

UNAIDS 2019

World Health Organization (WHO)

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

Organizational report 2018

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The 1990s were a period of significant political and social change in the UK. The Conservative Party, led by Margaret Thatcher, was in power from 1979 to 1997. Thatcher's leadership was characterized by a strong emphasis on free-market economics and a reduction in government intervention. Her policies led to a period of rapid economic growth and a significant increase in the UK's global influence.

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Contents

Key strategies and approaches	2
Highlights of results	3
Key achievements by SRA	4
Financial information	11
Case study: south–south learning to support harm reduction in Burundi	13
Knowledge products	14

Key strategies and approaches

WHO works worldwide to promote health, keep the world safe, and serve vulnerable people. WHO aims to ensure that a billion more people have universal health coverage, a billion more people are protected from health emergencies, and a billion more people have better health and well-being. Through offices in more than 150 countries, WHO staff work with governments and other partners to ensure the highest attainable level of health for all people. WHO also ensures the safety of medicines and health-sector commodities required for an effective response to HIV. As a Cosponsor of UNAIDS, WHO takes the lead on HIV testing, treatment and care, resistance to HIV medicines, and HIV/TB coinfection. WHO jointly coordinates work with UNICEF on eliminating mother-to-child transmission of HIV and paediatric AIDS. WHO works with UNFPA on sexual and reproductive health and rights and HIV. WHO convenes with the World Bank on driving progress towards achieving universal health coverage. Through a bilateral memorandum of understanding, WHO partners with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.

In 2018 WHO continued to lead and support the health-sector response to HIV at global, regional and country levels through the development and dissemination of guidelines, norms and standards; articulating policy options and promoting policy dialogue; convening and facilitating strategic and operational partnerships; providing and coordinating technical support to countries; and supporting implementation of the Global Health Sector Strategy on HIV for 2016–2021. These efforts secured broad policy uptake and implementation in many countries, particularly for HIV prevention, testing and treatment. Throughout 2018 WHO supported countries and partners to strengthen HIV services within the framework of universal health coverage, with a focus on expanding the reach of good-quality and sustainable people-centred health services to all in need, including people from key populations and unreached communities.

At the mid-point of implementation of the Global Health Sector Strategy in 2018, a short report was presented to the 71st World Health Assembly, which described the progress achieved in implementing the strategy. The report highlighted adaptation of the Global Health Sector Strategy through regional action plans and provided examples of how the Strategy is promoting synergies across different diseases and other health areas. WHO also finalized its Thirteenth General Programme of Work 2019–2023, which is aligned with Joint Programme goals and aims to strengthen sustainable action.

Highlights of results

In 2018 WHO updated the 2016 consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV. The number of countries with supportive HIV self-testing policies grew 10-fold, from 6 countries in 2015 to 59 countries in 2018. The number of countries implementing HIV self-testing doubled from 14 to 28 between 2017 and 2018. A total of 92% of low- and middle-income countries and 100% of Fast-Track countries adopted a Treat All policy in 2018. Dolutegravir is now available at a lower price point as a fixed-dose combination with tenofovir and lamivudine.

The successes of WHO in 2018 were bolstered by strengthened partnerships within and across the Joint Programme and with other key partners, including PEPFAR and the Global Fund, with a focus on implementation and impact; and with Unitaid and the Bill & Melinda Gates Foundation, with a focus on innovation. WHO provided leadership on biomedical prevention as a key member of the Prevention Coalition. Strengthened engagement with communities and civil society underpinned all the WHO work and helped address policy and implementation challenges linked to safety concerns with dolutegravir, challenges in encouraging greater uptake of pre-exposure prophylaxis, and adoption and implementation of evidence-based policies and approaches for key populations.

In 2018 WHO released several policies and guidelines in testing, treatment and prevention, developed with the support and engagement of partners. Partners, including communities and civil society, were convened to identify strategies to ensure optimal HIV impact within the context of achieving universal health coverage. For example, WHO convened a meeting of community and civil society partners in March 2018 to ensure disease-focused programmes continue to progress and strengthen in the context of universal health coverage.

WHO provided timely leadership on highlighting and responding to a potential safety issue affecting women living with HIV being treated with dolutegravir at the time of conception. WHO engaged proactively with countries, communities and partners in assessing and addressing policy and programmatic implications for national HIV responses.

UNFPA and WHO led a call to action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions. In 2018 WHO reported that 300 000 of the total 940 000 global HIV-related deaths occurred among people with HIV/TB coinfection. To reach the 2020 targets and reduce these preventable deaths, the WHO HIV programme coordinated efforts with the WHO global TB programme to address the two epidemics, together with communities at the country and regional levels and within the framework of universal health coverage. Links with responses for viral hepatitis and sexually transmitted infections were further strengthened, including through strong collaboration with prevention coalition partners on accelerated efforts to prevent sexual transmission of HIV.

WHO ensured a strong presence at the International AIDS Conference 2018. Major WHO-organized satellites at the Conference focused on new HIV treatment guidelines and dolutegravir; achieving universal health coverage within the context of the SDGs; eliminating AIDS on the road to universal health coverage; linking sexual and reproductive health and rights to HIV services; delivering comprehensive HIV services for key populations; and joint actions to address TB/HIV coinfection. WHO also used the Conference as a platform to strengthen universal health coverage literacy within the broader HIV community.

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

Continued progress towards the 90–90–90 targets was guided by updated WHO policies and guidelines, including those on the use of antiretroviral medicines for HIV treatment and prevention; monitoring and case surveillance; HIV drug resistance; key populations; HIV self-testing and partner notification; managing advanced HIV disease; and sexual and reproductive health and rights of women living with HIV.

In 2018 WHO prequalified two HIV self-testing kits (one for blood, one for oral fluid), and others are in the pipeline. WHO continues to support Unitaid-funded HIV self-testing projects across eastern and southern Africa, western and central Africa, and Latin America. The Unitaid-funded Self-Testing Africa initiative, of which WHO is a key partner, is the largest evaluation of HIV self-testing, having by November 2018 distributed 2.3 million HIV self-test kits in Eswatini, Lesotho, Malawi, South Africa, Zambia and Zimbabwe. WHO produced the HIV Self-testing Strategic Framework: A Guide for Planning, Introducing and Scaling Up HIVST to help countries introduce and effectively focus HIV self-testing programmes.

In 2018 WHO developed HIV testing services dashboards, an interactive progress-tracking tool providing an overview of the latest available data from countries. The dashboards include mapping of current services and policy indicators for HIV testing services. WHO provided direct technical assistance to more than 50 countries in all regions to improve their testing services and also convened multiple webinars on HIV testing issues. In July 2018 the first WHO guidelines application related to HIV was launched, providing mobile access to the current WHO HIV testing services guidelines and information.

The WHO 2018 update to the 2016 consolidated guidelines on the use of antiretroviral medicines for treating and preventing HIV made a number of new recommendations, including using dolutegravir-based antiretroviral regimens as the preferred first-line treatment for people living with HIV; changes in preferred second-line antiretroviral regimens; changes

in the preferred antiretroviral regimens for HIV post-exposure prophylaxis; and changes in testing for HIV in early infancy.

In 2018 WHO issued a statement signalling a potential risk of neural tube defects in infants born to women who were taking dolutegravir at the time of conception. Since issuing the statement, WHO has engaged in active community, country and partner outreach and communication to address policy and programmatic implications of these findings for national HIV programmes.

WHO published Cascade Data Use Manual: To Identify Gaps in HIV and Health Services for Programme Improvement to support the use of data to identify and fill gaps in services to improve HIV and broader health programmes. WHO also launched the Data Quality Assessment of National and Partner HIV Treatment and Patient Monitoring Data and Systems Implementation Tool to harmonize review, assessment and validation of treatment data.

WHO continued to support the 90–90–90 impact at the country level through 2018. Botswana and Eswatini have nearly achieved the 90–90–90 targets with WHO support. In Nigeria, WHO and partners provided technical support for the validation of routine HIV data and the development of national and state-level HIV cascades, profiles, dashboards and scorecards, and supported an assessment of national HIV guidelines and HIV differentiated service delivery models. In Pakistan WHO supported national and provincial AIDS control programmes in improving access to key populations and developing linkages with HIV testing and treatment services. In the United Republic of Tanzania, the WHO Treat All approach was adopted, and antiretroviral provision was scaled up to reach over 1 million people living with HIV by mid-2018. In Indonesia WHO supported key partners with cascade monitoring and case-finding in 4 cities, finding that 22–64% of the partners of people living with HIV in those cities tested positive for HIV.

In 2018 WHO worked to strengthen systems to enable children and adolescents to meet the 90–90–90 targets. In 2018 WHO co-led, with the Elizabeth Glaser Paediatric AIDS Foundation, the work of the AIDS Free Working Group to scale up testing and treatment services for children and adolescents living with HIV and reach the super-Fast-Track targets. This collaboration led to the development of the AIDS Free toolkit, which gathers and disseminates documents, tools and policy briefs to support countries in providing treatment services for children. WHO continued and expanded the work on paediatric drug optimization by convening the Paediatric ARV Working Group and its activities and by holding the Paediatric Antiretroviral Drug Optimization meeting 4 in December 2018, which resulted in a more focused list of high-priority products that will be targeted for development. Several country missions were organized to support countries in this transition to optimal regimens. WHO also led the development of the Global Accelerator for Paediatric Formulations, a collaborating platform to enable more rapid, efficient and sustainable action to research, develop and

introduce better antiretroviral regimens for children. This work included the development of a toolkit to support accelerated research and development for new antiretroviral medicines, which was disseminated via a satellite session at the 2018 International AIDS Conference and a dedicated webinar series.

WHO continued its work to ensure access to medicines and commodities. WHO convened the forecasting working group for HIV and hepatitis medicines and diagnostics; work on market size estimates for pre-exposure prophylaxis was completed; and forecasting of the global demand for HIV diagnostic tests (2016–2021) was published. For prequalification and change of use on male circumcision devices, evidence was reviewed on changes requested by manufacturers for two devices. In the Philippines, WHO assisted efforts to increase the availability and accessibility of antiretroviral medicines for pre-exposure prophylaxis, including securing a 20% price reduction for relevant medicines and increasing the number of suppliers.

SRA 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained

WHO built national capacity to increase the use of a dual HIV and syphilis tests, with the aim of increasing uptake of syphilis testing to equal HIV testing uptake. Currently 28 countries have adopted or are in the process of adopting the dual test, with 18 of these being in the WHO Africa region. In 2018 meetings were convened in Eswatini, Lesotho, Uganda, the United Republic of Tanzania and Zambia to support uptake of new guidance and more generally optimization of infant diagnosis.

A national assessment undertaken by the WHO Western Pacific Regional Validation Team informed the global certification of Malaysia as having eliminated mother-to-child transmission of HIV and syphilis in October 2018. Validation of maintenance of elimination of mother-to-child transmission was also successful for Armenia, Belarus, the Republic of Moldova and Thailand. A pre-assessment tool was finalized to support countries to better plan for the validation process. An application for the validation of Maldives was also reviewed. Progress in the African region included capacity-building for national validation committees in Cabo Verde, Uganda and Zimbabwe, and ongoing assessments in Botswana, Cabo Verde, Eswatini, Mauritius, Seychelles, Uganda and Zimbabwe.

After a consultation to gather information including experiences from country implementation of lifelong antiretroviral medicines for pregnant and breastfeeding women in 2016, a technical update was finalized and published on the WHO Regional Office for Africa website. Guidance for prevention of mother-to-child transmission PMTCT in prisons was reviewed along with country guidelines in Angola, the Democratic Republic of the Congo, Iran (Islamic Republic of), Malawi, Mozambique and Nigeria to support their alignment with WHO global guidance. A

sexual and reproductive health and HIV integration implementation tool to improve access to reliable and effective contraception in the context of scaling up dolutegravir was developed and will be finalized in consultation with civil society.

In July 2018 WHO published the document HIV Diagnosis and ARV Use in HIV-exposed Infants: A Programmatic Update, which provided updated and more efficient guidance on key considerations in infant diagnosis (reducing the number of false positive results; ensuring confirmatory testing; implementing point-of-care early infant diagnosis; introducing birth testing; testing algorithm simplifications) and use of antiretroviral medicines for prevention and treatment of HIV in infants.

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

WHO, following its recommendation to offer pre-exposure prophylaxis to people at substantial risk of HIV, developed a modular tool to help countries implement pre-exposure prophylaxis safely and effectively within combination prevention approaches. WHO and JHPIEGO developed an application to support scale-up of pre-exposure prophylaxis. By the end of 2018 at least 40 countries had adopted the WHO oral pre-exposure prophylaxis recommendations, with many beginning to implement pre-exposure prophylaxis for populations at substantial risk. WHO has supported countries in all regions with monitoring and implementation of pre-exposure prophylaxis, including assisting countries in addressing challenges associated with identifying adolescent girls and young women who could benefit most from pre-exposure prophylaxis and with encouraging adherence to pre-exposure prophylaxis protocols. WHO is working with ministries of health to develop a minimum pre-exposure prophylaxis package for different population groups. In 2018 WHO released a module on providing pre-exposure prophylaxis to adolescents and young adults as part of the WHO Implementation Tool for Pre-exposure Prophylaxis of HIV Infection.

As leader of Joint Programme work to scale up voluntary medical male circumcision activities, in 2018 WHO developed normative guidance focused on a review of the previous 2007 recommendations, the use of devices, adolescent-specific considerations, enhancing uptake among adult men, and transitioning to sustainable services. WHO monitored the safety of male circumcision, issued an annual progress report on voluntary medical male circumcision, and provided technical support on male circumcision to 14 countries in eastern and southern Africa, including for improved funding from the Global Fund and PEPFAR.

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

WHO supported countries in all regions with their monitoring and evaluation of pre-exposure prophylaxis programmes and has developed core pre-exposure prophylaxis indicators. WHO commissioned a review of the most recent national strategic plans of 47 countries in the WHO Africa region for their coverage of key populations.

Pakistan initiated Test and Treat and applied the WHO model of differentiated care, introducing community-based HIV testing for key populations. The WHO Regional Office for South-East Asia organized a high-level thinktank meeting, Revisiting the Strategies for Intervention among Key Populations for HIV, in February 2018, resulting in recommendations to address HIV interventions in an equitable manner and take account of gender-related issues.

In 2018 WHO continued to emphasize the importance of accessible harm reduction as a health and human rights priority. The WHO Director-General addressed the opening session of the UNODC 61st Commission on Narcotic Drugs, highlighting harm-reduction services to prevent HIV, viral hepatitis and TB. In May 2018 WHO organized a south–south peer exchange to encourage rollout of harm-reduction services to people who use drugs in the African region.

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

The Global Health Sector Strategy on HIV provides the rationale and instrument to ensure appropriate reflection of gender and key population issues in national HIV programme planning and reviews. The reduction of inequities in access has been systematically mainstreamed as a key element of the Global Health Sector Strategy, including in all efforts to scale up coverage of HIV prevention and treatment services. Gender, equity and human rights considerations were incorporated into all normative and technical guidelines for HIV in 2018. Issues related to equity, stigma and discrimination faced by people living with HIV and ways to address these were discussed during the WHO Regional Office for South-East Asia programme managers' meeting in New Delhi, India in May 2018 and during similar meetings in Indonesia and Nepal.

A World Health Assembly-endorsed global plan of action to strengthen health systems to address violence, particularly violence against women, girls and children, guides WHO work to address and prevent all forms of gender-based violence. In 2018, 12 countries in eastern and southern Africa benefited from the dissemination of the clinical guidelines for responding

to child and adolescent sexual abuse and from a package of implementation tools to address gender-based violence. A global pool of trainers was developed to support countries in implementing and building capacity for a health systems response to violence against women and against children based on the WHO guidelines and implementation tools. Botswana and Namibia started to implement national protocols or guidelines through training-of-trainers sessions to develop a cadre of national trainers to support rollout of a national protocol on responding to violence against women and child and adolescent sexual abuse.

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

An internal cross-departmental working group was convened in 2018 to identify opportunities to ensure the WHO General Programme of Work 2019–2023 and ongoing WHO transformation processes addressed discrimination in health settings, including through a focus on education and training of the health workforce and through ensuring protection for health workers through the effective implementation of occupational health and safety standards.

WHO re-established a programme of work for 2018–2020 with the Global Network of People Living with HIV to maintain the organization's official relations status, with a particular focus on supporting countries to reach the 2020 prevention and stigma in health-care targets of the Global Health Sector Strategy on HIV 2016–2021. In December 2018, WHO joined the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination and is co-leading a working group on addressing stigma and discrimination in the health sector. In Pakistan WHO conducted two training-of-trainers programmes on stigma and discrimination reduction in health-care settings, reaching 46 health-care providers from across the country.

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

In 2018 WHO supported the application of a systemwide approach to analysing efficiency across health programmes in Estonia, Ghana, Nigeria, South Africa, Sri Lanka and the United Republic of Tanzania, among other countries. HIV was included as a high-priority programme for analysis in all countries where analyses of health systems were undertaken. Recognizing that maintaining an array of programmes with distinct, separate organizational arrangements is unlikely to be affordable as health funding shifts to greater reliance on domestic sources, this analytical approach brings together an array of stakeholders across the health system to build consensus around high-priority functions for integration and coordination. This analytical exercise has led to important strides towards efficiency and coordination of health systems in a number of countries, such as the clarification of arrangements between programmes within the Ghanaian Health Service and Ministry of Health, supply chains, procurement systems,

and health insurance benefit packages, and the development of financial flows and purchasing mechanisms between public health institutes and the health insurance fund in Estonia. In South Africa, the planning process changed to enable joint planning between HIV and the rest of the health system.

In 2018 WHO undertook extensive work focused on fostering technological, service delivery and e-health innovations. WHO has a major workstream on innovations for long-acting pre-exposure prophylaxis products, broadly neutralizing antibodies and HIV prevention vaccines. WHO provided technical and public health rationale input into the European Medicines Agency article 58 process for the dapivirine ring. WHO also held two major meetings on long-acting cabotegravir: one with regulators (United States, European, and regional and country regulators), and one with researchers, trialists and countries on interpreting the long-acting cabotegravir trial results (HPTN 083 and 084).

WHO held a meeting with all major stakeholders on policy decision, access and use of products for passive and active immunization to prevent HIV infection. This meeting discussed a target product profile investment case and reviewed current and planned trials and steps needed to respond to the trial results.

WHO continues to work on innovations in testing, including support for development and introduction of new self-testing products and review data related to the use of recency assays focusing on its potential use for geographical prioritization, case management, and benefit to people living with HIV.

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

In 2018 WHO supported the decentralization and integration of HIV-related services as part of a broader health systems and universal health coverage approach to sustaining and improving HIV-related impact. WHO reported that an estimated 920 000 people living with HIV worldwide developed TB in 2017, and that TB is the leading cause of death among people with HIV, accounting for some 300 000 deaths in 2017. WHO reported that close to 1 million people started on isoniazid preventive therapy in 2017, although 15 of the 30 countries with a high burden of TB/HIV did not report initiating isoniazid preventive therapy in people attending for HIV care. In the 59 countries for which it could be calculated, TB preventive treatment coverage was 36%.

WHO published an implementation tool for the monitoring of toxicity of new HIV, TB and viral hepatitis medicines. The tool describes the recommended approaches for routine monitoring of toxicity integrated with the national monitoring and evaluation system and targeted approaches to monitoring toxicity. This tool also highlights the recommended toxicity monitoring approaches and existing tools across these disease areas. WHO updated its

guidance on latent TB infection in 2018 and published guidelines for the management of physical health conditions in people with severe mental disorders in October 2018, which included HIV-related guidance. The UNFPA- and WHO-led call to action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions noted that special attention should be given to people living with HIV, sex workers, transgender people, men who have sex with men, people who use drugs, and people in prisons and other closed settings, with additional attention paid to adolescents and young key populations.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	4,696,693
<i>Sub-total</i>	6,696,693
2018 country envelope	4,976,050
TOTAL	11,672,743

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

Strategy Result Area	Core*	Non-core	Total
SRA 1: HIV testing and treatment	4,447,739	17,160,523	21,608,262
SRA 2: eMTCT	277,134	3,063,479	3,340,613
SRA 3: HIV prevention and young people	289,402	3,955,070	4,244,472
SRA 4: HIV prevention and key populations	446,725	5,672,343	6,119,068
SRA 5: Gender inequalities and gender-based violence	-	2,188,091	2,188,091
SRA 6: Stigma, discrimination and human rights	12,399	2,208,335	2,220,734
SRA 7: Investment and efficiency	173,520	4,830,924	5,004,444
SRA 8: HIV and health services integration	289,485	4,848,142	5,137,627
TOTAL	5,936,403	43,926,907	49,863,310

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

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

Region	Core *		Non-core	TOTAL
	Core	Core-country envelope		
Asia and Pacific	1,178,607	856,052	6,377,224	8,411,883
Eastern Europe and central Asia	538,342	96,082	1,140,233	1,774,657
Eastern and southern Africa	1,232,705	1,266,305	9,094,245	11,593,255
Latin America and the Caribbean	214,933	-	111,285	326,218
Middle East and North Africa	259,101	157,632	2,447,409	2,864,142
Western and central Africa	383,001	935,304	5,338,437	6,656,742
Global	2,129,715	-	19,418,074	21,547,789
TOTAL	5,936,403	3,311,376	43,926,907	53,174,686

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

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

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	3,890,591	574,568	4,465,159
Contractual services	899,684	846,689	1,746,373
General operating expenses	76,451	216,872	293,323
Transfers and grants to counterparts	275,874	647,561	923,435
Equipment, furniture and vehicles	32,270	97,993	130,263
Travel	425,510	711,061	1,136,571
Programme Support cost	336,023	216,632	552,655
Total Expenditure	5,936,403	3,311,376	9,247,779
Encumbrances	-	-	-
TOTAL	5,936,403	3,311,376	9,247,779

Case study: south–south learning to support harm reduction in Burundi

Getting life-saving harm-reduction services to people who use drugs in Burundi was the aim of a 2018 learning trip to Kenya supported by WHO. WHO supported a team of Burundian physicians and health advocates to travel to Mombasa county, Kenya to learn from one of the pioneers of harm reduction on the African continent. Led by the Burundian non-profit-making organization Jeunesse au Clair Medical, the team is advocating for a comprehensive package of harm-reduction interventions in Burundi. Like many other countries in Africa, injecting drug use is not often acknowledged and a public health response therefore not implemented.

Drug use is widely criminalized and stigmatized and its complexities misunderstood. WHO defines harm reduction as an evidence-based public health response that includes the provision of needle–syringe programmes, opioid substitution therapy, and access to testing and treatment of HIV, TB and viral hepatitis B and C.

Keen to gain insight into the Kenyan experience and inform the development of a programme in Burundi, the Burundian team of doctors, a counsellor and a national coordinator of a network of people who use drugs visited the Reachout Centre Trust in Mombasa. They

observed the delivery of opioid substitution therapy programmes and learnt about advocacy with local influencers in an excellent example of south–south learning.

In addition to police buy-in, identifying other key influencers such as spiritual and village leaders, other government officials, and people who use drugs can ensure that harm-reduction programmes are effective and sustainable.

The team from Burundi saw in practice how the Kenyan clinics function and how methadone is dispensed. They spoke with peer educators and outreach officers, and were trained in data collection for programme monitoring, an important aspect if they want to persuade the Government and donors to support scale-up of harm reduction in Burundi. Although Kenya is several years ahead in its harm-reduction journey, with local input the lessons from the Kenya experience can be adapted to other contexts.

Knowledge products

- [Global Health Sector Strategy on HIV, 2016–2021](#)
- [Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection: Recommendations for a Public Health Approach, 2nd edition](#)
- [Consolidated Guidelines on Person-centred HIV Patient Monitoring and Case Surveillance](#)
- [Guidelines for Managing Advanced HIV Disease and Rapid Initiation of Antiretroviral Therapy](#)
- [Updated Recommendations on First-line and Second-line Antiretroviral Regimens and Post-exposure Prophylaxis and Recommendations on Early Infant Diagnosis of HIV Interim Guidance](#)
- [Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations: 2016 update](#)
- [Guidelines for the Diagnosis, Prevention and Management of Cryptococcal Disease in HIV-infected Adults, Adolescents and Children](#)
- [HIV Self-testing at the Workplace: Policy brief](#)
- [Integrating Collaborative TB and HIV Services within a Comprehensive Package of Care for People who Inject Drugs](#)
- [World Health Organization 13th General Programme of Work 2019–2023](#)

HIV/AIDS

Publications on HIV



Key populations

- Men who have sex with men
- People in prisons and other closed settings
- People who inject drugs
- Sex workers
- Transgender people

Strategic information

- Monitoring and evaluation
- Programme planning and management
- HIV surveillance

Coinfections

- Tuberculosis
- Hepatitis

Prevention

- Mother-to-child transmission of HIV
- Male circumcision for HIV prevention
- Pre-exposure prophylaxis (PrEP)

Testing

- HIV testing services
- HIV self-testing
- Access to AIDS medicines and diagnostics

Treatment

- Treatment and care
- HIV service delivery
- Post-exposure prophylaxis (PEP)
- Treatment of children living with HIV
- HIV drug resistance
- Monitoring toxicity of ARVs

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