

United Nations Population Fund (UNFPA)

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021



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Achievements

Introduction

The intrinsic connections between HIV and SRHR are well-established, and have numerous benefits, especially as HIV is predominantly sexually transmitted and therefore part of sexual and reproductive health. Preventing and treating HIV contributes to people attaining the highest attainable standard of health. Linking HIV and SRHR responses is a key delivery platform for HIV prevention and critical for reaching human rights, gender equality, and health targets for the Sustainable Development Goals.

In many countries, women - including those living with HIV or highly marginalized - do not have equitable access to good-quality health services and face multiple and intersecting forms of stigma and discrimination. They are also disproportionately vulnerable to violence, including violations of their sexual and reproductive rights.

Integrated sexual and reproductive health services increase access to prevention information and uptake of services. Pregnant women attending ante-natal care clinics can access HIV and syphilis testing. Linking comprehensive sexuality education with SRH services improves knowledge on HIV and has shown to improve uptake of services. Similarly joining HIV awareness campaigns such as CONDOMIZE! with testing opportunities can increase uptake. The roll-out of large-scale social behaviour change, HIV testing and treatment, VMMC and STI control programmes, and efforts to increase access to affordable contraception all offer opportunities for integrating condom promotion and distribution for triple protection from HIV, STIs and unintended pregnancies.

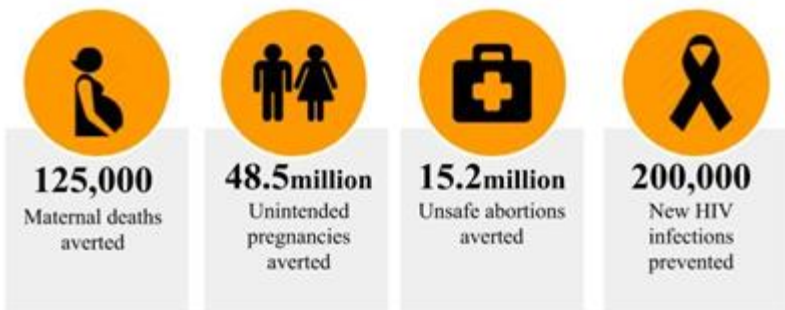


Figure 2: Key results from family planning commodity distribution, 2014-2017

Key achievements by Strategy Result Area

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment









Fast-track HIV services in high burden cities





Key population communities often congregate in urban locations for a number of reasons, and urban-based HIV services can have relatively good reach, provided these services are accepted by these local key population communities. Social contracting for delivery of HIV services by known and trusted NGOs remains an important mechanism for accessing key population groups within urban settings. Provision of people-focused, non-judgmental, community-led and integrated services are also key for increasing acceptance and uptake. Working with UNDP and other development partners, UNFPA supported rights-based and integrated SRH/HIV services for key populations and young people at risk of HIV in a number of cities and urban sites during 2016 and 2017. As an example, in ESA services were provided through a 24 hour clinic in Harare in Zimbabwe; a drop-in centre in Kilifi in Kenya (accessed by 2573 sex workers and 135 male clients during 2017); sex worker-friendly health facilities in Eastern Cape, South Africa, with 1258 contact visits during 2017; provision of six key population drop-in centre hubs in Uganda; and training of health care workers in providing condoms to sex workers in urban clinics in Rwanda. In Bangladesh, UNFPA facilitated provision of integrated SRH/HIV services for key populations through 142 drop-in centers run under the umbrella of AIDS STD Programme. This facilitated brothel-based sex workers' access to HIV/STI services. In Moldova in Eastern Europe, integrated SRH/HIV services were provided for people living with HIV and key populations by eight NGOs through a social contracting model. With Global Fund support, UNFPA in Tajikistan supported provision of HIV/STI/SRH services for key populations through a series of "Trust Point" drop-in centers. The Trust Point model is subsequently being rolled-out in Tajikistan for delivery of integrated services to key populations through primary health care services.

The local sex worker network in Jakarta, Indonesia was supported by UNFPA in designing a Global Fund proposal for educating and empowering sex workers to reduce their risk of HIV and violence. UNFPA in the Philippines undertook KAP surveys of young men who have sex with men in three cities: Quezon, Cebu and Davao. Across Latin America, Mexico City is included within a multi-site proposal for roll-out of PrEP for men who have sex with men and transgender people in Mexico, Brazil and Peru - to reduce HIV transmission in these key populations UNFPA.

HIV-related services in humanitarian emergencies

UNFPA is committed to ensuring that the reproductive and maternal health needs of women are not overlooked during a humanitarian crisis. In 2017, emergency reproductive health kits, containing equipment and supplies to support the reproductive health of populations in crises, were provided to over 50 countries, up from 47 countries in 2016, as part of UNFPA support in humanitarian responses. Kits included contraceptives and equipment for family planning service provision (male and female condoms, injectables, pills, IUDs and emergency contraceptives), and are estimated to have prevented over 97 000 unintended pregnancies among women and adolescent girls in perilous conditions.

Key achievements for access to and utilization of sexual and reproductive health, 2014-2017		
Enabling environment created		
 <p>47 countries developed health-care worker protocols and standards on sexual and reproductive health for young people</p>	 <p>82 countries developed midwifery workforce policies based on international standards</p>	 <p>36 countries developed a costed integrated national action plan for sexual and reproductive health</p>
 <p>45 countries had budgeted humanitarian contingency plans that contain sexual and reproductive health, including services for survivors of sexual violence</p>		 <p>20 countries developed costed supply chain management strategies</p>
Institutions and systems strengthened		
 <p>30 countries had functional logistics management information systems for reproductive health commodities</p>	 <p>59 countries implemented comprehensive condom programming</p>	 <p>47 countries engaged sex worker-led organizations in implementing sexual and reproductive health programmes for sex workers</p>

Individuals reached		
 41 million women and girls benefited from sexual and reproductive health services and from prevention and care services for gender-based violence in humanitarian settings		
 Over 32,000 midwives were educated and trained	 100,000 women and young people with disabilities utilized sexual and reproductive health services in 2017	 113 million couple-years of protection generated

Working with UNHCR, UNFPA undertook a stakeholder assessment of sex work in humanitarian settings in order to better understand the humanitarian response needs of people selling sex in both camps and urban re-settlement areas, Guidance was also provided for HIV programming with sex workers within the Rohingya refugee camps in Cox’s Bazaar, Bangladesh.

UNFPA also continued providing information and education, condom programming, and strengthening the HIV response in the context of humanitarian crises globally. In the EECA region, UNFPA has provided life-saving humanitarian support and assistance for the affected populations: life-skills education, voluntary counselling and testing, prevention and treatment of STIs through the provision of condoms, drugs and other supplies, and creation of ‘safe spaces’ where adolescents (including youth IDPs and key populations) can freely access information, services and peer support networks. During 2017 in Ukraine, UNFPA strengthened the HIV/STI component of emergency SRH services for most vulnerable women and adolescent girls including from key populations and IDPs, who were affected by the armed conflict in eastern Ukraine. Capacity building occurred of networks and organizations of young key populations to address HIV and SRHR needs. Specifically, UNFPA improved the capacity of local NGOs to provide effective outreach and referral for sex workers and young women selling sex in exchange for shelter or food, to access integrated SRH/HIV/STI services in Donetsk and Luhansk regions.

Medicines and commodities

UNFPA Supplies leverages UNFPA's comparative advantage in procurement as a high volume buyer and pooler of significant donor resources. Through its market-shaping efforts, improvements in forecasting and planning and work with suppliers, UNFPA accesses the best price possible of quality-controlled condoms and lubricants. UNFPA also manages the prequalification programme for male and female condoms on behalf of and in conjunction with WHO and created publically available lists of prequalified manufacturers which better ensure procured condoms meet internationally acceptable quality standards. In 2016 and 2017, UNFPA had 30 male condom manufacturers and four female condom manufacturers on the prequalification list. Provision of procurement services for the Global Fund continues to ensure quality commodities including condoms from suppliers who comply with environmental standards.

Access to male and female condoms, the only effective triple protection tools to stop HIV, STI and unintended pregnancy, continues to be priority for UNFPA. The Fund remains the multilateral organization that supplies the largest numbers of male and female condoms and lubricants to the developing countries, mainly Sub-Saharan Africa. In the biennium of 2016 and 2017, UNFPA supplied 1.13 billion male condoms, 22.27 million female condoms, 117.16 million sachets for personal additional lubricants. Between 2014 and 2017, 30 countries had functional logistics management information systems for reproductive health commodities and 59 countries implemented comprehensive condom programming. In addition, Family Planning 2020, where UNFPA is a key partner and co-chairs the reference group, enabled more than 309 million women and adolescent girls to use modern contraception by 2017, an increase of 38.8 million since the launch of the partnership in 2012.

To provide national stakeholders and program managers with evidence to guide the development of programmatic guidelines or arguments for condom access to young people, UNFPA commissioned or undertook four systematic reviews:

An international desk review on HIV, STIs, and condom knowledge, attitudes and practices of university students found that condom use was reported as higher during the last sexual intercourse than at the first sexual intercourse. And, although the majority of students had heard about HIV and STIs, comprehensive knowledge of sexual health, HIV, and STIs was limited.

UNFPA contracted the University of Zimbabwe to evaluate evidence on the safety of personal lubricants when applied rectally and vaginally and the effect of lubricants on sperm motility and the effect of osmolality on the safety of personal lubricants. This review was the basis of the global consultation of personal additional lubricants aimed at outlining the specifications of the formulation of non-toxic lubricants guiding UNFPA and WHO services to countries.

The review of Condom Availability Programs (CAP) in high schools found that CAP does not increase sexual activity, nor lead to a greater number of sexual partners, or lower the age of sexual initiation.

Wide-ranging findings on practices and products in the study on the practices and preferences of women for wet or dry sex led to the development of a classification system clearly defining a list of seven vaginal practices and identified five main reasons for such practices.

To explore the expansion of the commercial condom market in Africa, UNFPA in collaboration with USAID, the Reproductive Health Supplies Coalition, and the ILO, gathered more than 70 commercial condom manufacturers, public sector donors, and representatives of NGOs, government, and multilateral organizations. The result was the creation of a multi-sector coalition named Africa Beyond Condom Donation, to meet a bold target to increase the number of male and female condoms in low- and middle-income countries to 20 billion by 2020 in line with the 2016 Political Declaration target..

Strategy Result Area 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained

Comprehensive eMTCT services

Pillars 1 and 2 of comprehensive packages to eliminate mother to child transmission of HIV are well addressed in SRHR service settings including midwifery. UNFPA is particularly working to strengthen the delivery of family planning services to the last mile - this means ensuring a choice of contraceptive options, including those that can be safely used by women living with HIV, is available at all service delivery points. A particular focus is on strengthening the reproductive health commodity supply chain, including in humanitarian settings.

UNFPA is working with programme countries, particularly those with the highest unmet need for family planning, to develop sustainable human-rights based family planning programmes that meet the needs of all their populations, including marginalized groups. In addition, UNFPA is sharpening its focus on increasing domestic financing.

In the biennium of 2016 and 2017, contraceptives provided by UNFPA are estimated to have:

- Reached 28.3 million people.
- Averted 26.7 million unintended pregnancies (15 million in Fast Track countries).
- Averted 8.08 million unsafe abortions (4 million in Fast Track countries).
- Averted 64 000 maternal deaths (47 102 in Fast Track Countries).

Good practices occurred in many countries in terms of health system strengthening to enable progress towards eMTCT. In Kenya, two national frameworks were prepared on: (i) eMTCT (2016-2021), with associated curriculum development; and (ii) SRH/HIV/SGBV linkages (2018-2022). Peer educators worked with first time mothers to improve antenatal/postnatal care including contraception, HIV testing and referral of first time young mothers (FTYM) for ART and prevention of vertical transmission. In Swaziland, over 34 000 adolescent girls were reached with a Prong 1 intervention providing integrated SRH/HIV information, including on safer sex and use of condoms. Contraception for women living with HIV was also scaled up (Prong 2). In Haiti, 41 health care providers were assessed for HIV skills, with 29 receiving training to improve PMTCT. UNFPA in DRC worked with a local network of People living with HIV to build capacity of 150 young women and girls on SRH/HIV issues including EMTCT and contraception. Nigeria was supported to improve EMTCT services via capacity building of midwives for improved RMNCH interventions. In Togo, eight new NGOs were supported through a social contracting model to provide HIV testing services for adolescent girls and young women, with contraception provided, including for clients identified as living with HIV (Prong 2).

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



Youth health and education






The paucity of data on the prevalence of HIV among young key populations in itself indicates a lack of attention to the issue of adolescents and young people. At the same time, young people have great capacity to contribute to the AIDS response including policy dialogue and political advocacy; peer learning, exchange and networking; community mobilization; programme design and delivery; research and strategic information; coordination, monitoring and accountability.

UNFPA, in its new strategic plan 2018-2021, prioritized the empowerment of adolescents and youth to attain universal access to sexual and reproductive health. Over the past biennium, UNFPA continued facilitation and capacity development with youth organizations and networks to strengthen their advocacy and participation in policy processes. More concretely, the resource hub for youth participation and advocacy was updated and expanded in 2016 and 2017. The comprehensive sexuality education (CSE) Hub has 194 active members and additionally 800 followers on the official Facebook page. Progress was also made on the youth leadership publication, which is a comprehensive multimedia youth leadership toolkit,

the objective of which is to bring together key tools and models that will support young people in becoming leaders and driving change.

The increased prioritization of adolescents and youth at global, regional and country levels enabled more adolescents to access sexual and reproductive health services. In 2017, over 5 million adolescents and youth accessed sexual and reproductive health information and services in UNFPA priority countries. In 2017 in Zimbabwe, a total of 24 096 girls were recruited into girls only clubs known as Sista2Sista clubs where 518 156 person exposures to Sista2Sista clubs were achieved by mentors. Young leaders from UNFPA Kenya youth advisory panel, the Kenyan Chapter of the African Youth and Adolescent Network on Population and Development (AfriYAN) and the network of young people living with disabilities were able to inform the revision of the National Training Manual on Adolescent Youth Friendly Services (AYFS) and the development of the National Adolescent Sexual Reproductive Health Costed Policy Implementation Framework. In Haiti, 2311 adolescent girls benefited from regular life skills training, sexual and reproductive health information, gender-based violence prevention information in one urban slum in Carrefour and in Anse-a-Pitres, a small town bordering Dominican Republic. UNFPA supported development and use of youth-led technology and innovative approaches in SRHR, including HIV prevention and CSE such as the “I-Design” Tool developed in Thailand for young people to train them on Sexuality, Gender and Human Rights.

Key achievements for adolescents and youth, 2014-2017	
Enabling environment created	
 <p>16 countries</p> <p>developed laws and policies that allow adolescents access to sexual and reproductive health services</p>	 <p>23 countries</p> <p>in Africa had roadmaps and/or country profiles for the demographic dividend</p>

Institutions and systems strengthened		
 <p>38 countries</p> <p>aligned all national comprehensive sexuality education curricula with international standards</p>	 <p>30 countries</p> <p>implemented skills-building programmes for adolescent girls at risk of child marriage</p>	 <p>47 countries</p> <p>established participatory platforms that advocate increased investments in marginalized young people</p>
Individuals reached		
 <p>1.3 million</p> <p>marginalized girls in UNFPA priority countries benefited from life-skills programmes in 2017</p>	 <p>39 countries</p> <p>where national statistical authorities had the capacity to analyse and use disaggregated data on adolescents and youth</p>	

UNFPA has also been a supportive partner of the Global Accelerated Action for the Health of Adolescents (AA-HA!) to help governments plan healthcare interventions to meet the needs of adolescents.

In strong partnership with UNESCO, the UN Revised International Technical Guidance on Sexuality Education (ITGSE) was finalized, launched and promoted at regional and global levels in 2017, providing an excellent example of joint work by a number of UN agencies. Based on the latest scientific evidence, the ITGSE reaffirms the position of sexuality education within a framework of human rights and gender equality, assisting education policymakers in all countries to design accurate and age-appropriate curricula for children and young people aged 5–18+. This joint work has also catapulted the need to develop complementary guidance for CSE in out of school settings, which UNFPA is leading. In tandem, the preparatory high-level meeting for the 2019 Global CSE Summit was also conducted jointly with the Norway Government, to establish a network of CSE-friendly member states. In programming, 38 countries report alignment all national comprehensive sexuality education curricula with international standards.

In Kenya, UNFPA provided technical and financial support to Ministry of Education and Sports (MOES) to integrate sexuality education as one of the key strategic interventions in the new five year Education Sector Strategic Plan (2017-2022). The plan also highlights sexuality education as one of the key areas of research that the Ministry will invest in during this period. UNFPA also provided technical support to MOES to review and finalize the School Health Policy, which regulates the delivery of sexuality education in school settings.

Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants

HIV services for key populations

UNFPA is a global ally of key population communities, working to support community mobilization to mount more effective responses to HIV including through network Secretariats including the Network of Sex Work Projects (NSWP), the Global Forum on Men Who Have Sex with Men and HIV (MSMGF), and the International Reference Group on Transgender Women and HIV (IRGT). UNFPA lent technical expertise to the strategic directions of MSMGF, a community evaluation framework for the SWIT and an assessment of condom availability for the global Network of Sex Work Projects.

Between 2014 and 2017, 47 countries engaged sex worker-led organizations in implementing sexual and reproductive health programmes for sex workers.

HIV/STI programming with key populations has been strengthened via building capacity of implementing partners to utilise key population HIV/STI programming guidance, based primarily on the key population HIV implementation tools (summarized as the SWIT, MSMIT, TRANSIT and IDUIT). Following 2016 training in Eastern and Southern Africa region, UNFPA developed tailored, summary guides for utilizing the MSMIT and SWIT tools across ESA region. Fifteen ESA countries were supported to include sex worker and other key population programmes within Global Fund proposals. Comprehensive and rights-based SRH/HIV services were provided for sex workers and men who have sex with men populations including in Botswana, Kenya, Lesotho, Malawi, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe. Services were also provided for transgender people and people who inject drugs in many of these countries, complemented by peer-led community outreach to key population communities. The Southern Africa Development Community was supported to draft a key population strategy, with sensitization training for SADC members planned in 2018.

TRANSIT, the tool for supporting transgender people, was translated into Spanish and distributed in thirteen Latin American countries. TRANSIT-based trainings were carried out with trans-led CSOs and allied service providers – regionally in Latin American (eight countries), Southern Africa (six countries), as well as in India. In the Asia Pacific region UNFPA supported key population programming in Bangladesh, China, Indonesia, Myanmar, Nepal and Pakistan, strengthening delivery of integrated SRH and HIV prevention services, predominantly with and for sex workers and men who have sex with men. Multi-country small island state programmes in the Pacific and the Caribbean supported key population networks and built capacity for community-led HIV prevention programming.

UNODC, the International Network of People who Use Drugs (INPUD), UNFPA and other development partners finalised and published guidance on implementing comprehensive HIV and HCV programmes with people who inject drugs completing the set of implementation tools focused on key populations.

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







Gender-based violence and gender equality

Gender equality and the empowerment of women and girls continues to be a key pillar of UNFPA's Strategic Plans. Millions of women and girls increased their demand for rights.

In 2017, UNFPA assumed sole leadership of the GBV Area of Responsibility (AoR), the global level forum for coordination on GBV prevention, risk mitigation and response in humanitarian settings, which functions as part of the Global Protection Cluster. UNFPA also hosted a global expert meeting in Nairobi in October 2017, on the continuum approach for addressing GBV, with participation from 23 countries. UNFPA has also been working on GBV prevention and response for marginalized women and girls, such as indigenous populations and women and girls with disabilities. In 2016, UNFPA initiated a global programme to promote the human rights and social inclusion of adolescents and young people living with disabilities, entitled WE DECIDE: Young Persons with Disabilities - A Programme for Equal Opportunities and a Life Free of Violence. In Brazil, needs, demands, and expectations of women living with HIV/Aids presented during the II National Conference of Women's Health (2017) were converted in resolutions. New processes and procedures concerning comprehensive women's health care are expected in 2018 and following years based on National Conference resolutions. UNFPA further supported inclusion of a range of SRH

service strengthening interventions within Global Fund proposals, including on prevention and response to GBV.

Responses to the Universal Periodic Review recommendations on gender and SRHR were also strengthened, ensuring protective systems to respond to GBV and protect the rights of survivors. UNFPA additionally contributed to the UN Violence Prevention Framework and supported data collection on violence, together with finalisation of the SDG indicators on GBV. Additionally, UNFPA developed a corporate Gender Strategy in 2017, which recognizes the link with HIV. The Strategy will be formally launched in 2018.

Key achievements for gender equality and the empowerment of women and girls, 2014-2017		
Enabling environment created		
 <p>25 countries integrated reproductive rights into gender equality national action plans</p>	 <p>29 countries in which civil society organizations implemented accountability mechanisms to address reproductive rights</p>	 <p>56 countries integrated gender-based violence prevention, protection and response into national sexual and reproductive health programmes</p>
Institutions and systems strengthened		
 <p>31 countries had functioning tracking and reporting systems for reproductive rights obligations</p>	 <p>32 countries in which civil society organizations supported the engagement of men and boys in programmes on gender equality</p>	 <p>77 per cent of countries affected by a humanitarian crisis in 2017 had a functioning inter-agency, gender-based violence coordination body as a result of UNFPA guidance and leadership</p>

Individuals reached



Over 700,000¹

women and girls, including **4,400 disabled** women and girls subjected to violence, accessed essential services in 2017, with support from UNFPA

HIV-related stigma and discrimination in health care

Ending discrimination in health care settings, as outlined in the UN Joint Statement, clearly sets a direction to eliminate judgmental and non-rights-based approaches to health care delivery. In part from UNFPA support and advocacy between 2014 and 2017, 16 countries developed laws and policies that allow adolescents access to sexual and reproductive health services.

Strengthening evidence-based research on global and country level accountability mechanisms for SRHR, UNFPA supported documenting case studies on countries supporting National Human Rights Institutions (NHRIs) review SRHR issues and a global analysis of how SRHR issues were reflected and taken action on in the second cycle of the Universal Periodic Review (UPR) and also helped strategically position SRHR in intergovernmental negotiations including at the Human Rights Council. 96% of the global and regional development agendas developed during 2017 addressed sexual and reproductive health, reproductive rights, gender equality, the needs of adolescents and youth, and population dynamics.

Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information

Technology and service delivery innovations

UNFPA has embraced innovation as a corporate priority and sees innovation as an indispensable engine to bring about transformative change for women, girls, and young people.

In partnership with OpenIDEO, UNFPA launched a crowd-sourcing challenge to find new ways to improve the SRH of young people. A total of 256 solutions leveraging mHealth platforms, new data applications and SRH commodities were crowdsourced. Top ideas will receive support to take promising and proven solutions forward.

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¹ In 35 UNFPA priority countries

In South Africa, UNFPA, in partnership with loveLife, has piloted a mHealth innovative solution in 40 clinics in the Eastern Cape and KZN provinces. The mobile platform aimed at reaching young people with quality SRHR and HIV prevention information and link them to appropriate services in their communities. The platform currently has more than 85 000 registered users and almost 1000 young people were referred to services through the platform. In Uganda, the mHealth solution was tested in 2016 and deployed in 2017 to reach and improve timely follow-up with pregnant girls to access life-saving maternal health services. The programme strengthens linkages between communities and district health care systems to improve their health outcomes.

In Bhutan, in collaboration with Ministry of Health and Ministry of Education, UNFPA supports the online information on SRHR through the existing mobile apps called “mPower Youth” targeting adolescents and youths. In Botswana, in collaboration with Ministry of Health and Wellness access to SRH information and skills among young people through the Tune Me platform and the weekly and interactive youth led radio show (Don't get it twisted) to provide young people with SRH/HIV information. In Swaziland, TuneMe has more than 16 000 users since its launch in July 2017. In ESA, over 3 million young people gained SRHR information through the app TuneMe.org and related social media.

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

Decentralization and integration of HIV related services

UNFPA has mainstreamed HIV within its new Strategic Plan 2018-2021. This includes supporting country capacity to deliver integrated SRH/HIV information and services, including within humanitarian settings.

UNFPA has supported health system strengthening in numerous countries, primarily at the primary health care level, for provision of more/fully integrated SRH and HIV services. This has occurred through strengthening coordination mechanisms, development of guidelines and resources, assessment and restructuring of health facilities, coordination of procurement of commodities, and capacity building of health care providers. Under UNFPA's co-convenership of the Global HIV Prevention Coalition, the Prevention 2020 Roadmap was developed and launched with action accelerated in 25 Prevention Coalition countries 100-day plans drafted in 2017. SRHR/HIV integration is a foundation platform for delivering on the 5 prevention pillars.

The linkages project in 10 ESA countries aims to promote efficient and effective linkages between HIV and SRHR policies and services as part of strengthening health systems and to

increase access to and use of quality services. In Botswana, fully integrated, comprehensive SRH/HIV/SGBV services are provided by 251 trained health care workers within 88 facilities across three of 12 health districts. Lesotho has also built capacity of providers and reached 17 184 people with SRHR/HIV/SGBV services during 2017. Malawi added 5 new integrated services in 2017, giving a total of 12 facilities offering an integrated SRH/HIV package. Zambia has developed an integrated SRHR/HIV/SGBV policy as part of their drive for universal health coverage - 88 midwife graduates, 96 student nurses and 130 existing PHC nurses have been trained in integrated service provision. In South Africa 10 PHC facilities have been assessed and 150 HCWs trained, with planned incremental roll-out in 2018. Family planning and HIV services have been provided in an integrated manner in Tanzania and Swaziland, where 300 health care providers were trained in integrated FP/HIV care, and 200 nurses were trained in ASRH/HIV/GBV care. Overall 37 877 adolescents received outreach SRH/HIV services and 1250 adolescent girls were trained in SRH/HIV/GBV rights and needs, through the “Girls Leading Our World” Programme.

By 2017, Namibia has restructured a fifth (62) of its primary health care facilities, to provide integrated SRHR/HIV services, with individual health care providers allocated to working in a dedicated manner with individual clients within single clinic rooms (no requirement for clients to move between providers). Provision of family planning, mainly to adolescent girls and young women increased by 14.7%, with reduced waiting times, reduced visit times, improved client satisfaction and provider-client communication, reduced discrimination and more equitable shared workload for providers within participating clinics. China has initiated a policy gap analysis of HIV, STI, FP and RH service needs and identified opportunities for integration commencing 2018, including addressing lack of FP services for key populations and lack of condoms within tertiary education institutions. Progress has also been supported in other regions, for example Kyrgyzstan has trained 262 PHC providers in integrated SRH/HIV services and Colombia has trained 60 providers for improved SRHR/HIV outcomes including for improving maternal health within indigenous women.

UNFPA also worked with the “SheDecides” movement to further strengthen agency and autonomy of adolescent girls and young women to strengthen control over their sexual and reproductive health choices. Tanzania has also focused on integrated FP/HIV services, but also has integrated cervical cancer screening with HIV testing as cancer risk markedly increases in women living with HIV. During 2017, in Zanzibar, 470 women living with HIV were screened with two identified as VIA positive and referred for treatment. UNFPA worked together with WHO and OHCHR on the published updated guidance on SRHR for Women living with HIV.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org