HIV. The policy brief promotes a rights-based approach, emphasizing the need to embed human rights in all health-care policies and the rights of women living with HIV in decision-making regarding choice of delivery mode.

SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

The Global Commission on HIV and the Law, convened by UNDP on behalf of the Joint Programme, produced in 2018 an important update to its 2012 report. The 2018 supplement highlighted the impact on the HIV response of shrinking space for civil society, persisting criminalization, the “war on drugs”, restrictive immigration policies and limited health-care access for migrants, and provided a list of clear, actionable recommendations for governments, civil society and other partners.

UNDP helps countries strengthen legal and policy environments for HIV and health. UNDP and partners have supported legal environment assessments and related action plans, dialogues and training sessions in 89 countries since the launch of the 2012 report of the Global Commission on HIV and the Law. In 2018 legal environment assessments and action planning were undertaken in Angola, Belarus, Côte d’Ivoire, Haiti, Madagascar, Mozambique, Senegal, Suriname, Tajikistan, Trinidad and Tobago, Ukraine, Zambia and Zimbabwe. UNDP, in collaboration with the Stop TB Partnership, also supported legal environment assessments for TB in Kenya, Nigeria and Ukraine and a joint HIV/TB legal environment assessment in Botswana. As a result of UNDP support, the Democratic Republic of the Congo amended its HIV law, repealing the criminalization of HIV transmission. Gabon is drawing on recommendations from legal environment assessments to draft a new national policy on gender and sexual violence.

In collaboration with the Secretariat and other Cosponsors, UNDP supported the Global Fund initiative Breaking Down Barriers, which provides resources, including US\$45 million in additional funds, to 20 countries to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services. Countries include Benin, Botswana, Cameroon, the Democratic Republic of the Congo (at the province level), Côte d’Ivoire, Ghana, Honduras, Indonesia (in selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, the Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine. The Global Fund has completed baseline assessments in most of these countries to determine the interventions to be implemented to address human rights barriers and to

identify gaps. Several countries have held formal multisectoral validations of the assessment and are developing five-year costed plans.

Through several regional and multicountry human rights projects, UNDP and its partners have supported national partners to remove legal, policy and human rights barriers to effective efforts to address HIV and TB coinfection. Many of the projects led to positive jurisprudence and precedents that advanced the rights of people living with HIV and coinfections. Examples include an order of the Kenyan High Court against the detention of people with TB in prison for failure to adhere to treatment, resulting in the publication of a rights-based policy to TB case management by the Government of Kenya in 2018; a Supreme Court directive for rights-based, social inclusion policies for transgender people in Pakistan; and legal gender recognition and an order to issue identity documents to a transgender man in Botswana.

UNDP supported the establishment of a regional legal aid network in eastern Europe and central Asia that aims to protect and promote the rights of key populations and people living with HIV. To date, over 10 000 people in 10 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Ukraine) have received legal services in HIV-related cases. Similarly, the newly formed Middle East Network on AIDS and the Law is providing legal support to member organizations in eight countries (Algeria, Djibouti, Egypt, Jordan, Lebanon, Morocco, Sudan, Tunisia).

SRA 7: The AIDS response is fully funded and efficiently implemented based on reliable strategic information

As a technical partner to the Global Fund, UNDP explored innovative methods for effective and cost-efficient service delivery to key populations, to secure transition to domestically funded HIV responses through such means as social contracting and other effective and cost-efficient measures for HIV service delivery that leave no one behind. UNDP support to develop sustainable financing approaches for HIV and health extended to 10 countries in eastern Europe and central Asia. UNDP has supported governments and civil society to develop road maps for social contracting to facilitate implementation of jointly prioritized interventions by civil society, governments and other partners.

Social contracting models for service delivery with a specific focus on key populations were explored in an eight-country study (Bosnia and Herzegovina, Brazil, Croatia, Guyana, Montenegro, Namibia, North Macedonia, Serbia) commissioned by UNDP as a follow-up to the 2017 global consultation on social contracting organized by UNDP, the Global Fund and the Open Society Foundations. Regulatory frameworks, good practices and lessons learnt were identified and will be used in 2019 to scale up social contracting.

UNDP's co-financing work assists policy-makers in identifying areas for action with benefits across multiple sectors and SDGs, enabling different ministries and donors to come together and share resources to roll out solutions at scale. Cash transfers, for example, can lead to multiple benefits in education access for adolescent girls, health, gender equality, reduced numbers of teen pregnancies, and HIV prevention. UNDP has pioneered co-financing in the health sector in Malawi, providing a model to determine optimal allocation of budgets to accelerate progress towards the health-related SDG targets. UNDP is now extending this approach in Ghana, South Africa and the United Republic of Tanzania. Modelling is under way for South Africa to expand its cash plus care programme for adolescent girls in KwaZulu-Natal, and the intervention has been included in the Global Fund HIV funding request.

SRA 8: People-centred HIV and health services are integrated into stronger health systems

With support from the Government of Sweden, UNDP is partnering with Health Care Without Harm to improve sustainable procurement in the health sector in 10 countries. In 2018 UNDP and Health Care Without Harm, together with the Asian Development Bank, brought together policy-makers, technical experts on environmental and social issues related to global health supply chains, and United Nations suppliers and manufacturers to discuss improving environmental and social sustainability in the production of health commodities and the delivery of health-care services.

In Equatorial Guinea, South Sudan and Zimbabwe, UNDP has worked with regulators and manufacturers to reduce packaging for antiretroviral medication. New packaging has resulted in a 55% increase in shipping capacity per container, 29% less packaging waste, and a 57% reduction in carbon dioxide emissions. Together with other measures to improve procurement planning, the reduced packaging initiative has generated a saving of US\$ 8.2 million since 2016, which can be reinvested in health care. UNDP is now working to expand this initiative to other countries and a wider range of products.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,795,058
Sub-total	3,795,058
2018 country envelope	2,151,900
Total	5,946,958

Table 2
Expenditure and encumbrances by Strategy Result Area (US\$)

Strategy Result Area (SRA)	Core	Non-core	Non-core (GF Grant)	TOTAL
SRA 1: HIV testing and treatment	205,098	602,312	143,344,963	144,152,372
SRA 2: eMTCT	-	674,169	1,404,806	2,078,975
SRA 3: HIV prevention and young people	245,465	1,904,922	5,489,481	7,639,868
SRA 4: HIV prevention and key populations	1,081,971	2,416,430	6,099,056	9,597,457
SRA 5: Gender inequalities and gender-based violence	562,210	1,367,059	163,709	2,092,978
SRA 6: Stigma, discrimination and human rights	1,012,743	2,859,431	6,388,680	10,260,854
SRA 7: Investment and efficiency	305,293	838,778	7,736,575	8,880,647
SRA 8: HIV and health services integration	191,147	-	26,864,256	27,055,403
TOTAL	3,603,926	10,663,102	197,491,526	211,758,554

Table 3
Expenditure and encumbrances by region (US\$)

Region	Core		Non-core	Non-core (GF grant)	Grand Total
	Core global	Core-country envelope			
Asia and Pacific	333,769	347,056	535,891	7,055,475	8,272,191
Eastern Europe and central Asia	356,582	15,190	326,844	12,695,584	13,394,200
Eastern and southern Africa	295,888	637,749	6,376,837	142,438,670	149,749,145
Latin America and the Caribbean	272,955	219,379	503,039	11,080,762	12,076,134
Middle East and North Africa	117,462	18,728	195,083	11,011,517	11,342,791
Western and central Africa	168,000	292,807	1,924,455	13,209,517	15,594,779
Global	2,059,270	-	800,953	-	2,860,223
Grand Total	3,603,926	1,530,909	10,663,102	197,491,525	213,289,462

Table 4**Core expenditure and encumbrances by category (US\$)**

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	1,491,741	249,121	1,740,862
Contractual services	828,654	288,753	1,117,408
General operating expenses	162,032	50,956	212,989
Transfers and grants to counterparts	51,830	288,753	340,584
Equipment, furniture and vehicles	16,697	11,324	28,021
Travel	698,669	243,459	942,128
Programme Support cost	259,970	90,589	350,559
Total Expenditure	3,509,594	1,222,956	4,732,550
Encumbrances	94,332	307,953	402,285
TOTAL	3,603,926	1,530,909	5,134,835

Case study: investing in innovation

UNDP is investing in innovation and scaling up for better HIV and health outcomes. This includes using technology, testing new solutions to address health system challenges, and making health systems more resilient in terms of access to reliable and renewable energy. The need for innovative thinking in resource-limited areas is apparent with respect to energy generation for the provision of essential health services. One in four health facilities in sub-Saharan Africa has no electricity, and many more suffer frequent power outages.

The UNDP Solar for Health initiative supports governments in installing solar panels at hospitals, rural clinics and medical warehouses, providing a reliable, low-carbon power supply for essential services. In Namibia a feasibility study is under way to examine strategies for leveraging private investment to accelerate the transition to clean, reliable solar power in the health sector. As of October 2018, solar systems are in operation at 652 facilities in 8 countries, ensuring better access to health services.

UNDP is also investigating innovative approaches to improve delivery of health services and use resources more efficiently. For example, tobacco and alcohol use have a negative impact on TB incidence and outcomes, and yet health systems usually treat these issues separately.

UNDP Zimbabwe is testing behaviourally informed strategies to reduce alcohol and cigarette use among people living with TB, which aim to both improve TB treatment outcomes and reduce the incidence of noncommunicable diseases.

In 2018 a new diagnostic test for HIV and syphilis was fully rolled out in the Pacific region, under the UNDP-managed Global Fund HIV grant for the western Pacific. The rapid diagnostic test can detect HIV and syphilis infection using fingerprick blood or serum. The test is a cost-effective intervention, at under US\$ 2 per test. Thus far, over 30 000 test kits have been supplied to 17 implementing partners in the 11 countries, including ministries of health, community organizations and nongovernmental organizations. The test kits allow health-care providers to conduct point-of-care testing and reach key populations and people living on remote islands who lack access to health-care facilities.

Innovation outside the health sector can improve health outcomes. Towards this end, UNDP and the Government of Serbia are piloting universal basic income payments to determine whether they can make the Serbian welfare system more effective and efficient, including by looking at health outcomes. In Bangladesh, UNDP is supporting the Access to Information programme, which has launched a telemedicine service connecting people in remote areas to doctors via virtual consultations.

Knowledge products



[HIV, Health and Development Annual Report 2017–2018](#)



[HIV and the Law: Risks, Rights & Health—2018 Supplement](#)



[What Does It Mean To Leave No-one Behind](#)



[The Sustainable Development Goals: Sexual and Gender Minorities](#)



[A Set of Proposed Indicators for the LGBTI Inclusion Index](#)



[ayKP Toolkit](#)



[Paediatric and Adolescent HIV and the Sustainable Development Goals: The Road Ahead to 2030](#)



[Integrating Tobacco Control into Tuberculosis and HIV Responses](#)

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