# **UNDIS Reporting Form**

## **General Information**

Status	* Report Prepared by (Required)
Finished	Nkhensani Mathabathe [UNAIDS]
Entity	Report prepared by Email
UNAIDS	mathabathen@unaids.org
Reporting year	* Designation (Position/Unit) (Required)
2023	Culture Transformation Adviser a.i.

United Nations (UN) entities (funds and programmes, specialized agencies, offices and departments of the UN Secretariat, related organizations and peacekeeping and political missions in the field) are requested to report on their implementation of the UN Disability Inclusion Strategy. This reporting form will be used by UN entities to report performance on the Strategy's Entity Accountability Framework.

The Strategy was launched by the Secretary-General in June 2019 to raise the UN's performance on disability inclusion across the UN system. Reporting on its implementation will enable an assessment of the extent to which disability inclusion is mainstreamed within the Organization's work, spotlight good practice and identify key areas which may require development of staff knowledge and capacity, technical resources, and assistance.

Entity reports inform the Secretary-General's report on system-wide implementation of the Strategy, which is prepared by the Disability Inclusion Team in the Executive Office of the Secretary-General. The system-wide report is submitted annually to the General Assembly in its regular session.

The Entity Progress Report on the implementation of the UN Disability Inclusion Strategy must be submitted to the Executive Office of the Secretary-General (EOSG) via the online reporting platform. Entities may wish to use the excel form (available below), which follows the reporting platform structure, to undertake their self-assessment and upload the information to the platform once the information is collated.

Individual entity reports will not be published.

<u>UNDIS Entity Reporting Template (Downloadable Excel Document)</u>

## **Indicator 1: Leadership**

#### **Approaches Requirements**

**1.a.i.** Senior managers internally and publicly champion disability inclusion

#### **Meets Requirements**

**1.b.i.** Senior managers internally and publicly champion disability inclusion

and

**1.b.ii.** Implementation of entity disability policy/strategy is reviewed by senior management annually, with remedial action taken as needed

### **Exceeds Requirements**

**1.c.i.** Senior managers internally and publicly champion disability inclusion

and

**1.c.ii.** Implementation of entity disability policy/strategy is reviewed by senior management annually, with remedial action taken as needed

and

**1.c.iii.** A specific senior-level mechanism is in place for ensuring accountability for disability inclusion

## \* Q1 Provide rating of the entity for the indicator (Required)

Approaches Requirements
Meets Requirements
Exceeds Requirements

If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.

Missing

Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

The 2021-2026 Global AIDS Strategy, highlights persons with disabilities as a population group often left behind by HIV responses and who face unique challenges in accessing HIV testing, treatment and care. It calls for HIV strategies and policies that are inclusive of PwD and lays the foundation for the advocacy of the UNAIDS Secretariat.

UNAIDS advocates for a broader, multisectoral and community led National HIV responses coordinated

by National AIDS Committees (NACs) which include broader civil society actors including People with Disabilities. UNAIDS country offices and Directors play a critical role in ensuring inclusivity of all parties in the NACs, especially for those likely to be left behind like PwD. (Example from the South Africa National AIDS Council included)

Institutionally, the culture transformation programme aims for an inclusive and diverse UNAIDS. The Alignment process concluded in 2023 pushed the organisation towards this vision - resulting in a fit-for-purpose organisation closer to the people it serves.

Workforce and Inclusion surveys all include a disability component with an aim of gathering data on workplace experiences of colleagues with disabilities. Of those who responded to the 2023 Workforce Diversity Survey, 6.2% (25 staff) indicated they are persons with a disability. The 2022 Global staff survey and 2024 Pulse Survey had data disaggregated by disability to provide information on how colleagues with disabilities perceive inclusion with UNAIDS.

The UNAIDS Executive Director has continuously championed Disability inclusion internally during for example, internal Townhall meetings when disseminating results of inclusion and pulse surveys. Attached are her emails to all staff where she speaks about the need to address the findings relating to inclusion of staff with disabilities among others.

## **Q3** Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



	Name ↑	Date Modified	Modified B
	EXD UNAIDS Global Pulse Survey 2024.msg	05/07/2024, 14	Nkhensani
	Indicator 1_EXD 2022 Global Staff Survey .msg	05/07/2024, 15	Nkhensani
	SANAC What is the Civil Society Forum (CSF).pdf	10/06/2024, 16	Nkhensani
	Launch of the second phase of our RESPECT campaign	05/07/2024, 15	Nkhensani
	global-AIDS-strategy-2021-2026_en (3).pdf	10/06/2024, 17	Nkhensani
4			

## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

In 2024 UNAIDS will develop a Diversity, Equity and Inclusion Framework that will affirm the vision for a diverse and inclusive organisation. To ensure the adequate integration of the inclusion of persons with disabilities, an accessibility dimension has been added since and is therefore called Gender, Diversity, Equity, Inclusion and Accessibility, or GDEIA, Framework. This will define and apply an overarching intersectional gender-transformative lens as entry point for developing the framework and include developing a Theory of Change clarifying intended impact and outcomes of the framework. In the

meanwhile, an Anti-racist, Intersectional Feminist Continuum has been developed mapping a change trajectory for UNAIDS

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Change Management Department

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

## **Indicator 2: Strategic Planning and Management**

**2.a.i.** Entity commitment to disability inclusion is in the overview/preamble of the main strategic planning document

#### **Meets Requirements**

**2.b.i.** Entity commitment to disability inclusion is in the overview/preamble of the main strategic planning document

and

**2.b.ii.** Entity commitment to targeted and mainstream disability inclusion is reflected in results statements and/or indicators of the main strategic planning document

and

**2.b.iii.** Disaggregation of data by disability and sex in the main strategic planning document, as relevant

#### **Exceeds Requirements**

**2.c.i.** Entity commitment to disability inclusion is in the overview/preamble of the main strategic planning document

and

**2.c.ii.** Entity commitment to targeted and mainstream disability inclusion is reflected in results statements and/or indicators of the main strategic planning document

and

**2.c.iii.** Disaggregation of data by disability and sex in the main strategic planning document, as relevant

and

**2.c.iv.** System implemented to track resource allocation to disability inclusion across the entity

## \* Q1 Provide rating of the entity for the indicator (Required)

Approaches Requirements
Meets Requirements
Exceeds Requirements
If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.
Missing
Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

The Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS, provides global guidance on reducing inequalities that drive the AIDS epidemic. It prioritizes people who are not yet accessing life-saving HIV services. Moreover, it sets out evidence-based priority actions and bold targets to get every country and

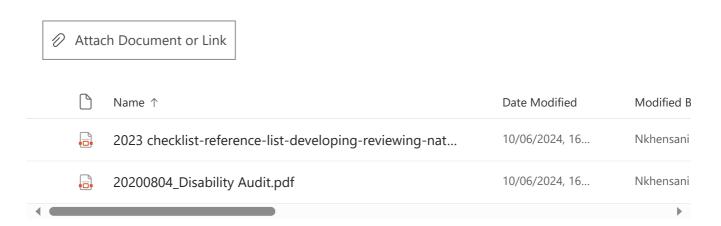
every community on-track to end AIDS as a public health threat by 2030. The Strategy, highlights persons with disabilities as a population group often left behind by HIV responses and who face unique challenges in accessing HIV testing, treatment and care. It calls for HIV strategies and policies that are inclusive of PwD.

The Strategy development was informed by findings of a disability audit that was conducted to appraise the UNAIDS 2016-21 strategy that used the UN Disability Inclusion Strategy Accountability Framework. At country level, National Strategic Plans (NSPs) are developed to operationalise the Global AIDS Strategy. These 3-5 year guidance plans for national multisectoral responses to the HIV Epidemic . They contribute to the efforts of reaching the health-related and other targets of the 2030 Sustainable Development Goals, including universal health coverage. The UNAIDS 2023 checklist and reference list for developing and reviewing NSPs includes consideration for persons with Disabilities in NSPs under HIV sensitive social protections and also as key vulnerable populations.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



### \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Continued promotion of disability inclusion on HIV programmatic work to be guided by the planned Mid term review of the Global AIDS Strategy and external evaluation of the Joint Programme by 2025.

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Programme Branch

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

## **Indicator 3: Disability-Specific Policy/Strategy**

#### **Approaches Requirements**

**3.a.i.** Policy/strategy on mainstreaming disability inclusion is in place

#### **Meets Requirements**

**3.b.i.** Policy/strategy on mainstreaming disability inclusion is in place and implemented

#### **Exceeds Requirements**

**3.c.i.** Policy/strategy on mainstreaming disability inclusion is in place and implemented

and

**3.c.ii.** Entity provides an update at least every two years to Governing Body or equivalent on implementation of policy/strategy, and implements remedial action as needed

<sup>k</sup> Q1 Provide ratin	g of the entity	y for the indicator	(Required)
-------------------------------	-----------------	---------------------	------------

$\bigcirc$	Approaches Requirements
	Meets Requirements
	Exceeds Requirements

If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.

Missing

Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

UNAIDS has not developed a standalone policy/strategy on mainstreaming disability inclusion in the past 5 years. The 2021 - 2026 Global AIDS Strategy, however promotes access to HIV Prevention and Treatment programmees that are inclusive of people with Disabilities.

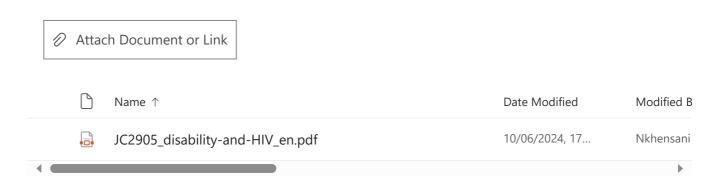
The 2017 Disability and HIV Reference Guidance further provides guidance to partners (governments, donors, civil society etc) in the HIV response with concrete steps needed for a person-centred, disability-inclusive HIV response that allows for increased participation of people with disabilities and integrates

rehabilitation within the continuum of HIV care. It highlights existing key evidence on the relationship between disability and HIV.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Continued promotion of disability inclusion on HIV programmatic work to be guided by the planned Mid term review of the Global AIDS Strategy and external evaluation of the Joint Programme by 2025.

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Programme Branch

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

## **Indicator 4: Institutional Set-Up**

**4.a.i.** Entity has a unit/individual with substantive expertise on a human rights-based approach to disability

#### **Meets Requirements**

**4.b.i.** Entity has a unit/individual with substantive expertise on a human rightsbased approach to disability

and

**4.b.ii.** Entity coordinates a focal point network on disability including all relevant departments and country offices

#### **Exceeds Requirements**

**4.c.i.** Entity has a unit/individual with substantive expertise on a human rights-based approach to disability

and

**4.c.ii.** Entity coordinates a focal point network on disability including all relevant departments and country offices

and

**4.c.iii.** Entity holds a focal point network meeting at least once a year

* Q1	<b>Provide</b>	rating	of the	entity	for the	e indicator	(Required)
------	----------------	--------	--------	--------	---------	-------------	------------

Approaches Requirements
Meets Requirements
Exceeds Requirements

If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.

Missing

Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

The new UNAIDS fit-for-purpose organogram, adopted in 2023 following the transformative alignment process, has strengthened the institutional set-up for addressing human rights and gender inequalities that drive the HIV epidemic. The Equality and Rights for All Department ensures that human rights, gender equality and community engagement are at the center of the HIV response at global, regional and country level. The staff in the Department have expertise in human rights and gender equality, community engagement and advocacy especially for key populations and communities at higher risk of being left behind in the AIDS response including people with Disabilities.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

The Equality and Rights for All Department will continue to provide technical support and guidance on addressing human rights and gender equality barriers to HIV response as they affect key populations, people living with HIV, marginalised communities and people with disabilities.

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Equality and Rights for All, Partnership, Advocacy and Knowledge Branch

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

The Alignment Process led to consolidation of positions and profiles to transform UNAIDS to be fit-for-purpose. leaner with fewer, but focused positions - to prioritise programmes that will drive the global response closer to the 2030 vision of ending AIDS as a public health threat.

### **INCLUSIVENESS**

## **Indicator 5: Consultation with Persons with Disabilities**

**5.a.i.** Systematic close consultation with, and active involvement of, organizations of persons with disabilities on all disability-specific issues

and

**5.a.ii.** Guidelines for consultation are in place

#### **Meets Requirements**

**5.b.i.** Systematic close consultation with, and active involvement of, organizations of persons with disabilities on all disability-specific issues and broader issues

and

**5.b.ii.** Guidelines for consultation are in place

#### **Exceeds Requirements**

**5.c.i.** Systematic close consultation with, and active involvement of, organizations of persons with disabilities on all disability-specific issues and broader issues

and

**5.c.ii.** Guidelines for consultation are in place

and

**5.c.iii.** Entity has a partnership with organizations of persons with disabilities at the headquarters level and guidance on engagement with a diversity of organizations of persons with disabilities at the regional/country level

* Q1	<b>Provide</b>	rating	of the	entity	for the	indicator	(Required)
------	----------------	--------	--------	--------	---------	-----------	------------

Approaches Requirements
Meets Requirements
Exceeds Requirements

If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.

Missing

Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

Community-led HIV responses are central to the implementation of the Global AIDS Strategy, UNAIDS advocates for the incorporation and expansion of community-led responses and engagement of communities in decision-making, advocacy, service delivery and monitoring. These include communities of key population, Greater Involvement of People Living with HIV/AIDS), margnalised communities and those left behind including people with disabilities.

UNAIDS advocates for systematic consultation and active involvement of all civil society and communities

represented in National AIDS Committees - including people with disabilities. This ensures their inclusion in HIV policies, planning, budgeting and reporting.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)

Attach Document or Link

## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Continue to advocate for inclusion of people with disabilities in HIV national response and in 2024 consider adoption of Guidelines on Indicator 5: Consulting with Persons with disabilities shared by the EOSG Disability Inclusion team

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Equality and Rights for All, Partnership, Advocacy and Knowledge Branch

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

## **Indicator 6: Accessibility**

**6.a.i.** Baseline assessment on accessibility is complete

#### **Meets Requirements**

**6.b.i.** Accessibility policy/strategy is in place and has been implemented

### **Exceeds Requirements**

**6.c.i.** Accessibility policy/strategy is in place and has been implemented

and

**6.c.ii.** Review/assessment of the policy/strategy is undertaken at least every five years

Q1 Provide rating of the entity for the indicator <sup>(Required)</sup>
Approaches Requirements
Meets Requirements
Exceeds Requirements
If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.
Missing
Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

This response is for UNAIDS HQ office in Geneva only. UNAIDS HQ building is jointly owned with WHO and located on the WHO HQ campus. Information on UNAIDS/WHO accessibility at HQ is collected. UNAIDS HQ premises was constructed in 2006 and adheres to local Swiss accessibility laws and regulations. Completion of a Braille map and audio access for the UNAIDS building is completed. Meeting rooms, are accessible to wheelchair users. Accessible toilets are available throughout the building. Larger conferences, meetings and events are frequently held externally in which case UNAIDS is dependent on other entities.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)

## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Work with WHO to assess accessibility of premises at UNAIDS Geneva is of an ongoing nature.

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

People Management

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

UNAIDS HQ premises in Geneva are jointly owned with WHO and are located on the WHO campus. Although a relatively new building, we intend to continue working with WHO to upgrade HQ conference accessibility and the installation of floor guidelines for visually impaired visitors. UNAIDS has included the installation of a hearing-loop system in the upgrade of the audio visual equipment of its main conference room.

UNAIDS establishes guidelines on the accessibility of its conference and advocates for better accessibility of conferences it supports e.g., International AIDS Society.

## **Indicator 6.1: Accessibility of Conferences and Events**

**6.1.a.i.** Baseline assessment of accessibility and reasonable accommodation for conferences and events has been completed

### **Meets Requirements**

**6.1.b.i.** Baseline assessment of accessibility and reasonable accommodation for conferences and events has been completed

and

**6.1.b.ii.** Policies and guidelines on accessibility of conference services and facilities are in place and accessibility targets are established and met

### **Exceeds Requirements**

**6.1.c.i.** Baseline assessment of accessibility and reasonable accommodation for conferences and events has been completed

and

**6.1.c.ii.** Policies and guidelines on accessibility of conference services and facilities are in place and accessibility targets are established and met

and

**6.1.c.iii.** Accessibility action plan for conference services and events is assessed every year and revised, as appropriate

* Q1 Provide rating of the entity for the indicator (Require	<b>*</b> O1	Provide ratin	of the entity	v for the indicator	(Required
--	-------------	---------------	---------------	---------------------	-----------

Approaches Requirements
Meets Requirements
Exceeds Requirements

If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.

Missing

Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

UNAIDS is a relatively small organisation and does not host a large number of Conferences or large events.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)

Attach Document or Link

\* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Not Application

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

People Management - Buildings

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

### **Indicator 7: Reasonable Accommodation**

**7.a.i.** Reasonable accommodation policy/strategy is under development

### **Meets Requirements**

**7.b.i.** Reasonable accommodation policy/strategy has been implemented, including adequately funded mechanism

### **Exceeds Requirements**

**7.c.i.** Reasonable accommodation policy/strategy has been implemented, including adequately funded mechanism

and

**7.c.ii.** Entity keeps a record of reasonable accommodations requested and provided and the level of satisfaction with the provision of reasonable accommodation

* O1	Provide	rating	of the	entity	for th	e indicator	(Required)
$\sim$ 1	IIOVIGE	IGUIIG		CITTLE	101 11	ic illuicator	

Approaches Requirements
Meets Requirements
Exceeds Requirements
f your entity has not approached requirements for an indicator, please select 'missing'. If the ndicator is not applicable to your entity, please select 'not applicable'.
Missing
Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

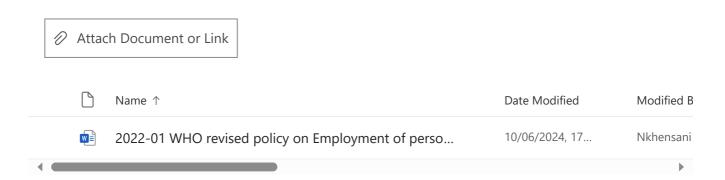
A revised policy on Employment of persons with disabilities has been introduced in January 2022 by WHO which is applicable to UNAIDS.

The policy aims to facilitate equality of access to employment, advancement and retention in WHO/UNAIDS for persons with disabilities, recognizing that it is in the interest of WHO to recruit and maintain a diverse and skilled workforce that is representative of the diverse nature of society, which includes persons with disabilities. The policy provides a structured approach and centralized review, sharing best practices and lessons learned across WHO/UNAIDS. Providing reasonable accommodation by establishing an uniform procedure for such requests, including the establishment of a Reasonable Accommodation Fund is a key element of the policy.

## **Q3** Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Reasonable accommodation for staff is available upon request. For a relatively small entity such as UNAIDS, investments for reasonable accommodation might not require a dedicated funding mechanism.

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

People Management

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

### **Indicator 8: Procurement**

#### **Approaches Requirements Meets Requirements Exceeds Requirements 8.a.i.** Procurement policies **8.b.i.** Procurement policies **8.c.i.** Procurement policies ensure that relevant goods and ensure that relevant goods and ensure that relevant goods and services acquired are accessible services acquired are accessible services acquired are accessible or do not create new barriers or do not create new barriers or do not create new barriers and and and 8.a.ii. Procurement policies **8.b.ii.** Procurement policies **8.c.ii.** Procurement policies ensure that the procurement ensure that the procurement ensure that the procurement process is accessible process is accessible process is accessible and and 8.b.iii. Target is established and 8.c.iii. Target is established and met for number/percentage of met for number/percentage of relevant procurement relevant procurement documents that have documents that have accessibility as a mandatory accessibility as a mandatory requirement requirement and **8.c.iv.** Procurement policy promotes purchasing from disability-inclusive suppliers, and guidelines have been developed for this purpose \* Q1 Provide rating of the entity for the indicator (Required) **Approaches Requirements** Meets Requirements

## Missing

**Exceeds Requirements** 

Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

If your entity has not approached requirements for an indicator, please select 'missing'. If the

indicator is not applicable to your entity, please select 'not applicable'.

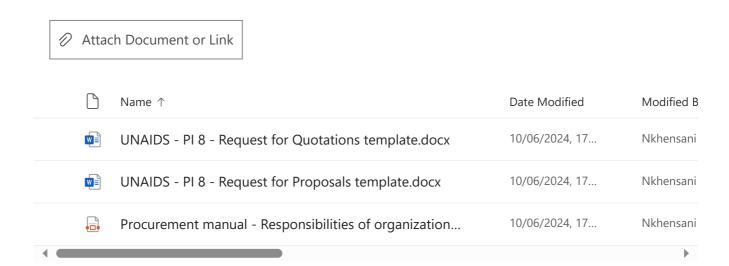
UNAIDS has integrated the disability clause in all its solicitation templates (100%) like ITB, RFQ and RFPs which are accessed by all staff at global level and in overall framework including Procurement manual. Procurement policies ensure that relevant goods and services acquired are accessible.

Note: The role and mandate of the UNAIDS Secretariat is leadership and coordination. Therefore, relative to its budget, UNAIDS is procuring very few goods and services.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

All staff are using the new templates and are aware of the framework.

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Finance and Accountability Department

#### **O6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

UNAIDS procurement follow WHO rules and regulations and therefore rely on WHO for templates, T&Cs, and other content. As a result, UNAIDS is not in a position to independently update relevant procurement documents and cannot therefore be responsible for setting targets and/or monitoring progress.

## **Indicator 9: Programmes and Projects**

#### **Approaches Requirements Meets Requirements Exceeds Requirements** 9.a.i. Guidance note or 9.b.i. Guidance note or 9.c.i. Guidance note or equivalent adopted on equivalent adopted on equivalent adopted on mainstreaming disability mainstreaming disability mainstreaming disability inclusion at all stages of the inclusion at all stages of the inclusion at all stages of the programme/project cycle programme/project cycle programme/project cycle and and 9.b.ii. Entity establishes and 9.c.ii. Entity establishes and meets the minimum level of exceeds the minimum level of programmes and projects that programmes and projects that mainstream disability inclusion mainstream disability inclusion \* Q1 Provide rating of the entity for the indicator (Required) **Approaches Requirements** Meets Requirements **Exceeds Requirements** If your entity has not approached requirements for an indicator, please select 'missing'. If the

## \* Q2 Justification for Rating (Required)

Missing

Not Applicable

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

indicator is not applicable to your entity, please select 'not applicable'.

UNAIDS continues to advocate for the inclusion of people living with disabilities in the HIV response and people with disabilities are included among the people living with, at risk or and affected by HIV as listed in the new Global AIDS Strategy 2021-2026. UNAIDS has not developed any specific global guidance on disability inclusion for its programmatic work at various stages of the programme cycle as activities very much depend on the country context, HIV epidemic and response situation, nature of disabilities and needs.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Continue to promote disability inclusion in UNAIDS work on reducing HIV-related inequalities including support for engagement with people living with disability at risk of and /or affected by HIV

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Programme Branch, Programme Planning and Field Support

### **Q6** Additional Information

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

### **Indicator 10: Evaluation**

**10.a.i.** Evaluation guidelines contain guidance on how to address disability inclusion

#### **Meets Requirements**

**10.b.i.** Evaluation guidelines contain guidance on how to address disability inclusion

and

**10.b.ii.** Disability inclusion is mainstreamed effectively throughout the evaluation process and reflected in the terms of reference, inception and evaluation report(s)

### **Exceeds Requirements**

**10.c.i.** Evaluation guidelines contain guidance on how to address disability inclusion

and

**10.c.ii.** Disability inclusion is mainstreamed effectively throughout the evaluation process and reflected in the terms of reference, inception and evaluation report(s)

and

**10.c.iii.** Meta-analysis of evaluation findings, conclusions and recommendations relating to disability inclusion is performed at least every five years

* Q1 Provide rating of the entity for th	e indicator	(Required)
--	-------------	------------

<ul><li>Approaches Requirements</li></ul>
Meets Requirements
Exceeds Requirements
If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.
Missing
O Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

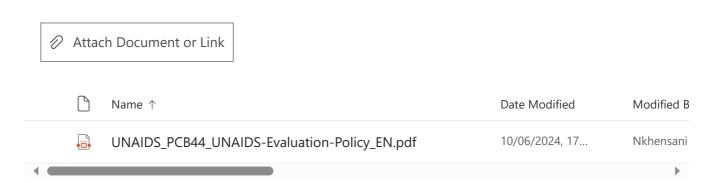
UNAIDS follows the UN Evaluation Group's norms and standards. The UNAIDS Evaluation Policy (para 25) states that "Evaluation is guided by the people-centered approach of UNAIDS, which enhances capabilities, choices and rights for all people, with full respect for diversity. The universally recognized values and principles of human rights and gender equality need to be integrated into all stages of an evaluation. It is the responsibility of evaluators and evaluation managers to ensure that these values are respected, addressed and promoted, underpinning the commitment to the principle of 'no-one left behind'." UNAIDS follows UN Evaluation Group guidance on the conduct of human rights and gender-responsive evaluations (see UNEG Human Rights Guidance to the HIV

response. The UNAIDS guidance on Human Rights in evaluation reiterates the principle of no one left behind, and provides examples, under the indicator section, of looking into discrimination due to disability status.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



### \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

As per UNEG Norms and Standards, evaluation data should be disaggregated by different criteria, including disability. In 2023, as part of the HIV sensitive social protection evaluation, disability was included as an aspect to be considered in social protection. Disability benefits are included as one of the nine social protection areas that are currently being implemented. HIV-sensitive social protection measures help to mitigate the social and economic impact of HIV on households and individuals including children, pregnant women, families, elderly and disabled people to increase access to HIV prevention, treatment and care and support. Furthermore, in the evaluation of HIV and Primary Health Care, people with disabilities are also included as vulnerable populations as they may also face social and legal barriers to access HIV prevention and treatment services. In the six global evaluations planned for 2024-2025, HIV needs related to disability will be considered on a case-by-case basis depending on the evaluation.

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Independent Evaluation Office

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

Although attempts were made to include disability as part of two evaluations in 2023, more explicit consideration of disability is needed in the data collection, disaggregation, design and implementation of UNAIDS evaluations.

One of the challenges faced is to clearly establish a direct link between disability and HIV. This includes the risk of or vulnerability to HIV transmission as well as access to HIV testing, treatment, care and support. Though people with disabilities can be considered vulnerable populations, there are contexts in which other populations are more at risk of or vulnerable to HIV. Each country should therefor define the specific populations that are vulnerable and key to their HIV epidemic and response, based on the epidemiological, economic, social and cultural context, based on which investments should be prioritized towards those populations.

## **Indicator 11: Country Programme Documents**

### **Approaches Requirements Meets Requirements Exceeds Requirements 11.a.i.** Guidance on country **11.b.i.** Guidance on country **11.c.i.** Guidance on country programme documents programme documents programme documents mainstreams disability inclusion mainstreams disability inclusion mainstreams disability inclusion and and **11.b.ii.** All country programme **11.c.ii.** All country programme documents include analysis and documents include analysis and corresponding programming corresponding programming on disability inclusion on disability inclusion and 11.c.iii. Knowledge management practices and processes promote improved mainstreaming of disability inclusion into country programme documents \* Q1 Provide rating of the entity for the indicator (Required) **Approaches Requirements** Meets Requirements **Exceeds Requirements** If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.

Missing

Not Applicable

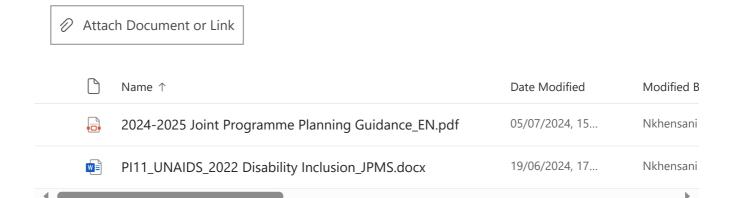
\* **QPolistifyration of Pating** of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

UNAIDS equivalent to 'country programme documents' are biennial Joint UN Plans on AIDS developed by Joint UN Teams on AIDS, as part of the UNSDCF but which which are very lean and action focused documents. They do not include detailed situation analysis and data on populations and are thus very different than what some other agencies use and is considered 'country programme documents in the DIS technical notes'. This is why our guidance on Joint UN Plans on AIDS do not include information on mainstreaming of disability inclusion. Depending on the HIV epidemic and response contexts and needs, some Joint UN Plans on AIDS do include work on inclusion of people with disabilities as part of our support to national responses. Latest Guidance on Joint UN Plans on AIDS is submitted as supporting documentation.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Continued promotion of disability inclusion on HIV programmatic work to be guided by the planned Mid term review of the Global AIDS Strategy and external evaluation of the Joint Programme by 2025.

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Programme Planning and Field Support, Programme Branch

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

### **Indicator 12: Joint Initiatives**

**Approaches Requirements** 

## **12.a.i.** Entity participates **12.b.i.** Entity participates **12.c.i.** Entity participates actively in inter-agency actively in inter-agency actively in inter-agency coordination mechanism(s) on coordination mechanism(s) on coordination mechanism(s) disability inclusion disability inclusion on disability inclusion and and 12.b.ii. One joint **12.c.ii.** More than one joint programme/initiative is in place programme/initiative is in place \* Q1 Provide rating of the entity for the indicator (Required) **Approaches Requirements** Meets Requirements **Exceeds Requirements** If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'. Missing Not Applicable

**Meets Requirements** 

**Exceeds Requirements** 

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

In 2023 UNAIDS was part of and contributed to the HLCM, HRN multidisciplinary Working Group (WG) of Focal Points on Diversity, Equity, and Inclusion (DEI) that developed the Glossary, DEI Vision and Principles, and Good Practices. The Culture Transformation acted as reppourteur for the Good Practices subgroup.

UNAIDS is now a member of the Sub working Group on Disability Inclusion UNAIDS representatives participated in the meetings of the UNDIS Focal Point Network and other related capacity building exchanges.

A number of UNAIDS Country Offices have participated interagency projects on disability inclusion in HIV programmes - examples are provided in the attached document including terms of reference from the Morocco UNCT Interagency Taskforce on Disability which UNAIDS is part of. As part of the Taskforce UNAIDS UCO Morocco has identified one concrete action on disabilities and HIV: To conduct a KAP (Knowledge, Attitude and practice) study on HIV/AIDS among people with disabilities.

### Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



	Name ↑	Date Modified	Modified B
	CEB.2023.HLCM.29.Annex3 - DEI Compilation of Practic	10/06/2024, 17	Nkhensani
W	Tor Interagency Disability Inclusion Taskforce_Morocco	05/07/2024, 15	Nkhensani
W	PI12_UNAIDS_2022 Disability Inclusion_JPMSv2.docx	05/07/2024, 16	Nkhensani
1			•

## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

In 2024, UNAIDS will collaborate with WHO and extend participation of UNAIDS Staff members in the WHO Embracing Disability Inclusion Affinity Group. This provides opportunities for colleagues with disabilities or with children with disabilities or allies to advocate and co-create a workplace that is diverse, inclusive, and supportive, embodying the core values of the Organization.

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

Culture Transformation, Change Management Department

#### **O6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

### **ORGANIZATIONAL CULTURE**

## **Indicator 13: Employment**

#### **Approaches Requirements**

**13.a.i.** Employment policy/strategy and other human resources-related policies/strategies include provisions to attract, recruit, retain, and promote career development of employees with disabilities

#### **Meets Requirements**

**13.b.i.** Employment policy/strategy and other human resources-related policies/strategies include provisions to attract, recruit, retain, and promote career development of employees with disabilities

and

**13.b.ii.** Employees with disabilities report satisfaction and well-being at a level similar to that of the general staff body

#### **Exceeds Requirements**

**13.c.i.** Employment policy/strategy and other human resources-related policies/strategies include provisions to attract, recruit, retain, and promote career development of employees with disabilities

and

**13.c.ii.** Employees with disabilities report satisfaction and well-being at a level similar to that of the general staff body

and

**13.c.iii.** Number of persons with disabilities entering the organization through targeted or mainstream recruitment practices has increased

* Q1 Provide rating of the entity for the indicator (Required)	
Approaches Requirements	
Meets Requirements	
Exceeds Requirements	

if your entity has not approached requirements for an indicator, please select missing . If the
indicator is not applicable to your entity, please select 'not applicable'.
Missing
Not Applicable

If your antity has not approached requirements for an indicator, places solect 'missing'. If the

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

A revised policy on Employment of persons with disabilities has been introduced in January 2022 by WHO which is applicable to UNAIDS.

The policy aims to facilitate equality of access to employment, advancement and retention in WHO/UNAIDS for persons with disabilities, recognizing that it is in the interest of WHO to recruit and maintain a diverse and skilled workforce that is representative of the diverse nature of society, which includes persons with disabilities. The policy provides a structured approach and centralized review, sharing best practices and lessons learned across WHO/UNAIDS.

The key elements of this policy are:

- Ensuring career opportunities, selection and recruitment to persons with disabilities, including support during the onboarding process;
- Facilitating career development and learning and to safeguard performance appraisal according to objective criteria;
- Taking account of the situation of staff with disabilities and staff with dependents with disabilities in the context of mobility;
- Supporting retention in employment and return to work;
- Facilitating the access to meetings for persons with disabilities; and
- Providing reasonable accommodation by establishing an uniform procedure for such requests, including the establishment of a Reasonable Accommodation Fund.

A Pulse Check survey was conducted in 2024 as a follow up to the 2022 Global Staff Survey (GSS). The 2022 GSS had found:

- Only 4% of the responding 501 staff members identified as a person with a disability
- 60% of respondents reported that they feel safe at UNAIDS and are treated equally irrespective of disability an improvement of 6% from the 2020 GSS

The 2024 Pulse Check Survey is a subset of the comprehensive GSS and features a sample of the questions in the GSS. The number of respondents (3.92%, n=19) who identified as a person with a disability was similar to that in 2022 GSS.

The average response to the 13 survey questions was overall positive and similar (no significant difference) between all respondents (62%) and colleagues who identified as persons with disabilities (60%). This indicates that experiences of colleagues with disabilities at UNAIDS are similar to the rest of the staff

In other areas, colleagues with disabilities reported more positive experiences (difference of 5% indicating significant difference). These relate to:

- comfortable to speak up and address colleagues about incivility or exclusionary behaviours they experience or observe in the workplace (74% vs 63%).
- supervisors support to manage workloads (84% vs 75%, )
- experiences of discrimination, abuse , ill treatment, harassment or sexual harassment in the last 12 months (84% vs 74% positive scoring implies that respondents did not experience any of the misconduct) On the other hand, their experiences on other aspects were less positive . One area related to perceptions of the overall strategic direction that UNAIDS is taking with 37% of those who identify as persons with disabilities stating that UNAIDS is moving in the right direction compared to 56% of whole organization.

Similarly only 42% of those who identify as persons with disabilities felt UNAIDS cares about its employees compared to 60% of the whole organization.

Input value length must be less than 500 words. Actual length is 501 words.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



### \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

UNAIDS is committed to greater workforce diversity and inclusive work environment and has initiated work to develop a comprehensive, intersectional Gender equality, Diversity, Equity, Inclusion and Accessibility framework. This will take into account findings from the above mentioned Global Staff Survey to work toward closing the engagement gap.

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

People Management Department

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

## **Indicator 14: Capacity Development**

**14.a.i.** Entity-wide learning and/or training opportunities are available to increase the capacity of staff at all levels in disability inclusion

#### **Meets Requirements**

**14.b.i.** Entity-wide learning and/or training opportunities are available to increase the capacity of staff at all levels in disability inclusion

and

**14.b.ii.** Successful completion of learning activities and use of available learning resources on disability inclusion are mandatory, and completion and use are tracked

#### **Exceeds Requirements**

**14.c.i.** Entity-wide learning and/or training opportunities are available to increase the capacity of staff at all levels in disability inclusion

and

**14.c.ii.** Successful completion of learning activities and use of available learning resources on disability inclusion are mandatory, and completion and use are tracked

and

**14.c.iii.** Tailored learning activities and learning resources on disability inclusion are available, in particular for senior managers and staff union representatives

Q1 Provide rating of the entity for the indicator (Required)
Approaches Requirements
Meets Requirements
Exceeds Requirements
If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.  Missing  Not Applicable

## \* Q2 Justification for Rating (Required)

Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

The mandatory foundational course In English, French and Spanish for all staff and non-staff was launched in April 2022 on Disability Inclusion: Building an Inclusive and Accessible United Nations. Compliance is over 70% and a 100% compliance rate is expected by December 2024.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)

Attach Document or Link

### \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Plans for launching in 2025 an all-staff awareness webinar including a panel discussion with key UN focal points and experts to sensitize staff and promote engagement for a more Disability-Inclusive workplace. Share information on standards and strategies adopted by UN Partners. Sensitization and awareness building sessions by regions/departments. Inviting UN Staff with disabilities and UNDIS Team as guest speakers to promote involvement at all levels.

The recently concluded 2024 Pulse survey data will be used to define requirements for the target group.

## \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

People Management Department

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

Stalled progress- Capacity building initiatives are usually resource intensive and would require collaboration, expertise and services with internal / external partners. This raises the risk of funding availability and staff resources to drive UNDIS and in particular developmental interventions at UNAIDS.

## **Indicator 15: Communications**

**15.a.i.** Guideline(s)/procedures are in place to ensure that internal and external communication are respectful of persons with disabilities

### **Meets Requirements**

**15.b.i.** Guideline(s)/procedures are in place to ensure that internal and external communication are respectful of persons with disabilities

and

**15.b.ii.** Persons with disabilities are reflected in mainstream communications

#### **Exceeds Requirements**

**15.c.i.** Guideline(s)/procedures are in place to ensure that internal and external communication are respectful of persons with disabilities

and

**15.c.ii.** Persons with disabilities are reflected in mainstream communications

and

**15.c.iii.** Communication campaign on disability inclusion is undertaken at least every two years

* Q1	<b>Provide</b>	rating	of the	entity	for the	indicator	(Required)
------	----------------	--------	--------	--------	---------	-----------	------------

Approaches Requirements
Meets Requirements
Exceeds Requirements
If your entity has not approached requirements for an indicator, please select 'missing'. If the indicator is not applicable to your entity, please select 'not applicable'.
Missing
Not Applicable

## \* Q2 Justification for Rating (Required)

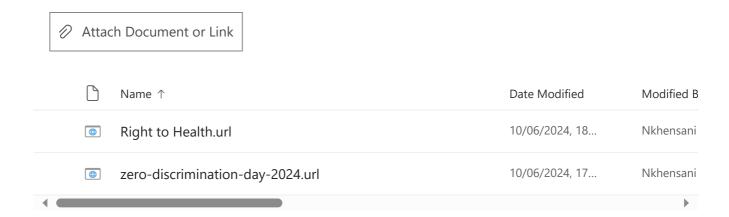
Provide explanation for each of the components including actions taken and data sources. Please include information and examples from both HQ and the field.

UNAIDS communications continues to promote disability inclusion in our work on reducing HIV-related inequalities including support for engagement with people living with disability at risk of and /or affected by HIV.

## Q3 Supporting documentation

Please provide supporting documentation where relevant (e.g. Word, PowerPoint, Excel, images and website links).

Please ensure that file names do not include symbols(e.g. #,!,&,?)



## \* Q4 Actions planned and timeline to maintain/enhance progress (Required)

Continue highlighting persons with disabilities in UNAIDS communication material. In 2024, we will review and consider adopting the system-wide Disability-Inclusive Communications Guidelines

### \* Q5 Unit responsible (Required)

Please note the name of the unit responsible for implementing the actions listed above.

**Communications Department** 

### **Q6 Additional Information**

Please provide additional information on the following elements:

- 1. Additional information (i.e. opportunities and challenges in implementing the indicator) not included above.
- 2. Main reasons why your entity has been able to progress on disability inclusion or the main factors that have stalled progress for this indicator

The Culture Transformation Learning Programme module on using Inclusive Language presents an opportunity to promote Disability inclusive language within UNAIDS. The Module will be delivered in the 3rd quarter of 2024 across the organisation

### **SUMMARY**

## **Summary**

### OVERALL SUMMARY OF ACHIEVEMENTS, OPPORTUNITIES AND CHALLENGES

Please use this space to provide any additional information on overall achievements, as well as any opportunities and/or challenges your entity has faced in relation to the implementation of the UN Disability Inclusion Strategy.

\* Please share overall achievements here: (Required)

The Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS provides global guidance on reducing inequalities that drive the AIDS epidemic. It prioritizes people who are likely to be left behind from HIV responses, - key populations, vulnerable and marginalised groups including persons with disabilities. UNAIDS provides guidance and advocates for multi-sectoral national AIDS responses, that are community led and advance human rights of all affected communities.

Ongoing staff surveys to measure inclusion are showing an overall positive trend regarding staff experiences within UNAIDS. For example 60% of respondents to the 2023 Pulse Survey reported that they feel safe at UNAIDS and are treated equally irrespective of disability. This has improved since 2020 (+6). Responses to anonymized diversity surveys are also increasing - providing key data on diversity including staff with disabilities. The UNAIDS Culture Transformation learning programme provides spaces for staff to learn and co/create a work environment that welcomes and promotes diversity.

## \* Please share opportunities/challenges here: (Required)

In 2024 UNAIDS will develop a Diversity, Equity and Inclusion Framework that will affirm the vision for a diverse and inclusive organisation. To ensure the adequate integration of the inclusion of persons with disabilities, an accessibility dimension has been added since and is therefore called Gender, Diversity, Equity, Inclusion and Accessibility, or GDEIA, Framework.

The Alignment process that was finalised in 2023, led to consolidation of positions and job profiles to transform UNAIDS to be fit-for-purpose. leaner with fewer, but focused positions - to prioritise programmes that will drive the global response closer to the 2030 vision of ending AIDS as a public health threat. Although operating with fewer staff than before, the focus on inequalities and protection of human rights for all with ensure all key and vulnerable populations are prioritised in AIDS responses. The midterm evaluation of the Global AIDS strategy and evaluation of the Joint Programme in 2024 will provide opportunity to review progress towards the 2025 targets and identify challenges that are stopping communities from accessing HIV services.

## **Overall Ratings**

### **STATUS**

|--|--|

## LEADERSHIP, STRATEGIC PLANNING & MANAGEMENT

INDICATOR TIT	TLE	RATING
⚠ Indicator 1	Leadership	Approaches Requirements
<b>⊘</b> Indicator 2	Strategic Planning and Management	Approaches Requirements
<b>⊘</b> Indicator 3	Disability-Specific Policy/Strategy	Missing
<b>⊘</b> Indicator 4	Institutional Set-Up	Missing

#### **INCLUSIVENESS**

INDICATOR TIT	LE	RATING
<b>⊘</b> Indicator 5	Consultation with Persons with Disabilities	Missing
<b>⊘</b> Indicator 6	Accessibility	Missing
<b>⊘</b> Indicator 6.1	Accessibility of Conferences and Events	Not Applicable
<b>⊘</b> Indicator 7	Reasonable Accommodation	Approaches Requirements
⚠ Indicator 8	Procurement	Approaches Requirements

## **PROGRAMMING**

INDICATOR TIT NO.	LE	RATING
<b>⊘</b> Indicator 9	Programmes and Projects	Missing
<b>⊘</b> Indicator 10	Evaluation	Approaches Requirements
⚠ Indicator 11	Country Programme Documents	Missing
⚠ Indicator 12	Joint Initiatives	Meets Requirements

## **ORGANIZATIONAL CULTURE**

INDICATOR TIT	LE	RATING
⚠ Indicator 13	Employment	Meets Requirements
<b>⊘</b> Indicator 14	Capacity Development	Meets Requirements
⚠ Indicator 15	Communications	Missing

