

Result Area 8: Fully funded, sustainable HIV response

2022-2023 Results report

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1998).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is that the number of children who are surviving to adulthood is increasing. This is due to a number of factors, including improved medical care, better nutrition, and a decrease in child mortality rates.

Another reason why the number of children in the world is increasing is that the number of children who are being born is increasing. This is due to a number of factors, including a decrease in the age at which women are having children, and an increase in the number of children who are being born to women who are already mothers.

There are a number of challenges that are associated with the increasing number of children in the world. One of the main challenges is that there are not enough resources to care for all of the children. This is particularly true in developing countries, where there is a lack of access to education, healthcare, and other basic services.

Another challenge is that there are not enough jobs for all of the children. This is particularly true in developing countries, where there is a high unemployment rate. This means that many children are forced to work to support their families, which can have a negative impact on their education and health.

There are a number of ways that we can address these challenges. One way is to improve access to education, healthcare, and other basic services. This can be done through a number of means, including increasing government spending, and seeking help from international organizations.

Another way is to create more jobs for children. This can be done through a number of means, including providing training and education, and creating more opportunities for children to work in a safe and healthy environment.

There are a number of other ways that we can address these challenges. For example, we can work to reduce the number of children who are being born. This can be done through a number of means, including providing family planning services, and increasing the age at which women are having children.

It is important that we take action to address these challenges. If we do not, the number of children in the world will continue to increase, and the challenges will become even more difficult to address.

There are a number of things that we can do to help. We can support organizations that are working to improve access to education, healthcare, and other basic services. We can also work to create more jobs for children, and to reduce the number of children who are being born.

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Budget and expenditures and encumbrances for all Cosponsors 2022-2023 (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
4 424 200	3 468 343	13 032 000	13 085 137	17 456 200	16 553 480

Joint Programme 2022-2023 results

Countries supported in adapting to changing HIV-related financing and the fiscal environments, including fiscal impacts of the COVID-19 pandemic on domestic and international financing.

The Joint Programme remains the primary worldwide source of domestic and international HIV financing data. Data on financing indicators were collected from more than 80 countries under the GAM system and were then analysed and made publicly available by UNAIDS Secretariat. With the support of the Joint Programme, the largest number of countries ever (13) conducted national AIDS spending assessments, with an increasing number of those reports capturing granular information to inform and guide investments and resource allocations by national governments and international donors with greater precision.

The Joint Programme created a database on HIV commodity prices in low- and middle-income countries and published estimates of resource availability for the HIV response. The Joint Programme's leading role in the monitoring of HIV financing data was further strengthened through a closer partnership on resource alignment with PEPFAR and the Global Fund.

The partnership will be formalized through a trilateral memorandum of understanding (due to be signed in 2024) to increase data quality, alignment and use (e.g., using GAM and NASA categories for all sources of HIV funding and investments).

Indicator progress on a fully funded, sustainable HIV response (RA 8)

- **45 countries** developed and reported implementation of measures advancing **full and sustainable HIV financing**.
- **21 countries** where the Joint Programme operates submitted information on government **earmarked budgets and expenditures on HIV** through the GAM.
- **49 countries** conducted studies to improve allocative efficiency and address implementation bottlenecks to **improve resource use efficiency, multisectoral financing, impact and equity**.
- The Joint Programme supported **80 countries** to make **evidence-informed HIV investments** across their Global Fund grant cycle.¹

¹ This included guidance and technical support (71 countries), strategic information generation (67 countries) and coordination and facilitation (68 countries).

The Joint Programme continued to encourage innovation in the financing of HIV responses and broader health systems. At least 17 countries were supported by UNDP to undertake analyses pertinent to the imposition of health taxes (such as on alcohol, tobacco and sugary beverages) to generate new funding for health. UNDP led inter-agency work in Bahrain, Cabo Verde and Thailand to refine and pilot a new health tax model for calculating the revenue potential from increasing excise taxes on alcohol, tobacco and sugar-sweetened beverages.

As donors increasingly look to countries to fund larger shares of their HIV responses domestically, the Joint Programme supported smooth transitions and sustainable funding mixes. UNDP successfully transitioned its role as Principal Recipient for Global Fund HIV and HIV/TB grants in Belize to the country's Social Security Board. In Belarus it entered in a strategic framework to transition Principal Recipient responsibilities from a government agency to UNDP's Country Office due to socioeconomic challenges affecting the sustainability and overall implementation of HIV and TB responses.

UNAIDS Secretariat, PEPFAR, the Global Fund and other partners held a special meeting with 12 African ministers of finance to seek increases in domestic spending on HIV. Other approaches for promoting local investment in HIV included the use of an online course in the Philippines to inform local governments on how to develop their own locally specific HIV investment plans.

The Joint Programme prioritized work to enhance the efficiency and effectiveness of HIV spending. The World Bank worked with partners to leverage its analytical expertise to conduct efficiency and effectiveness studies; support key databases, knowledge sharing and capacity building; and develop tools to enable more practitioners to conduct such analytics on their own. These activities included conducting HIV and TB allocative efficiency studies in 11 countries; the development of an investment case in the Seychelles on the economic and health outcomes of harm reduction programmes; and advisory services and analytics to support more efficient and effective health spending in Pacific Island countries. Also carried out was a country-driven "Joint Learning Network" of practitioners and policy-makers from around the world to bridge the gap between theory and practice on how to extend health coverage to the more than three billion people who currently lack it.

In 2022–2023, work also focused on aiding countries in assessing and overcoming the effects of COVID-19 on domestic and international financing. The World Bank projected that government spending in 41 countries would remain lower than pre-COVID levels until 2027, while spending was expected to rise but remain weak in 69 countries. It also found that in many countries, rising interest payments on public debt further threatens their capacity to invest in health. A multicountry study by the World Bank (in Indonesia, Kyrgyzstan, Malaysia, Mozambique and Peru) estimated the impact of COVID-19 service disruptions on TB incidence and deaths. Annual health financing forums hosted by the World Bank, USAID and the Global Financing Facility disseminated information and strategies for mobilizing and pooling funds to support primary health care and other health priorities. An analysis of the effects of COVID-19 in high-prevalence, highly indebted countries was also produced.

UNDP, together with the UNAIDS Secretariat, provided technical support for the development of social contracting mechanisms to support and sustain community-led responses, including research to document the benefits of social contracting. One study in Morocco found that every US\$ 1 invested would yield a return of between US\$ 5.20 and US\$ 7.80. Algeria, Morocco and Tunisia developed guidelines to expand social contracting. Peer-to-peer sharing of strategies and experiences on social contracting was enabled by inter-regional consultations in the Middle East and North Africa and eastern Europe and central Asia. The UNAIDS Secretariat led pilots for tracking resources allocated to community-led monitoring in six countries.

Policy-making strengthened for high-impact investments and quality implementation to fully leverage the efficient and equitable use of available resources, community-led responses, technological and other innovations.

Extensive support from the Joint Programme enabled countries to leverage and optimize the use of significant existing and new resources from the Global Fund. The Joint Programme [urged donors to fully fund the Global Fund to get the HIV response back on track, and called for](#) sustained, dedicated funding to key priority areas, including for prevention and community-led responses. The UNAIDS Secretariat provided direct support to 15 countries to develop Global Fund funding requests and supported 17 countries in integrating human rights-related and gender-transformative approaches in their Global Fund requests. Through the UNAIDS Technical Support Mechanism, assistance provided by UNAIDS supported the development and submission of 47 funding requests to the Global Fund, reflecting a total value of US\$ 5.9 billion.

UNAIDS's support for the development of high-impact, equitable proposals to the Global Fund included the convening of hybrid trainings for country stakeholders on the latest technical guidance such as on innovative HIV interventions, for stronger gender, human rights, community-led responses and more integrated resilient and sustainable health systems components of fundings request. Stakeholders from more than 43 countries received capacity-building support for developing high-quality and prioritized funding requests

The Joint Programme supported countries to collect and use strategic data to inform and guide their HIV investments including allocative efficiency. Normative guidance from WHO built the capacity of countries to analyse how HIV spending is contributing to strengthened primary health care. UNDP supported data-driven HIV investments in Egypt and Tajikistan, as well as in the Philippines, where studies emphasized directing HIV spending towards people living with HIV and population most at risk of HIV infection.

Substantial support from the Joint Programme aided more than 100 countries to explore strategies for integrating digital health platforms to improve reach, efficiency and effectiveness. The World Bank supported digital health assessments in Burundi, Lesotho and Senegal and it published a flagship report on digital health. It supported a feasibility study on the introduction of a drone logistics system in Timor-Leste to strengthen service delivery and health supplies such as condoms and antiretroviral medicines. It also developed an economic evaluation framework for digital health

interventions and convened, with WHO and others, a blended online applied programme on digital health in sub-Saharan Africa. UNDP launched the “Digital Health for Development Hub”, which supports countries in identifying and implementing digital health solutions across a range of programme areas, including HIV. As of 2023, UNDP was implementing 118 digital health projects across 88 countries.

In 2023, UNDP developed a new investment case methodology to estimate the spillover benefits which scaled-up programmes to prevent and treat noncommunicable diseases can also bring to HIV and TB programmes.

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