

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK ORGANIZATIONAL REPORT



PERFORMANCE
MONITORING
REPORT
2018-2019

UNAIDS 2019
ORGANIZATIONAL REPORT

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Introduction

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative partnership of 11 United Nations (UN) Cosponsors and the UNAIDS Secretariat. Its strength derives from the diverse expertise, experience and made of its Cosponsors and the added value of the Secretariat in leadership, advocacy, coordination and accountability.
2. The Performance monitoring of the Unified Budget, Results and Accountability Framework (UBRAF) allows for an understanding of the achievements of the Joint Programme as a whole and the accomplishments of its individual cosponsoring members.
3. This organizational report forms the fourth part of the Performance Monitoring Report (PMR) package. Focusing on achievements in the 2018–2019 biennium, the report describes how each Cosponsor has taken steps to integrate HIV into its individual agency mandates; and how actions taken have contributed to progress in achieving the 2030 Sustainable Development Goals (SDGs). In all the organizational summaries, case studies describe how the Cosponsor or Secretariat has contributed in specific countries towards the Fast-Track targets established by the 2016 Political Declaration on Ending AIDS. Each summary highlights products created by each of the Cosponsors and Secretariat that has advanced knowledge and learning in the HIV response.
4. UNAIDS draws on and effectively leverages the experience and strengths of the Cosponsors in developing coherent strategies and policies, providing assistance to build country and community capacity and mobilizing political and social support for action to prevent and respond to AIDS, while involving a broad range of sectors and institutions at the national level.

UNAIDS' mission is to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support by:

- **uniting** the efforts of the UN system, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;
 - **speaking out** in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality;
 - **mobilizing** political, technical, scientific, and financial resources and holding ourselves and others accountable for results;
 - **empowering** agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and
 - **supporting** inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts.
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United Nations High Commissioner for Refugees (UNHCR)

Key strategies and approaches to integrate HIV into broader agency mandate

Integrating HIV into the humanitarian response

1. As the agency mandated to protect and assist refugees and other persons of concern, UNHCR works with key partners, including governments, to integrate HIV prevention and response across all stages of the humanitarian response. Recognizing the human rights dimensions of HIV, UNHCR has effectively leveraged its protection mandate and expertise towards ensuring that HIV does not negatively affect refugee rights. UNHCR's assistance and protection help address key factors that increase risk and vulnerability to HIV.
2. UNHCR has integrated HIV as appropriate in its work on protection, including community-based protection; health; nutrition; water, sanitation, hygiene; education and other aspects of its work. UNHCR promotes effective synergies and capitalizes on the comparative advantages of a broad spectrum of partners, including refugees and host communities, governments, donor agencies, UN agencies, national and communities, international nongovernmental organizations, including faith-based organizations, academic and research institutions and the private sector.

Providing access to essential health care for refugees

3. UNHCR works to ensure that all refugees are able to fulfil their rights in accessing essential health care, HIV prevention, protection and treatment, sexual and reproductive health services, food security and nutrition, and water, sanitation and hygiene services. UNHCR works to ensure that refugees, asylum seekers and other populations affected by humanitarian emergencies have equal access to HIV-related health information, prevention, testing and treatment services as host populations. In 2018–2019, UNHCR supported the continuation of HIV services for refugees and other displaced populations affected by humanitarian emergencies in more than 50

countries. Considerable progress has been achieved in recent years towards ensuring that refugees living with or affected by HIV can access the services they need, including improved access to prevention, treatment, and care through national health systems.

4. Among 42 refugee-hosting countries (all but 2 in sub-Saharan Africa) surveyed by UNHCR in 2019, 88% reported that refugees could access antiretroviral (ARV) medicines (and 100% for free first- and second-line tuberculosis drugs) provided through national health systems. Among 9 of the countries in eastern and southern Africa prioritized for voluntary medical male circumcision and surveyed by UNHCR, all provide this service for refugees through their health services, although these services encountered important challenges, including commodity stock-outs and unreliable supplies in some health centres.
 5. UNHCR has also integrated HIV and sexual and reproductive health into its [Integrated Refugee Health Information System](#), which captures refugee health data from 73 sites across 15 countries, covering nearly 2.3 million people, to improve humanitarian decision-making. This includes routine data collection on a number of key HIV and reproductive health indicators, such as coverage of prevention of mother-to-child transmission, numbers of people receiving antiretroviral therapy (ART), condom distribution and skilled birth attendance.
 6. UNHCR gathers strategic data on the global burden of HIV in emergencies. In 2019, modelling commissioned by UNHCR, with WFP inputs, calculated that from 2013 to 2016 the number of people living with HIV affected by humanitarian emergencies rose from 1.71 million to 2.57 million, equal to 1 in 14 people living with HIV. These study results will support advocacy for increased funding and programmatic and policy action to address the needs of people living with HIV in humanitarian emergencies.
 7. Every year, UNHCR, in collaboration with the relevant government entities and partners, trains health staff, community workers and peer educators to improve the delivery of health care services for refugees and other persons of concern, including training specific to HIV and reproductive health where relevant. HIV is integrated in training on other health needs such as antenatal and postnatal care, contraception and family planning, screening and treatment of cervical cancer and nutrition.
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8. In 2018–2019, UNHCR trained over 3500 health-care workers and laboratory workers, and over 4000 community health workers and peer educators, to provide treatment, care and support, including ensuring more effective viral load testing. Examples included training on outreach for HIV/tuberculosis (TB) in Uganda, training of community leaders on stigma and discrimination in South Sudan and training of community promoters to reach sex workers in the capital and border areas with a comprehensive package including condoms, condom promotion and syphilis and HIV testing.

Preventing and responding to sexual and gender-based violence

9. Across its operations, UNHCR supports services for the clinical management of rape and other forms of sexual violence in humanitarian emergencies. UNHCR works to prevent sexual and gender-based violence before it happens and to respond effectively to the needs of all survivors, including sexual and reproductive health services (e.g. Minimum Initial Service Package for Reproductive Health in Emergencies). Care for rape survivors includes emergency medical care, the provision of post-exposure prophylaxis for HIV, pregnancy prevention and prophylaxis for sexually transmitted infections, psychosocial support and mental health services, and referral for legal and protection services. Between 2014 and 2019, UNHCR deployed senior protection officers in 25 operations (typically at the outset of a new emergency) to ensure that sexual and gender-violence was prioritized and addressed from the outset.
10. Between 2014 and 2018, an estimated 1.3 million additional people of concern to UNHCR were reached through expanded medical referral systems relevant to sexual and gender-based violence. About 1.2 million people gained access to mental health and psychosocial support and 1.1 million people were reached through awareness campaigns, while over 450 training sessions strengthened community-based protection mechanisms.
11. In 2018–2019, UNHCR provided services for sexual and gender-based violence to more than 27 000 refugees and other displaced populations people in Angola, Arab Republic of Egypt, Burkina Faso, Central African Republic, Democratic Republic of Congo, Islamic Republic of Iran, Malaysia, South Sudan, Uganda, United Republic of Tanzania and Zambia.

Providing social protection and cash-based assistance to refugees

12. UNHCR uses cash-based interventions to aid the most vulnerable. Cash and vouchers help displaced people meet diverse needs, including access to food, water, health care, and shelter, allowing them to build and support livelihoods and to facilitate voluntary repatriation. In some contexts, UNHCR provides cash transfers to cover transport and community costs associated with accessing health services, which has been shown to improve service access and treatment adherence for HIV and other health conditions.
13. UNHCR partners with ILO to facilitate integration of refugees into existing national social protection systems, notably health insurance schemes that enable refugees to access HIV and other health services to the same degree as nationals, through shared risk mechanisms. With the aim of improving self-reliance and promoting a life with dignity, work is ongoing to support inclusion of refugees at various levels in eight countries in Africa: Burkina Faso, Cameroon, Djibouti, Kenya, Mauritania, Rwanda, Senegal and Sudan.

Ensuring legal and physical protection for displaced or stateless people

14. UNHCR seeks to uphold the basic human rights of uprooted or stateless people in their countries of asylum or habitual residence, ensuring that refugees will not be returned involuntarily to a country where they could face persecution. UNHCR helps refugees find solutions, including repatriating voluntarily to their homeland, integrating in countries of asylum or resettling to third countries. UNHCR works alongside partners in many countries to promote or provide legal and physical protection and minimize the threat of violence, including sexual assault.
15. Legal and physical protection is also extended to refugees and other populations affected by humanitarian emergencies who are living with and affected by HIV. In 2018–2019, UNHCR advocated to end mandatory HIV testing of refugees in a number of countries. UNHCR continues advocacy for direct and confidential reporting mechanisms for cases from testing centres to establish timely protection interventions and link individuals to treatment. Support was also provided to refugees and asylum seekers at risk of deportation due to HIV status on a case by case basis. In 2018–2019, UNHCR successfully advocated to prevent the deportation of refugees living with HIV in more than one country in the Middle East, ensuring access to treatment, medical and psychosocial support until a durable solution was found.

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16. UNHCR also facilitates the inclusion of emergency-affected communities in national HIV programmes, plans and legislation. In 2018–2019, such efforts were undertaken in the Arab Republic of Egypt, Bangladesh, Burkina Faso, Chad, Colombia, Democratic Republic of Congo, Ghana, Lebanon, Malaysia, Morocco, Nigeria, Rwanda, Senegal, South Sudan, Syria, Uganda and United Republic of Tanzania.

Contributing to progress towards the SDGs

17. The SDGs cannot be achieved without considering the rights and needs of refugees, internally displaced and stateless people.
18. UNHCR has long addressed many of the key issues prioritized in the SDGs. This has included UNHCR's longstanding efforts to ensure healthy lives (SDG 3); promote gender equality and prevent and respond to sexual and gender-based violence (SDG 5); and, provide legal and physical protection to refugees living with and affected by HIV (SDG 10).
19. UNHCR views the 2030 Agenda as a framework that can help protect and find solutions for displaced and stateless people. The SDG framework includes the first indicator on refugees, and SDG monitoring now tracks the number of refugees by country of origin as a proportion of the national population. The prevention of forced displacement and the provision of durable solutions for people already displaced are now part of the SDGs. This enables UNHCR, as custodian agency for an SDG indicator, to leverage broader efforts to improve SDG reporting that is related to refugees and asylum seekers, including facilitating access to validated information on how refugees are faring compared to other population groups.
20. Data disaggregation is needed to identify gaps in SDG achievements for refugees, consistent with the goal of the 2030 Agenda to leave no vulnerable group behind. For the HIV response, this means ensuring that refugees and other emergency-affected populations are considered in global, regional and national strategies, partnerships and funding—an effort that was a major focus of UNHCR advocacy in 2018–2019.

Case study: Providing sexual and reproductive health services to sex workers and other persons at increased risk of HIV in Venezuela

21. By the end of 2019, more than 4 million Venezuelans had left their country, in the largest exodus in recent history in Latin America and the Caribbean. Although there has been an 8000% increase since 2014 in the number of Venezuelans seeking refugee status (principally in the Americas), hundreds of thousands of Venezuelans remain without documentation or permission to remain in nearby countries. Lacking access to basic rights, this renders them vulnerable to labour and sexual exploitation, trafficking, violence, discrimination, and xenophobia.
22. Across the region, UNHCR is working closely with host governments and partners, particularly the International Organization for Migration (IOM), to support a coordinated and comprehensive approach to the needs of refugees and migrants from Venezuela. UNHCR has strengthened its presence along key borders to limit possible risks, in particular with regard to access to territory, trafficking, exploitation, and to identify people who may require dedicated protection and services, such as unaccompanied and separated children and pregnant women.
23. In 2018–2019, UNHCR, through expenditure of US\$ 525 000 (including US\$ 94 300 in country envelope funding) intensified its provision of sexual reproductive health (SRH) services in border areas, including for sex workers and other populations at increased risk of HIV infection. Achievements in 42 communities across 8 states in border areas included:
- an HIV prevalence survey with female sexual workers was conducted in the States of Apure, Distrito Capital, Merida, Táchira and Zulia to identify the dynamics of HIV transmission in border and urban areas, with 500 female sex workers receiving counselling and (in the case of reactive test results) linkage to health services.
 - more than 73 600 male condoms were distributed in the states of Amazonas, Apure, Bolívar, Distrito Capital, Merida, Miranda, Táchira and Zulia.

- transnational referrals were made to HIV care services in bordering countries for refugees and other people on the move.
- nearly 8000 people in border areas received HIV counselling and testing services and other sexual and reproductive health services, including STI testing.
- equipment, training of health personnel and distribution of 3450 HIV and 3240 syphilis tests build the capacity of 15 primary care centres in the border states of Apure, Amazonas, Bolivar, Capital District, Táchira and Zulia.
- support was given to survivors of sexual violence, including the provision of PEP.
- community events and activities promoted HIV prevention and stigma reduction during World AIDS Day, World Day against homophobia and LGBTQI Pride Day.
- community capacities to respond to HIV were strengthened through the establishment of community structures to enable linkages with public health institutions providing HIV prevention, treatment, care and support.

Knowledge products



Adolescent Sexual and Reproductive Health in Refugee Situations

This practical guide provides information and guidance in the form of Ten Steps on how to effectively launch adolescent sexual and reproductive health interventions in refugee situations. It outlines steps UNHCR and partner staff, in cooperation with refugee communities and adolescents, can follow to ensure a successful programme.



Clinical management of rape and intimate partner violence survivors: Developing Protocols for Use in Humanitarian Settings

In humanitarian settings, women and children who are refugees, internally displaced persons, or otherwise affected by conflict-related or natural humanitarian crises, are at increased risk. This guide is intended for use by qualified health-care providers who are working in humanitarian emergencies or other similar settings, and who wish to develop specific protocols for the medical care of survivors of sexual violence and intimate partner violence.



Promoting Treatment Adherence for Refugees and Persons of Concern in Health Care Settings: Tips for Health Workers

UNHCR supports primary health programmes in refugee settings and has identified promotion and monitoring of adherence as a neglected component of service delivery. The aim of this short guide is to provide practical recommendations to improving adherence to treatment for chronic communicable diseases, non-communicable diseases and MNS disorders including HIV for refugees and other persons of concern to UNHCR.



Online Course on Disaster Ready on Prevention of Mother to Child HIV Transmission in Humanitarian Emergencies

Services for prevention of mother-to-child transmission can be disrupted during a humanitarian crisis. This online course provides training on the causes of disruption, consequences that can occur, and strategies to ensure the continuation of prevention services during an emergency situation.



Refugee and Internally Displaced Persons Inclusion in Global Fund Applications 2002-2019

This resource highlights findings of research undertaken between UNHCR and the UN foundation on the inclusion of emergency affected populations in Global Fund Applications. The findings are available [here](#).



UNHCR Public Health 2018 Annual Global Overview

Key global and country level results in public health, HIV and reproductive health, nutrition and WASH are summarized. The document is available [here](#).



UNHCR SRH Website

The website contains references, guidance and tools to support HIV, reproductive health and sexual and gender-based violence programming in humanitarian situations. The website can be accessed [here](#).

United Nations Children's Fund (UNICEF)

Key strategies and approaches to integrate HIV into broader agency mandate

24. UNICEF works in over 190 countries and territories to save children's lives, to defend their rights, and to help them fulfil their potential, from early childhood through adolescence. To achieve this vision, UNICEF works across multiple sectors including health, education, child protection and social policy in order to drive optimal results for children. A fundamental principle of this work is to ensure that every child, especially the most marginalized and those living in settings of humanitarian crisis, survive and thrive.
 25. In UNICEF's HIV programme, this translates to supporting delivery of high-impact HIV prevention and treatment interventions within a life-cycle approach. Mothers need access to HIV testing and treatment for prevention of mother-to-child transmission, and their newborns need access to infant diagnosis. Older infants and children, especially those whose mothers did not access services for preventing mother-to-child transmission of HIV (PMTCT), need to be tested for HIV as much as they need immunization, nutrition, responsive caregiving and high-quality education. Adolescents—including those living with, affected by or at risk of HIV—must have opportunities to learn and develop free from exploitation and abuse. Learning for all children is one of UNICEF's main goals.
 26. UNICEF's HIV programme increasingly recognizes that multisectoral approaches, in addition to health system approaches, are important to achieve improved HIV outcomes. It maintained its global footprint in three main programme areas: (1) elimination of mother-to-child transmission, (2) paediatric and adolescent treatment, and (3) prevention of HIV infection in adolescents. In doing so, it devoted a lot of core HIV capacity to identify missed opportunities for better synergies with other sectors and to enhance HIV integration with the broader UNICEF mandate.
 27. UNICEF's achievements under the UBRAF strategy results areas are positioned within the higher-level conceptual framework of its HIV/AIDS Strategic Plan and they comprise four priority HIV programming approaches:
 - differentiated responses for country and programme prioritization;
 - effective HIV integration with joint results and clearly defined accountability;
 - intensified partnerships to leverage resources for joint action; and
 - knowledge leadership and innovation to drive impact through knowledge sharing and use of novel diagnostic, treatment, prevention and information technologies and programmatic approaches.
 28. Key examples of differentiated response approaches include the focus on western and central Africa, as a region of unmet need. UNICEF took the lead in developing guidance and tools to support data-informed, evidence-based interventions at national and district levels for PMTCT programmes and for paediatric and adolescent key population programmes.
 29. Strengthened partnerships include those with other Cosponsors and stakeholders to better advocate for child and adolescent-centred programming in the HIV response. Under the Division of Labour, UNICEF co-convenes work on elimination of mother-to-child transmission and sustaining mother's health and well-being (SRA2) with WHO and on empowerment of young people especially adolescent girls and young women and their access to HIV combination prevention (SRA3) with UNESCO and UNFPA.
 30. For the Global HIV Prevention Coalition and the Stay Free Partnership, UNICEF co-leads with PEPFAR work on prevention among adolescent girls and young women. Through its strategic partnerships, UNICEF supported:
 - the introduction of point-of-care early infant diagnosis;
 - use of HIV self-testing together with pre-exposure to prevent HIV among adolescents at risk;
 - strategic use of digital innovation, including use of UNICEF's U-report SMS platform to engage, inform and engage young people on HIV prevention; and
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- other innovations such as index family-based testing to identify undiagnosed children of adults living with HIV.
31. Although those four approaches were applied in an interlinked and complementary manner across UNICEF's HIV programme, this report focuses on integration. The complementarity and potential for double dividends is apparent for HIV and early childhood development, HIV-sensitive social protection, HIV and TB, HIV and chronic health conditions in childhood and adolescence, and HIV-responsive education services. However, the outcomes and costs of direct or indirect HIV programming within other sectors are not being systematically tracked, unless funded with HIV core resources.
 32. To support countries to advance towards the global 95-95-95 targets for HIV treatment of children and adolescents, UNICEF in 2019 leveraged its multiple child platforms to improve access to HIV testing, link children and adolescents to HIV services, and strengthen the family and community systems to retain them in care. This included work undertaken to integrate HIV testing in child immunization services in Malawi and malnutrition clinics in Botswana, South Africa and Zimbabwe.
 33. Integration of point-of-care machines in primary clinics in 8 sub-Saharan African countries (Cameroon, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Mozambique, Rwanda and Zimbabwe) reduced turnaround time for infant test results from an average of 55 days to zero days and improved timely HIV treatment initiation rates (92%) in child care facilities. This evidence is informing the introduction of these technologies in western and central Africa, a region with very low paediatric treatment coverage.
 34. UNICEF collaboration with other Cosponsors in Mongolia helped to integrate HIV in an intervention package to improve adolescent mental health and wellbeing. UNICEF worked with the National Social Protection programme in the United Republic of Tanzania to address HIV-related vulnerability in the poorest households and supported work with the education sector in the Democratic Republic of Congo, Myanmar and Namibia to enhance adolescents' access to combination prevention services and culturally sensitive comprehensive sexuality education. UNICEF supported child protection services in Kenya, Lesotho, Malawi, Uganda, Zambia and Zimbabwe to reduce violence against children and gender-based violence.
 35. To better serve adolescent girls and young women, UNICEF's HIV programme closely aligned its support in 2019 to the priorities of the organization's Gender Action Plan. This alignment was facilitated by technical support for the equality and empowerment of adolescent girls and young women. It focused efforts to address key issues in each and every prevention and treatment programme, such as UNICEF-supported cash transfer programmes, which reduce HIV vulnerability, empower girls, address harmful gender norms, keep girls in school and increase girls' economic potential—outcomes that are central to gender equity. The cash transfer programmes combine social protection, economic empowerment, health education for HIV and sexual and reproductive health and adolescent-friendly services.
 36. UNICEF's actions in the aftermath of Cyclone Idai in March 2019 (which hit Malawi, Mozambique and Zimbabwe) exemplify the scope and value of its HIV-related efforts and partnerships in humanitarian crises. UNICEF worked to preserve and sustain access in those countries to basic HIV services, achieving tangible results for people.
 37. In Malawi, mobile units reached 249 695 individuals (134 835 females) with emergency health services including consultations for common illnesses, reproductive health, immunization, family planning and HIV. In Mozambique, 110 404 people in transit centres, mainly adolescents and youth, were reached with essential health, HIV, nutrition and water, sanitation and hygiene services messages. UNICEF also supported the birth registration of 26 924 people. In Zimbabwe, UNICEF reached 1152 (691 females) with psychosocial support and 2152 pregnant women living with HIV with ART; identified and assisted 6 survivors of violence; reached 644 parents/caregivers of children with parenting support initiatives; reached 1475 children and adults (885 females) with awareness messages on child protection; and assisted 37 children living with HIV and with a disability (including 22 girls).
 38. During 2019, UNICEF used *childrenandaids* as a knowledge platform, supporting and hosting a wide range of knowledge products and tools, disseminating learning on what works and where for HIV and children, adolescents and pregnant women. However, resource constraints are jeopardizing UNICEF's capacity to maintain this global role.
 39. Since the launch of the current strategic priorities in 2017, UNICEF's HIV programme has intensified its efforts to meet its accountabilities for children and HIV.

Contributing to progress towards the SDGs

Specifically, UNICEF’s HIV programme is focused on two high-level, interdependent SDG goals:









- Fast-Track the HIV response by 2020 for pregnant women, mothers, children, and adolescents (SDG 3 [health] and SDG 2 [nutrition]); and

- Resilient government and community systems decrease HIV service inequities among pregnant women, mothers, children and adolescents and reduce gender, age and socio-economic HIV-related vulnerabilities (SDG 5 [gender equality], SDG 10 [reduced inequalities] and SDG 16 [peace, justice and strong institutions], as well as SDG 1 [poverty]; 4 [quality education]; 17 [partnerships for the Goals]).

UNICEF HIV programme contributions to the SDGs

Goal 1: Fast Track the HIV response by 2020 for pregnant women, mothers, children and adolescents

Goal 2: Build resilient government and community system to decrease HIV service inequities among pregnant women, mothers, children and adolescents and reduce gender, age and socio-economic HIV-related vulnerabilities

Primary		Primary			
	Good health		Gender equality	Reduced inequalities	Peace and justice
Secondary		Secondary			
	Zero hunger		No poverty	Quality education	Partnership for the goals

40. Adolescent girls and young women who live in high HIV transmission settings experience overlapping challenges. Recent evidence¹ highlights key development “accelerators” that extend beyond specific proven interventions to amplify synergies and contributions to address multiple, overlapping vulnerabilities across the SDGs. Taking on board the lessons learned, the UNICEF HIV programme is committed to pioneering programming that layers prioritized interventions across other multiple aligned targets (e.g. parenting supports, social welfare programme, cash transfers and safe schools programmes) to contribute to several SDGs at the same time.

41. To advance those goals, UNICEF has forged partnerships to transform and enhance HIV responses targeting children and adolescents. For example, as co-lead with the US President’s Emergency Plan for AIDS Relief (PEPFAR) for HIV prevention among adolescent girls

and young women in the Global HIV Prevention Coalition and the UNAIDS Stay Free Partnership, UNICEF is maximizing impact in key countries through enhanced coordination of partner responses for more cohesive layering of interventions.

Case study: Reaching adolescent and young mothers through peer mentors in South Africa

42. The rollout and prioritization of prevention of mother-to-child transmission has averted an estimated 2 million new infections in children worldwide since 2000, 1.6 million of them since 2010. Yet progress across regions and countries has been uneven, and challenges remain in some subpopulations such as adolescents.

1. Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study.

43. In 2016, a multiyear initiative scheduled to run to 2020 was launched in South Africa to address treatment challenges experienced by adolescents living with HIV. At the time, an estimated 36% of the 2.1 million adolescents (10–19 years) living with HIV were accessing HIV treatment services. New infection rates in South Africa have declined but remain unacceptably high, with up to 2000 new high infections among adolescent girls and young women every week. Adolescent girls and young women in South Africa are 8 times more likely to be living with HIV than their male counterparts. Risk factors include age-disparate sex with older partners, early sexual debut, inability to negotiate for safer sex and poor access of young men to HIV testing and treatment. These vulnerabilities are exacerbated by adolescent girls' and young women's inadequate access to information and prevention services in school and at clinics.
44. UNICEF in South Africa has invested in a novel, integrated programme that provides peer-based facility and community psychosocial and health education support to adolescent girls and young mothers to access PMTCT services, maternal and newborn child health, SRH and nutrition services. Through this initiative, 150 young peer mentors provided important non-clinical, complementary services for PMTCT and maternal and newborn health at 75 facilities.
45. The peer mentors – some of whom are living with HIV – are recruited from their communities. After two weeks of training and on-site mentoring by supervisory staff, the mentors are paired with clinic nurses and community health workers. The initiative promotes a package of services, including one-to-one education and psychosocial support on contraceptive use; HIV testing; TB pre-screening; adherence support for ART and follow-up support for retention in care; nutritional assessment and promotion of breastfeeding and non-clinical services, including supporting girls to return to school.
46. Over a 21-month period, the project enrolled 883 adolescent girls and young women, who were followed for at least 24 months post-delivery. The project improved rates of retention in care (93% compared to 50% baseline); early HIV testing during antenatal care (an average of 79% of first antenatal visits before 20 weeks, which was above the district performance of 59.9% and national performance of 66% during the same period); infant HIV testing at birth (86%, which is above the district rate of 59.8% and national rate of 68.9%) and exclusive breastfeeding.

Knowledge products



Improving Service Delivery for Infants, Children and adolescents.

UNICEF, in collaboration with partners, has developed a framework to help countries around the world improve service delivery for children and adolescents. The framework focuses on service delivery as one of three pillars of an effective HIV response, along with diagnostics and drugs



Evidence-based practices for retention in care of mother-infant pairs in the context of eliminating mother-to-child transmission of HIV in Eastern and Southern Africa: A summary with guidance for scale-up.

This study was commissioned by UNICEF Eastern and Southern Africa Regional Office to document and disseminate evidence-based practices and learning to improve retention in care



Adolescent-friendly health services for adolescents living with HIV: From Theory to Practice.

This technical brief will be useful to HIV programme managers in health ministries and other adolescent-related line ministries, especially those in low- and middle-income countries in sub-Saharan Africa, in implementing, monitoring and evaluating peer-based and adolescent-responsive and -friendly services for adolescents living with HIV



Advocacy Brief: Breastfeeding and HIV Global Breastfeeding Collective.

Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of more than 20 prominent international agencies calling on donors, policymakers, philanthropists and civil society to increase investment in breastfeeding worldwide.



Eliminate mother-to-child transmission of HIV: An investment opportunity for the private sector.

The private sector has a critical role in helping to improve the lives of children around the world, leveraging its expertise and assets to better serve the needs of hard-to-reach children. The private sector has and continues to be much more than a key donor in the response, bringing innovation, efficiency and know-how



Cyclone Idai: Integration of HIV into the humanitarian response in Malawi, Mozambique and Zimbabwe Case study.

In March 2019, Cyclone Idai brought death and destruction to Malawi, Mozambique and Zimbabwe. Each of these countries has a high burden of HIV, which required a priority HIV response. This case study highlights important HIV-specific interventions that were successfully integrated into the emergency cyclone response.



Prevent HIV in adolescents; An investment opportunity for the private sector.

With a proven track record in partnering effectively with the private sector, UNICEF achieves sustainable results for children and adolescents. UNICEF supports a 4T approach—“target, test, treat and train”—for youth at risk of HIV infection.



Close the HIV treatment gap for children; An investment opportunity for the private sector.

With a proven track record in partnering effectively with the private sector, UNICEF achieves sustainable results for children and adolescents. Children and adolescents living with HIV must receive treatment to suppress the virus. UNICEF makes sure interventions are tailored and adapted to the needs of children affected by HIV, and integrates strategies for prevention, treatment and care of HIV into existing health-care systems.



Key considerations for programming and prioritization Going the “last mile” to eMTCT: A roadmap for ending the HIV epidemic in children.

The Last Mile to EMTCT represents a structured and coordinated approach to dramatically reduce the number of new infant HIV infections at the country level.



Innovative approaches for eliminating mother-to-child transmission of HIV Empowering Clients through peer support: Experiences from community mentor mothers in Malawi and Uganda.

The mentor mother approach provides education, psychosocial support, tracking, and follow-up to women living with HIV who discontinue their care, in order to decrease mother-to-child transmission and support women’s right to health.



Integrated testing for TB and HIV using GenExpert devices expands access to near-point-of-care testing: Lessons learned from Zimbabwe / (French version).

This brief summarizes the key findings and lessons learned from Zimbabwe’s pilot implementation, while also highlighting the benefits of integrated testing for clients, health providers and the health system.



Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV Male Study Circles: Men as Change Agents in Malawi.

Male involvement has been shown to increase attendance at antenatal care visits, increase ART initiation, and increase the retention of pregnant women living with HIV on ART. Therefore, male partner involvement strategies have been identified as a promising practice to support PMTCT outcomes.



Accelerating access to point-of-care viral load testing for pregnant and breastfeeding women living with HIV / (French version).

Increased access to ART and treatment monitoring for pregnant and breastfeeding women living with HIV is a priority for promoting health during the pregnancy and post-partum periods, and to minimize the risk of vertical transmission of HIV to their infants.



Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV “CPN Papa”: Men as Change Agents in the Democratic Republic of the Congo.

Male partner involvement strategies have been identified as a promising practice to support PMTCT outcomes in the Democratic Republic of the Congo



Social Protection and HIV: Research Implications for Policy.

This document outlines findings to research on which form of social protection (i.e. cash, care or combinations) reduces HIV risk behaviour.



HIV-sensitive Social Protection: with focus on creating linkages between social cash transfer programmes and HIV services.

UNICEF conceived an intervention, aiming to strengthen the linkages between HIV services and national social protection programmes.



Dakar Call Renewed Commitment: For the elimination of mother-to-child transmission of HIV and universal coverage for paediatric HIV testing and treatment in West and Central Africa by 2020.

At a high-level meeting in Dakar, Senegal in January 2019, UNAIDS, UNICEF and WHO urged countries in Western and Central Africa to strengthen their commitments towards EMTCT and universal coverage for paediatric testing and treatment for HIV.

World Food Programme (WFP)

Key strategies and approaches to integrate HIV into broader agency mandate

47. WFP assists HIV- and TB-affected households and individuals to meet their basic nutritional needs via operations in 36 countries across all regions worldwide, including conflict-affected, fragile, and emergency contexts. WFP's vast network and outreach to poor, often marginalized people in developing countries saves millions of lives each year. WFP has mainstreamed HIV within its Corporate Results Framework, with several indicators that measure WFP's response to HIV/TB globally.
48. WFP uses its last-mile expertise to reach the furthest behind and works with partners to ensure that people living with HIV have access to food and good nutrition. Using multiple entry points (e.g. food and nutrition support, social protection, emergency response and global partnerships), WFP in 2018–2019 provided targeted HIV and TB programming to over 605 000 beneficiaries, dramatically improving quality of life, increasing retention in care, reducing HIV vulnerability, helping mothers safely breastfeed and enabling people to attend work and children to go to school.

Contributing to progress towards the SDGs

49. The WFP Strategic Plan for 2017–2021² aligns the organization's work to the Agenda 2030 Global Call to Action Against Poverty, which prioritises efforts to end poverty, hunger, all forms of malnutrition and inequality, encompassing humanitarian as well as development efforts through the humanitarian development nexus. The Strategic Plan is guided by the SDGs, in particular, SDG 2 on ending hunger and SDG 17 on revitalizing global partnerships for implementation of the SDGs. This is articulated through WFP's Strategic Objectives and Results, against which progress can be measured. Nutrition and food assistance will need to continue to be integrated in the HIV multisectoral response, including

in emergency and fragile contexts, and an HIV-sensitive lens will need to be applied to the fields of health, education, social protection, food security and nutrition.

SDG 1.3

50. WFP's social protection interventions address the root causes of poverty and hunger by tackling structural drivers and vulnerabilities at scale. WFP ensures social protection systems are inclusive of people living with, at risk of or affected by HIV at the policy, programme and intervention levels. During the Asia Pacific Social Protection Week in September 2019, WFP co-organized a session on the state of HIV-sensitive social protection, with a focus on ageing people living with HIV, leading to the decision by three Ministers of Health from the Asia-Pacific regions to attend a UNAIDS HIV Sensitive Social Protection Assessment Tool advocacy session.
51. WFP reached beneficiaries through its HIV and TB-sensitive programming, including school meals and other activities that address the needs of children and adolescents, especially adolescent girls, while promoting school attendance and reducing risk-taking behaviour; supporting HIV-sensitive social safety nets in several regions. In 2018, WFP provided school meals or snacks to over 16.4 million children, and take-home rations in the form of food or cash to over 630 000 children in over 64,000 schools in 61 countries globally. Studies have shown school feeding increases enrolment by 9%, decreases dropout rates among adolescent girls by 40%, reduces household poverty by 10%, as drives gains in local agricultural economies by as much as 33%.³
52. WFP provided technical assistance to government-led school feeding in an additional 10 countries. Further, 3.4 million children received school feeding in emergency contexts. In Malawi, WFP reached 762 857 children in 879 schools during the biennium. These programmes alleviate short-term hunger and food insecurity, increase enrolment and retention and enabling students to stay in school in order to improve educational outcomes, which in turn contributes to reduced high-risk behaviours.

2. <https://www.wfp.org/publications/wfp-strategic-plan-2017-2021>

3. https://docs.wfp.org/api/documents/WFP-0000102338/download/?_ga=2.51664172.483358929.1584962704-696317795.1571729295

53. In 2019, WFP collaborated with the Accelerate Hub to develop a policy brief on HIV-sensitive social protection highlighting the evidence on the impact of HIV-sensitive social protection and identifying potential entry points, and opportunities in the development and implementation of national HIV response, poverty-reduction and development plans.

SDG 2

54. In 2018 WFP implemented nutritional programming in 66 countries, reaching 15.8 million beneficiaries. The programmes took a holistic and gender-responsive approach to HIV, leveraging context-specific entry points and partnerships to provide nutrition-sensitive support and social protection to vulnerable people living with HIV and TB and their households, WFPs nutrition-sensitive activities, like take-home rations and cash-based transfers, reached over 1 million beneficiaries in 22 countries across four regions.
55. In emergency contexts, WFP supports the daily nutritional requirements, treatment adherence, and reduced vulnerability to HIV. For example, in 2019, as an emergency response to Cyclones Idai and Kenneth, WFP Mozambique provided food and nutrition support to 15 000 people living with HIV receiving ART.
56. During the biennium, WFP worked together with partners to integrate food and nutrition support in programmes to prevent mother-to-child transmission and mother and child health and nutrition services in 21 countries across three regions. In 2018, WFP reached 5.6 million pregnant and lactating women with nutrition-specific programming⁴, helping improve both adherence to prevention protocols and health outcomes for newborns. Increasingly, WFP is integrating pregnant and lactating women and their infants into, WFPs general nutrition programmes, instead of establishing parallel support, which is meant to further reduce stigma.
57. WFP conducted several studies on the impact of nutrition support and HIV and TB treatment outcomes. In the East and Adamawa regions of Cameroon, where 4655 malnourished people receiving ART and TB therapy from both refugee and host populations received nutrition support, an annual nutritional recovery rate of 96.57% was reported in 2019 (vs. 95.5% in 2018); with a death rate of 2.01% (vs. 2.4% in 2018) and a non-response rate of 1.41% (vs. 2.1% in 2018). Default rates among treatment clients in areas where nutrition support was

provided fell from 14% in 2016 to 1.08% in 2017 and 0% in 2018 and 2019.

58. In 2018–2019, WFP provided technical assistance to 18 governments across five regions to integrate food and nutrition services into the national HIV response through the development, or revision, of national guidelines on nutrition and HIV and/or development of other Nutrition Assessment Counselling and Support (NACS) related tools. WFP also supported six governments across two regions in conducting Nutrition and Food Security Vulnerability Assessments among people living with HIV. In Ghana, where an assessment found that 21% of 1666 HIV-affected households were food-insecure, report recommendations spurred an initiative that built the capacity of people living with HIV networks to develop livelihood activities and promote food security and treatment adherence. WFP provided NACS training to more than 3000 health care workers, health management teams and community health workers in 23 countries across four regions.
59. In 2019, a conceptual framework linking food insecurity to HIV and TB burden⁵ was developed by WFP and the London School of Hygiene and Tropical Medicine, outlining pathways linking food insecurity and global HIV and TB burden. Preliminary findings show that food insecurity is also strongly associated with unequal power relationships (with especially concerning consequences for vulnerable girls and women), inadequate food intake, overweight and obesity due to poor-quality food intake (thereby increasing risks of diabetes among people living with HIV) and depression and anxiety, especially among mothers. Following up on the pathways identified in this study, data was extracted from 195 countries from 2000–2018, leading to preliminary findings that **achieving SDG 2 would lower global HIV incidence by 67% and global TB incidence by 47%.**

SDG 3

60. In 2019, 132 million people in 42 countries globally required humanitarian assistance. WFP works with governments and partners to ensure food and nutrition support to people living with HIV and vulnerable groups and works on HIV prevention through sensitizing high-risk groups through social and behaviour change communication and providing social protection such as school meals to keep children at school longer, especially in emergencies.

4. Nutrition in Numbers (2018). WFP Nutrition Division.

5. Developed by the London School of Hygiene and Tropical Medicine, Epidemiology and Population Health Division - preliminary findings

SDG 5

61. A global study in 2019 estimated that adolescents account for 27% of WFP's beneficiaries (15 227 237), with most of these adolescents reached through general food distribution or on-site school feeding. A separate four-country qualitative study carried out with Anthrologica and Unilever, generated recommendations to improve ways of reaching adolescents in nutrition programming.

SDG 17

62. Towards generating strategic information for action on HIV and food security, WFP forged two substantial and concurrent research collaborations with London School of Hygiene and Tropical Medicine and the University of California at San Francisco. WFP and their strategic academic partnerships focus on innovative, novel research on both HIV and TB-sensitive approaches linked to WFP's operations.
63. WFP co-convenes the Inter-Agency Task Teams for HIV in emergencies with UNHCR and HIV sensitive social protection with ILO.
64. In 2018–2019, WFP provided logistical and supply chain expertise to the Global Fund, by helping them better assess current stocks and future needs, and by storing and delivering medications and other supplies by plane, truck, motorbike and even canoe. Together with the Global Fund, WFP provided supply chain and logistics support in the form of non-food items for HIV, TB and malaria-related commodities across eight countries⁶ across three regions, totalling US\$ 36 million in commodity value. WFP supply chain helped deliver US\$ 3.7 million in HIV commodities and US\$ 442 000 in TB commodities, reaching 14 million beneficiaries.⁷
65. Together with the Bill and Melinda Gates Foundation and UNFPA, WFP supported the Supply Optimization through Logistics, Visibility and Evolution (SOLVE) initiative, which helps meet the Family Planning 2020⁸ initiative in 17 countries and serves as a channel for financial contributions to both global and country-level activities to enable access to modern contraceptives to an additional 120 million women and girls.

Case study: Restoring hope in Cameroon: nutrition support and economic empowerment as pathways to positive and healthy living among people living with HIV.

66. In the East and Adamawa regions of Cameroon, where poverty rates are high HIV prevalence is elevated (5.9% and 4.9% HIV prevalence respectively against 3.6% at national level) and where one in six people receiving ART is estimated to be malnourished and half of HIV-affected households are food-insecure or vulnerable to food insecurity, WFP six years ago initiated a nutrition rehabilitation programme with the government to support retention in care and medication adherence. Malnourished HIV treatment clients (approximately 2000 currently, one-third of them women) receive specialized nutritious food, nutrition counselling, sanitation and hygiene sensitization, and home follow-up visits.



67. The programme has shown impressive results, with marked increases in nutritional recovery rates, declining HIV treatment default rates and a nearly 80% decrease in mortality. However, after a study found that 33% of clients exiting the nutrition rehabilitation programme had relapsed into malnutrition, WFP designed an additional intervention to help the most vulnerable build their livelihoods. Between 2017 and 2019, 850 persons have joined 37 Village Savings and Loan Associations. All received training on agriculture, small livestock rearing or

6. Burundi, Cameroon, CAR, Chad, Mali, Syria, Yemen and Zimbabwe

7. WFP Supply Chain (2019).

8. Family Planning 2020 is a global initiative that supports the right of women and girls to decide, freely and for themselves, whether and when to have children, and how many they want to have.

petty trading and start-up kits. They managed to produce 11.7 tons of food (maize, peanut, and soybeans), raise 1600 broilers and sell them for a total of US\$ 12 000 while small businesses made a profit of US\$ 6000. Beneficiaries collectively saved US\$ 4500, granted US\$ 3200 as interest credit, and mobilized US\$ 1800 for solidarity funds with their associations.

68. The programme has been life-changing. Aubin, a 19-year-old who tested HIV positive and started treatment after having lost both his parents to AIDS when he was 10, joined the the economic strengthening programme and started a business in poultry rearing that enables him to take care of himself and support his family. He started small, with 10 broilers, but now raises 35 chicks with the ambition to become the reference breeder in his hometown. Likewise, Madeleine, who weighed 38kg before joining the programme, now weighs 80 and can feed her grandchildren and send them to school thanks to her small retail business. “Before this project we felt worthless,” she says. “Now we have something to be proud of”.



Case study: Investing in community radio for enhanced prevention and treatment services of HIV and TB during emergencies [Article written by Programme Policy Officers Arghanoon Farhikhtah and Sara Saija, WFP, Mozambique Country Office, March 2020]

69. “When you are well informed, you take the medicine, when you are badly informed, you give up.” Says Julieta*, partaking in community HIV/TB debates, in Sofala province of Mozambique, as part of a World Food Programme (WFP) HIV emergency response project. People living with HIV account for 12.6% of Mozambique’s general population and Sofala province, which was hit by what was recorded the strongest cyclone on the African continent in March 2019, has over 360 000 people living with HIV. Tropic Cyclone Idai and its subsequent flooding affect over 1.5 million people and displacing more than 18 000.

70. In times of emergencies, daily life becomes more difficult for everyone. However, vulnerable groups in society, especially people living with HIV take an even stronger hit. Moreover, displaced populations especially adolescent girls and young women may adopt risky sexual behaviours including transactional sex as a coping strategy, increasing the risk of HIV transmission. The lack of food which may occur during natural disasters also impacts people living with HIV and their families drastically. Food insecurity has been found a critical barrier to adherence to ART and retention in care among adults living with HIV and/or TB.



Figure 1: Destruction by TC Idai in Sofala province capital, Beira

71. The cyclone disrupted health systems, preventing people living with HIV from accessing life-saving treatment and other essential services. Community members living with HIV were unsure of where to receive treatment as many health centres were destroyed and their belongings were lost, including ART medication and medical cards. There was a need to act quickly.



Figure 2: Temporary health centre tents set up outside closed health centre due to TC Idai, in Sofala province attending patients.

72. WFP was one of the first organizations on the ground, providing life-saving support to people affected by the cyclone. With financial support from the UNAIDS Secretariat, WFP partnered with a local media organization to scale-up support to the Government to reach vulnerable groups, such as people living with HIV/TB with nutritional support and community-based sensitization via radio programmes and debates.



Figure 3: Community debate in Sofala province hosted by community radio journalists and medical staff

73. WFP and partners worked with community radio journalists who conducted interactive radio programmes with medical staff, creating a trusted information platform about HIV/TB. The aim was to promote health seeking behaviour, increase treatment adherence and reduce stigma around HIV/TB. “In order to get listeners to share success stories, we offered to tell their stories on their behalf on air, rather than the community member doing so themselves” said community radio journalist Antonio Rocha in Sofala. To gauge interest but also

inspire each other, the project encouraged community members to share their stories of how the information on the radio had influenced them to get back on treatment after the cyclone had disrupted their daily lives. The radio also informed people where to seek healthcare in case their health centre had been destroyed or their medical cards were lost in the cyclone.

74. “Everyone always listens to the radio, at least one time per day” says Maria* in Nhamatanda district of Sofala when we meet her in October 2019. Eight months ago, the cyclone turned her life upside down. “I lost my husband in the cyclone. I was left with five kids and a destroyed house. I lost everything, and I couldn’t find my medical card. I thought it meant that I could no longer get the medication.” She was one of the community members that heard the WFP supported radio programmes. “They said anyone who lost their cards could go to the temporary health centres and get a new one and continue receiving medication. After joining a community debate, I felt empowered by the stories people shared about going back to treatment after the cyclone. So, I decided to do the same.”

75. Over the course of the project, more than 7300 people participated in the community debates and an estimated 36 000 people tuned in to the radio programmes.

76. These interventions can have a significant impact on peoples’ lives, especially in emergencies. They act as a critical platform for rural communities and temporarily displaced families to understand where to receive assistance and how and where to access HIV/TB services. Efforts to push the 90–90–90 agenda should always apply, regardless of circumstances. People should have the right to know of their HIV status, be on treatment and to be virally suppressed, even in times of crisis. WFP continues to be the leading humanitarian agency worldwide, saving and changing lives, and through our partnership with UNAIDS, we can ensure no-one is left behind.



Figure 4: Community radio journalist and medical staff conducting a live session about HIV/TB in Beira city

*Julieta and Maria are fictional names

Knowledge products



WFP and HIV in Emergencies Fact Sheet. Internal Guidance. 2019.

HIV is rarely among the priorities in humanitarian response. People living with HIV often lack access to prevention, treatment, care and support services. Humanitarian emergencies exacerbate all forms of inequality, as people face increased food insecurity, the destruction of their livelihoods and extreme poverty. Many people living with HIV in emergencies suffer service disruptions and restrictive policies that threaten their lives



Integrating HIV in the IASC Cluster Response. 2019.

Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. water, health and logistics. They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination.



RBC's position paper to contextualize HIV and AIDS response vis-a-vis Zero Hunger goal. 2019.

The Regional Bureau Cairo (RBC) covers the Middle East, North Africa, Central Asia and Eastern Europe.



Enhancing the HIV/TB Emergency Response in Tropical Cyclone Idai Affected Areas in Mozambique. Case study. 2019.

WFP was one of the first organizations on the ground, providing life-saving support to those affected by TC Idai. WFP and partners worked with community radio journalists who conducted interactive radio programmes with medical staff, creating a trusted information platform about HIV/TB. The aim was to promote health seeking behaviour, increase treatment adherence and reduce stigma around HIV/TB



Accelerating Achievement for Africa's Adolescents (Accelerate) Hub.

HIV-sensitive Social Protection Policy Brief—Leaving no-one behind: How WFPs approach to HIV-Sensitive social protection will help us achieve zero hunger in Eastern and Southern Africa. 2019



Regional report on WFPs social protection strategy in the LAC Region linked to SDGs. 2019.

[WFP]



Regional report on HIV-sensitive social protection and safety nets. 2019.

[WFP]



Development of new IATT HIV-E website

(change of platforms, and subsequent redesign). Beta-testing 2019; official launch 2020



The role of food and nutrition support in the HIV and TB response in refugee camps across Eastern and Southern Africa.

This document will be published in 2020.



Impact of food and nutrition in WFP HIV/AIDS and TB programmes in refugee camps across East and Southern Africa.

Will be published in 2020.



Nutritional Support and HIV & TB Treatment Outcomes Report in Eswatini.

2019.



WFP Global HIV/AIDS TB Dashboard.

An Information Management Officer was recruited to develop a dynamic, real-time HIV/AIDS/TB dashboard linked to WFP's corporate reporting system and agency-wide corporate Country Office Monitoring and Evaluation Tool (COMET). COMET provides a comprehensive M&E tool for users across the organization from Country Office to Regional Bureau to HQ. 2019.

United Nations Development Programme (UNDP)

Key strategies and approaches to integrate HIV into broader agency mandate

77. The Sustainable Development Goals (SDGs) remain the world's blueprint for action to end extreme poverty, fight inequality and injustice, and protect our planet. The response to both HIV and the COVID-19 crisis, as well as the comprehensive 2030 Agenda, demonstrate the implementation of the 2030 Agenda require new ways of working, with innovative and concerted efforts needed to address the social, structural, economic and environmental factors that shape HIV and health inequities.
78. HIV is integrated in UNDP's six Signature Solutions work across sectors and in all three development settings: poverty eradication, structural transformation and resilience in crisis. In everything it does, UNDP seeks to amplify, accelerate, and connect people and knowledge. UNDP's worldwide presence thought leadership and over 50 years' experience help countries and communities respond to ever-changing, complex development challenges. The [Global Policy Network](#) is connecting UNDP's 17 000-strong workforce to provide [integrated solutions](#) that multiply impact and accelerate progress on the SDGs. UNDP helps countries pursue innovation and scale, while taking care to protect privacy and human rights.
79. UNDP connects the best knowledge, capacity and solutions from different organizations, fields and countries to share resources and make progress towards the SDGs. UNDP is one of 12 multilateral health, development and humanitarian agencies in the [Global Action Plan on Healthy Lives and Well-Being](#), which is driving enhanced collaboration and efficiency towards supporting countries in accelerating progress towards the HIV and health-related SDG targets. The 12 signatory agencies to this plan channel at least US\$ 12.7 billion annually, or nearly one-third of all development assistance for health, with UNDP and UN Women leading work on determinants of health.
80. UNDP is also a partner in the [UKRI GCRF Accelerating Achievement for Africa's Adolescents Hub](#), which aims to improve outcomes for 20 million adolescents and children in 34 countries. Researchers from Oxford university work alongside international partners, including UNDP, UNICEF, UN Women and WHO, African governments,

donors (e.g. Global Fund and PEPFAR), nongovernmental organizations and young people themselves to identify and test service combinations that stretch across HIV and health, education, social, and economic sectors. As part of this work, UNDP has helped to develop an evidence note that highlights programmes, services and provisions that improve health outcomes for adolescent girls and young women in Africa – especially those living with HIV.

Contributing to progress towards the SDGs

81. In 2018–2019, UNDP supported 138 countries on HIV, health and development issues, including 48 million people reached through UNDP's focus on poverty eradication and resilience in crisis. UNDP is collaborating with partners in new ways across the 2030 Agenda on integrated approaches in line with the UN Development System (UNDS) reforms.
82. In 2018–2019, UNDP managed 32 Global Fund grants in 19 countries, as well as three regional programmes that cover an additional 24 countries. UNDP supports governments with Global Fund grants to implement large-scale programmes, make health systems more resilient, and strengthen laws and policies in order to reach those in greatest need and leave no one behind. UNDP takes a comprehensive, systematic approach to capacity development for transitioning grants to national partners, having since 2003 successfully transitioned out of 32 national and two regional grants covering 15 countries.
83. In 2018–2019, the number of lives saved through UNDP's partnership with the Global Fund increased from 3.1 to 4.5 million. In support of national partners, UNDP is currently providing 1.4 million people with antiretroviral treatment, and in 2018–2019 provide counselling and testing for HIV to 13 million people (including for key populations in 25 countries), reached 172 229 pregnant women with ART and successfully treated 61 628 TB cases.
84. UNDP provided technical assistance and policy support to Global Fund programmes in 31 countries and assisted the functioning of Country Coordinating Mechanisms in 18 countries. For example, in South Sudan, UNDP helped the government triple the number of health centres providing HIV treatment, from 26 in 2016 to 74 in 2019, and used

airlifts to supply HIV commodities to centres blocked by violence conflict and poor roads. UNDP supported the HIV national response in Egypt to re-access Global Fund resources.

85. In contexts of accelerating structural transformation, UNDP addressed major trends of slowing economic growth, declining trust in government and persistent gender inequality. UNDP responded with concentrated efforts, increasingly enabled by emerging technologies, on governance, health, human rights and rule of law, supporting inclusive, accountable institution building.

Gender equality and women's empowerment

86. UNDP supported countries to promote gender equality and preventing sexual and gender-based violence. Together with UN Women and UNFPA, UNDP supported a gender-justice programme in 20 countries in the Middle East and North Africa, contributing to the repeal of laws in Jordan and Lebanon that allowed rapists to escape justice if they agreed to marry their victims. UNDP worked with networks of women living with HIV to develop a community-led report on violence against women living with HIV in 12 countries in Eastern Europe and Central Asia, and the barriers they face in accessing services. UNDP helped 17 countries establish frameworks to prevent and respond to sexual and gender-based violence, partly due to UNDP's active engagement in "Spotlight", a global multiyear partnership between the European Union and the UN to eliminate all forms of violence against women and girls by 2030.

LGBTI inclusion and key populations

87. Advancing inclusion of sexual and gender minorities and promoting their access to HIV and health services is a key priority for UNDP. Regional "Being LGBTI" programmes are building understanding of the issues LGBTI people face and advancing their inclusion in national development efforts. Built on South-South collaboration within and across regions, "Being LGBTI" and related programmes have been rolled out across 53 countries worldwide. For example, UNDP provided support to review and draft transgender inclusion policies in Viet Nam and anti-stigma and discrimination policies in Pakistan. UNDP's Being LGBTI in the Caribbean initiative has conducted the first-ever study on the human rights of intersex persons in the region.
88. UNDP's 2019 Human Development Report sharpened its focus on the most vulnerable people, hidden behind

averages, including people living with HIV and LGBTI, with the aid of new Leave No One Behind project markers to track how we are reaching these groups, and a reoriented approach to social protection. UNDP supported social protection in 62 countries, including establishing HIV-sensitive programmes in 38 countries. For example, thanks in part to support from UNDP, transgender people have now been included in "Poor ID", a national initiative in Cambodia to identify poor households and determine their eligibility for various social protection programmes. Other groups now included in the initiative are people who use drugs, entertainment workers, people living with HIV and persons with disabilities. Each group's unique needs will be heard and considered by the government ministry responsible for the programme.

89. UNDP organized a South-South exchange for countries to share experiences on advancing human rights and social and economic inclusion for transgender people. Bringing together national and local governments and civil society organizations from 12 countries in Latin America and the Caribbean, UNDP has supported implementation of action plans and South-South exchanges focusing on employment, social protection, health, and education.
90. The [Linking Policy to Programming](#) initiative seeks to improve SRH outcomes for young key populations in Angola, Madagascar, Mozambique, Zambia and Zimbabwe. UNDP has completed National Legal Environment Assessments reviewing laws, policies and practices pertaining to HIV to inform reform efforts to achieve enabling legal environments for effective HIV responses. National Action Plans were developed to implement the recommendations of the the legal environment assessments. Key advocacy achievements with partners include decriminalization of same-sex relations in Angola in 2019, introduction of legislation to lower the age of consent for sexual and reproductive health services in Zimbabwe, reforms in Madagascar to enable young prison inmates to access HIV and sexual and reproductive health (SRHR) services, and inclusion of key populations issues in police training curricula in Zambia, Mozambique and Madagascar.

Human rights

91. UNDP supported governments, civil society and UN partner in 89 countries to reform discriminatory laws and policies on HIV, TB and broader health issues. Following the legal environment assessment in Belarus, the government created a working group to propose legislative changes related to HIV criminalization. The government of Sudan repealed a punitive "public order law." Assessments have also contributed to the inclusion

of condoms and lubricants in the national essential medicines list in the Democratic Republic of the Congo, repeal of a law criminalizing unintentional transmission of HIV in Mozambique, and decriminalization of consensual same-sex conduct in the Seychelles.

92. In July 2018, the Global Commission on HIV and the Law released a Supplement to its 2012 landmark report. The Supplement highlights recent developments in HIV science, technology, law, geopolitics and funding that affect people living with HIV and coinfections and provided clear, actionable recommendations for governments, civil society and other partners. The Supplement noted that while digital health technologies have the potential to support HIV responses, there are serious risks of misuse. UNDP is working with the Secretariat and Cosponsors to promote rights-based approaches to the use of digital technologies and data for HIV and health. In 2020, UNDP will lead the development of inter-agency guidance on digital innovations and HIV-related programming including a framework for protecting the rights of people living with HIV and key populations in digital spaces.
93. UNDP, in collaboration with the Secretariat and other Cosponsors, provided policy and programme support for the implementation of the Global Fund strategy objective on removing human rights barriers, including the Breaking Down Barriers initiative. UNDP supported country-led assessments of laws and policies related to HIV and TB (Angola, Zimbabwe, Botswana, Senegal and Seychelles through the Africa regional grant on Removing Legal Barriers), audits, national dialogues, research, on-going monitoring, and policy papers and guidance notes for rights based HIV and TB programmes.
94. UNDP, UN Women, the Secretariat, and GNP+ co-convene the Global Partnership for Action to eliminate all forms of HIV-related Stigma and Discrimination. Of 30 countries invited to express interest in the Partnership, 20 are now developing action plans to undertake activities to address stigma and discrimination in their three chosen priority settings such as the justice system, health-care settings, and emergency and humanitarian settings.
95. UNDP, WHO, UNAIDS, Georgetown University, and the Inter-Parliamentary Union launched the [Universal Health Coverage Legal Solutions Network](#) to help governments, parliaments, and other stakeholders to craft and carry out laws to provide universal health coverage (UHC).

Investments and efficiencies

96. UNDP works with countries to develop investment cases, detailed analyses of how government investment in health can save money and lives. UNDP policy and technical support to 10 countries in eastern Europe and central Asia increased and optimized HIV investment, supporting Montenegro's decision to earmark domestic funds to NGO-provided HIV-related services and Serbia's development of minimum HIV services packages for key populations.
97. UNDP supported inclusive, accountable and responsive national and local institutions. Efforts to combat corruption helped ensure that resources were efficiently managed and available for the public good. In 2019, UNDP, the Global Fund and WHO launched the Anti-Corruption, Transparency and Accountability Alliance for Health to address the US\$ 455 billion global losses annually from health-care fraud and abuse.

Case study: Empowering adolescent girls, young women and female sex workers for improved SRH and prevention of HIV and sexual and gender-based violence in Angola

98. In Angola, girls aged 15-19 years are three times as likely to become infected with HIV as boys the same age. UNDP, the Global Fund and partners, including Obra da Divina Providência, Management Sciences for Health and MWENHO, train young activists to serve as peer educators on sexual and reproductive health. Groups for teen girls and young women, called "bancadas femininas," host discussions and social activities, and use theatre, music and other creative methods. Peer educators have reached over 33 000 young women with HIV prevention services.
99. Gender-based violence and discrimination against female sex workers is also fuelling new HIV infections. Under the Global Fund grant, UNDP partners with civil society organizations to provide psychosocial and clinical support to victims of gender-based violence, with a focus on female sex workers. This includes empowerment group meetings led by peer educators, during which participants are also provided with condoms

and lubricants. The programme provided a package of prevention services to 4724 female sex workers with a package of prevention services, with 85% tested for HIV, resulting in a positivity rate of 5.1%. Of those who tested positive, 71% started ART.

100. The groups have also contributed input into the national strategy for key populations. Complementary to this process, with the Luanda municipality, UNDP has helped to sensitize police departments through gender-based violence workshops.

Knowledge products



HIV and the Law: Risks, Rights & Health—2018 Supplement.

This Supplement highlights developments since 2012 in science, technology, law, geopolitics and funding that affect people living with or at risk of HIV and its coinfections



What Does It Mean To Leave No-One Behind: A UNDP discussion paper and framework for implementation?

This paper advances a framework that governments and stakeholders can use to act on their pledge to leave no-one behind and has informed the UN Sustainable Development Group's guidance on leaving no one behind.



The ayKP Toolkit

is the result of a collaboration between UNDP, UNESCO, UNFPA, UNICEF, UNODC, WHO, and the UNAIDS Secretariat), adolescents and young people from key populations, and other partners to help plan and scale up HIV prevention programmes with adolescents and young people from key populations.



The Sustainable Development Goals: Sexual and Gender Minorities.

This discussion paper highlights promising policy and programme approaches to protect the human rights of sexual and gender minorities and strengthen their inclusion in sustainable development.



International Guidelines on Human Rights and Drug Policy

A reference tool for those working to ensure human rights compliance while taking into account their concurrent obligations under the international drug control conventions.



Inter-sectoral co-financing: Financing across sectors for universal health coverage in sub-Saharan Africa

describes lessons learnt from the piloting of an innovative approach developed by UNDP and STRIVE to support efficient resource allocation for integrated planning and budgeting for UHC and the SDGs.



Universal Health Coverage for Sustainable Development

This issue brief outlines UNDP's contributions toward supporting countries to remove barriers to health and improve the affordability, accessibility and quality of health care and systems.

LGBTI Inclusion Index Methodology

Framework using 51 indicators to assess LGBTI people's experiences of stigma and discrimination in areas of life ranging from political participation to personal security, with the aim of providing a strong evidence base to advocate for greater inclusion.

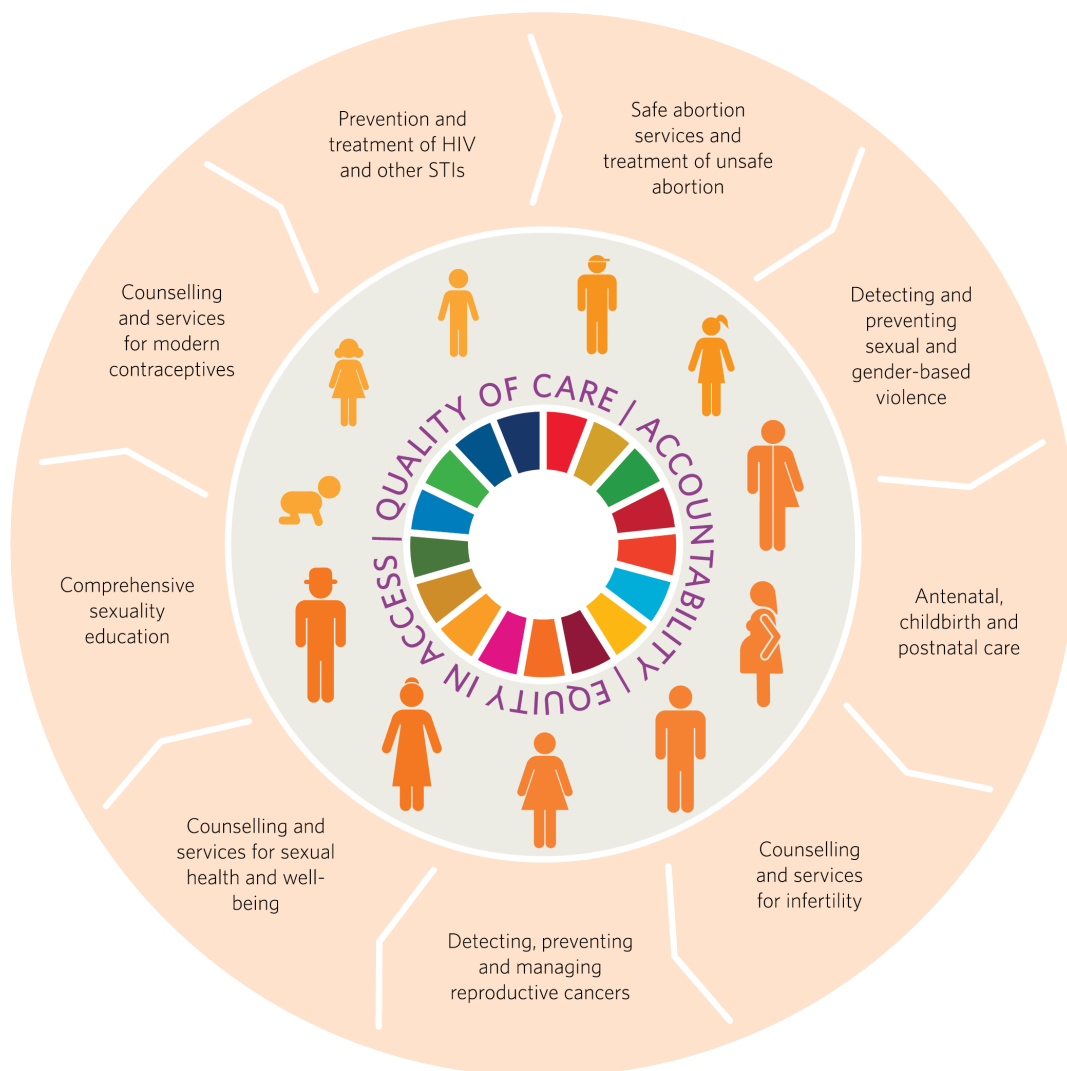
United Nations Population Fund (UNFPA)

Key strategies and approaches to integrate HIV into broader agency mandate

- 101. UNFPA strives for a world in which every pregnancy is wanted, every birth is safe and every young person's potential is fulfilled. Responding to HIV is a critical element of an essential sexual and reproductive health package and reaching universal access to SRHR, a key contribution to UHC.
- 102. The intrinsic connections between HIV and SRHR are well-established, and elaborated in the Essential Package: SRHR: An Essential Element of Universal Health Coverage, produced for the Nairobi Summit on

ICPD25 held in November 2019. HIV is predominantly sexually transmitted, which subsequently increases the risk of vertical transmission from mother to child.

- 103. Linking HIV and SRHR is also a key delivery platform for HIV prevention and critical for reaching SDG targets for human rights, gender equality and health targets. During the first biennium of implementation of UNFPA's new Strategic Plan (2018–2021), UNFPA laid the foundation for supporting achievement of the SDGs through a primary focus on three transformative results by 2030: (a) ending preventable maternal deaths; (b) ending unmet need for family planning; and (c) ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. In eastern and southern



Africa, UNFPA has a fourth transformative result—ending sexual transmission of HIV.

104. UNFPA works with partners in over 150 countries to support member states to help girls and women to access SRHR. UNFPA promotes integrated HIV and SRH services for young people, key populations, women and girls, and people living with HIV, focusing support on the most vulnerable and those left furthest behind. Towards ensuring equitable access to quality SRHR services for all, UNFPA works to overcome financial, social and cultural barriers through strategic partnerships. It has increasingly supported integration of HIV, including in family planning, contraception and comprehensive sexuality education (CSE), leading CSE efforts in the out of school context.

105. An independent evaluation of the organization's HIV work from 2016–2019 is being published in 2020. It points to the importance of the UNAIDS Division of Labour as an organizing framework and notes that UNFPA has been active in forging partnerships on critical aspects of the HIV response, coordinating support to the HIV response at all geographical levels. It also acknowledges the organization's efforts to promote the rights of the most vulnerable and to promote linkages between SRHR/HIV/SGBV (sexual and gender-based violence). One of the main recommendations is for UNFPA to develop an HIV Strategy to balance the Fund's outward-facing leadership ambition and inward-looking priority setting and action.

Contributing to progress towards the SDGs

Key UNFPA results in 2018-2019



121,000
Maternal deaths
averted



44 million
Unintended Pregnancies
averted



280,000
new HIV infections
averted



12.5 million
sexually transmitted
infections averted

106. UNFPA works with governments, partners and other UN agencies to catalyse progress towards numerous SDGs—in particular Goal 3 (health), Goal 4 (education) and Goal 5 (gender equality) as well as many other SDGs, as outlined in the UNFPA results report (<https://www.unfpa.org/sdg>).

Global HIV Prevention Coalition

107. Under UNFPA's co-convenorship of the GPC, Botswana, the Islamic Republic of Iran and Myanmar joined in 2018–2019, bringing the number of focus countries to 28. Norway, the Southern African Development Community and the Reproductive Supplies Coalition also joined. The GPC held four Working Group meetings and two meetings of National AIDS Directors.
108. The GPC reinforced prevention leadership. A consultation in May 2018 on HIV Prevention with

Adolescent Girls and Young Women focused on improving geographic coverage, identifying service delivery platforms, policy actions and strengthened monitoring of programmes for adolescent girls and young women and their male sexual partners. At the Nairobi Summit on ICPD25, a concurrent session focused on HIV prevention challenges among adolescent girls and young women, and a high-level ministerial meeting described the status of national prevention efforts and led to a re-commitment to accelerate the pace of implementation of commitments to HIV prevention and SRHR.

109. The GPC enhanced regional and country support, including south-south learning, to strengthen prevention programmes and capacities along 10 Road Map actions, focusing investment on 5 pillars as well as measurement using scorecards, posters and participatory country consultations.

Work with youth and on CSE

Key UNFPA achievements for adolescent and youth empowerment, 2018-2019



Couple of years of protection

69.3 million couple years of protection for Procured by UNFPA



Out-of-school sexuality education

42 countries delivered out-of-school comprehensive sexuality education

Logistic information system

58 countries had a logistic management system reaching the last mile



Marginalized girls

4.2 million marginalized girls reached by life skills programmes



Policy

In 78 countries, at least two sectors apart from the health sector, have strategies that integrate the sexual and reproductive health of adolescents and youth



In-school sexuality education

37 countries operationalized school-based comprehensive sexuality education curriculum



Participation

82 countries had institutional mechanisms for the participation of young people in policy dialogue and programing

110. UNFPA contributed to the UN Strategy on Youth: Youth2030. In full alignment with this, UNFPA's Adolescents and Youth Strategy "My body, my life, my world" (<https://www.unfpa.org/youthstrategy>) supports the empowerment of young people to realize their health and rights to exercise well-informed decisions about their own bodies, lives and world.

111. UNFPA supported Member States in the provision of youth-friendly SRH clinical services, including contraception, HIV/STI testing, management and referrals, counselling and other SRH support. UNFPA advocated with ministries of health to lower the age of consent for accessing SRH services. UNFPA supported development and use of youth-led technology and innovative approaches in SRHR, including HIV prevention, and in- and out-of-school CSE. A three-year out-of-school CSE programme was initiated in five countries (Colombia, Ethiopia, Ghana, Islamic Republic of Iran, and Malawi) with financial support from Norway. Support to youth-led initiatives such as Safeguard Young People also continued.

0.45 million in 2017 to US\$ 0.37 million in 2018. In 2018–2019, UNFPA-supplied condoms averted over 12.5 million STIs and nearly 300 000 HIV infections.

113. UNFPA worked with USAID, Bill & Melinda Gates Foundation, the Africa Beyond Condom Donation coalition and the Global Fund, undertaking market research demonstrating the decline of condom use among young people. In 2019 the Global Fund committed catalytic funding to countries with an increased focus on comprehensive condom programming in its next cycle. Evidence from seven countries shows that condom availability programmes do not increase sexual activity, do not lead to a greater number of sexual partners, and do not lower the age of sexual initiation.

114. During the biennium, UNFPA invested US\$ 174.5 million on reproductive commodities (including emergency contraceptives, male and female condoms, HIV test kits and lubricants) in 22 UNAIDS Fast-Track countries. This led to health-care savings of an estimated US\$ 765.9 million (e.g. unintended pregnancies, abortions and unsafe abortions averted; maternal deaths and child deaths averted; and maternal and child DALYs averted), generating an effective return on investment of 4:1.

Condoms and other reproductive health commodities

112. In 2018–2019, UNFPA supplied 2.53 billion male condoms (US\$ 56.5 million) and 28.8 million female condoms (US\$ 13.0 million). UNFPA was able to reduce the price of female condoms from US\$

Key populations











115. Promotion and rollout of the key population HIV implementation tools remained a priority during the biennium, with additional focus on young key

populations including a toolkit on HIV prevention for and with adolescent and young key populations developed with UNICEF and UNDP. Development of the SADC Key Population Strategy increased support for community empowerment and an enabling regional environment. At the country level, UNFPA supported development programmes for key populations in 18 countries in 2018 and in 42 countries during 2019.

116. As GPC co-chair, UNFPA helped re-shape the key population prevention agenda around 90% coverage targets for groups at highest risk. UNFPA advocacy and dissemination efforts included engagement with the Global Network of Sex Work Projects, MPact and IRGT, including at AIDS 2018 and for the Nairobi Summit on ICPD25. UNFPA helped facilitate “UN for All” workshops with UNDP, which to date have reached 8 000 UN staff with regard to LGBTI sensitization and acceptance.

End GBV and all harmful practices

Key UNFPA achievements in gender equality and the empowerment of women, 2018-2019

 <p>Access to services 1.2 million women and girls Subjected to violence accessed essential services</p>	 <p>Disability 53,000 disabled women and girls subjected to violence accessed essential services</p>	 <p>Child marriage 3.1 million girls received with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage</p>
 <p>Female genital mutilation 806, 000 girls and women received prevention and/or protection services and care related to female genital mutilation</p>	 <p>Social norms 5,067 communities developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms</p>	 <p>Men and boys 39 countries have a national mechanism to engage men and boys in advancing gender equality and reproductive rights</p>
 <p>Productive rights 70 countries had a platform of dialogue for reproductive rights</p>	 <p>Gender-based violence 50 percent of countries in humanitarian crisis had a functioning inter-agency gender-based violence coordination body under the leadership of UNFPA</p>	 <p>Harmful practices 30 countries had costed national action plan to address harmful practices</p>
 <p>Harmful practices 9,599 communities made public declarations to eliminate harmful practices</p>		

117. UNFPA has consistently advocated that violence against women and girls is a human rights violation and that combating this is a public health priority. It is one of the organization’s three transformative results. Addressing gender inequality has consistently been undertaken via holistic and integrated responses.

118. The European Union-UN Spotlight Initiative has further broadened the scope of addressing gender inequality as it covers broader issues of child marriages, female genital mutilation and the scaling up of multisectoral services for gender-based violence. UNFPA provided technical guidance for the Essential Services Package to support the successful rollout in more than 65 countries.

Human rights

119. UNFPA brought increased attention to marginalized women’s poorer SRH outcomes, including building national accountability on gender equality and SRH rights, including HIV prevention, by documenting progress and strengthening data on SDG targets (including 5.6.1 and 5.6.2) and engaging with national and international human rights mechanisms. In 2018 UNFPA built the capacity of and enabled cross learning among 11 national human rights institutions (NHRIs) globally on conducting national inquiries and country assessments on SRH. In 2019 UNFPA also launched a guide to support NHRIs in conducting national inquiries and country assessments on SRH.

HIV integration

Key UNFPA achievements in utilizing integrated SRH services in 2018-2019



Sexual and reproductive health plan

55 countries have a national and reproductive health plan prioritizing services for marginalized people



Integrated services

60 million women and young people reached with people integrated sexual and reproductive health services

120. As a co-chair of the GPC, UNFPA took a lead role in convening partners and stakeholders to develop a global advocacy plan on HIV and SRHR integration, plus work with UNAIDS Joint Teams on supporting national advocacy plans. UNFPA and WHO continue to co-lead the Inter-Agency Working Group on SRHR/HIV Linkages. UNFPA published its Business Plan (2018–2022) for the Maternal Health Thematic Fund, including efforts to reduce the impact of HIV and STIs on women, their infants and families. The Fund operates in 39 countries and focuses on issues such as vertical transmission. UNFPA also supported development of the H6 Implementation Plan (2018–2020) and associated Indicator Framework, including HIV and STI monitoring and reporting. The ESA Linkages programme “2gether 4 SRHR” continued in 10 countries in eastern and southern Africa, and the regional database has been strengthened with 500 data points related to 15 additional indicators for SRHR, HIV and sexual and gender-based violence across the countries, consistent with the SADC SRHR strategy and its monitoring and evaluation plan.

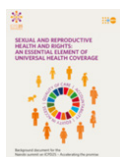
121. Approximately 60% of UNFPA country offices in the JPMS during 2019 advanced a wide range of SRHR linkages and integrated service packages. These included: integrated adolescent SRH services (20 countries); integrated primary health care packages (10 countries); integrated services for key populations (9 countries); integration with sexual and gender-based violence programming and broader AGYW services (5 countries); and comprehensive PMTCT services (3 countries).

Case study: Reaching sex workers in Indonesia

122. UNFPA Indonesia has played an important implementation role in the country’s Global Fund-financed HIV programme by managing the outreach programme to scale up testing and treatment for female sex workers. In 2018–2019, UNFPA managed programme implementation as well as grant management to four national sub-recipients covering 88 districts, coordinating with the Ministry of Health (principal recipient), Indonesia AIDS Coalition and other partners (including support from 244 peer leaders and 1763 peer educators). The programme helped address barriers to UHC for female sex workers, many of whom lack an identity card that would normally exclude them from receiving services. Altogether, the project reached 289 730 female sex workers, including 124 379 (43%) who were tested for HIV and 3603 (2.8% of total tested) who tested HIV-positive and were provided with treatment.



Knowledge products



Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage (2019).

This document defines and describes the key components of a comprehensive life-course approach to SRHR.



Rights and choices for all adolescents and youth: a UNFPA global strategy.

“My Body, My Life, My World!” is UNFPA’s new global strategy for adolescents and youth. It puts young people—their talents, hopes, perspectives and unique needs—at the very centre of sustainable development.



Implementation of the HIV Prevention 2020 Road Map - 3rd Progress Report.

The Global HIV Prevention Coalition (the Coalition) was established in October 2017 to galvanize greater commitment to—and investment in—HIV prevention in order to achieve the 2020 prevention targets.



The Maternal and Newborn Health Thematic Fund.

The Maternal and Newborn Health Thematic Fund is UNFPA’s flagship programme for improving maternal and newborn health and well-being. Launched in 2008 to boost global funding and attention to maternal health, the MHTF is now entering its third phase, from 2018 to 2022, after having completed Phase I (2008–2013) and Phase II (2014–2017).



ICPD25: Accelerating accountability for SRHR.

In 2019, the marked its 25th anniversary in Cairo, where 179 governments adopted a landmark Programme of Action which set out to empower women and girls for their sake, and for the benefit of their families, communities and nations.

More data available at <https://www.unfpa.org/data/results>

United Nations Office on Drugs and Crime (UNODC)

Key strategies and approaches to integrate HIV into broader agency mandate

123. UNODC promotes human rights-based, public health-focused and gender-responsive HIV prevention, treatment and care for people who use drugs and people in prisons, and it provides HIV-related technical assistance to Member States. It does so in full compliance with the relevant declarations, resolutions and decisions adopted by the UN General Assembly, the Economic and Social Council, the Commission on Narcotic Drugs, the Commission on Crime Prevention and Criminal Justice and the Programme Coordinating Board of UNAIDS.
124. UNODC implements the recommendations related to prevention, treatment and care of HIV contained in the outcome document of the 30th special session of the General Assembly on the world drug problem, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, and in the 2019 Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem.
125. In the outcome document of the 30th Special Session of the General Assembly (Assembly resolution S-30/1), relevant national authorities were invited to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment, care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse.
126. Those measures include appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as ART and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use. The outcome document further invited countries to consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by WHO, UNODC and UNAIDS.
127. In its resolution [70/266](#), the UN General Assembly adopted the Political Declaration on Ending AIDS. The Political Declaration explicitly emphasizes the importance of promoting, protecting and fulfilling all human rights and the dignity of people living with, at risk of and affected by HIV as an objective and means to ending the AIDS epidemic. In the Political Declaration, Member States noted that many national HIV prevention, testing and treatment programmes provide insufficient access to services for key populations, including for people who inject drugs and people in prison.
128. The strategic approach of UNODC in high-priority countries is informed by consultation with national stakeholders, including with civil society organizations, following an analysis of epidemiological data, country readiness regarding the policy and legislative environments allowing essential services (such as needle and syringe programmes, opioid substitution therapy, condom programmes and ART) and the resource environment, including international and domestic funding and human resources.
129. UNODC’s HIV-related work in 2018–2019 was undertaken with significantly reduced financial resources through core UBRAF funding (compared to levels prior to 2016). The HIV-related technical assistance provided by UNODC is aligned with the UNAIDS 2016–2021 Strategy.
130. In 2018–2019, UNODC supported 25 priority countries in the development and implementation of comprehensive evidence-informed and gender- and age-responsive strategies and programmes among people who inject drugs, based on the WHO/UNODC/UNAIDS comprehensive package of HIV prevention, treatment and care services. It also supported 35 priority countries in developing, adopting and implementing strategies and programmes on HIV prevention, treatment and care in prisons. That

included support for improving linkages of prison health facilities with community health-care centres, based on the UN Standards Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and in line with the UNODCS policy brief on HIV prevention, treatment and care in prisons and other closed settings.

131. UNODC and its partners engaged national policymakers, drug control agencies, prison administrations, public health and justice authorities, civil society organizations (including representatives of people who use drugs) and the scientific community in an evidence-informed dialogue on HIV, drug policies and human rights. The aim was to identify ways in which drug policies could be strengthened to protect the right of people who use drugs to HIV-related health care, including in prisons and other closed settings.
132. UNODC provided targeted training and technical assistance for the review, adaptation, development and implementation of relevant legislation, national AIDS strategies, policies and programmes. It helped ensure that those actions were evidence-informed and human-rights focused and that they advanced public health approaches to HIV prevention, treatment and care for people who use drugs, and in prisons and other closed settings. UNODC advocated for the removal of legal barriers hindering access to HIV services (including needle and syringe programmes, opioid substitution therapy and condom distribution programmes in prisons) and it supported the adaptation of national standard operating procedures for HIV testing services in prison settings.
133. During the biennium, UNODC contributed to the review and revision of the UNAIDS Division of Labour between the UNAIDS Cosponsors. In accordance with the Division of Labour, UNODC is the convening agency of the UNAIDS family for prevention and treatment of HIV among people who use drugs and ensuring access to comprehensive HIV services for people in prisons and other closed settings.⁹
134. Jointly with national and international partners, UNODC supported Member States in effectively addressing HIV at the 61st and 62nd sessions of the Commission on Narcotic Drugs, and the 27th and 28th sessions of the Commission on Crime Prevention and Criminal Justice. UNODC also supported stakeholders' contributions to the ministerial segment of the 62nd session of the Commission on Narcotic Drugs by helping them take stock of implementation of commitments to address the global drug problem, and by sharing their expertise and practical experiences from

on-the-ground work on HIV prevention, treatment and care for people who use drugs.

135. UNODC contributed to the ongoing work of the Global HIV Prevention Coalition and implementation of the HIV Prevention 2020 Roadmap. This is providing a basis for country-led drives to scale up HIV prevention programmes as part of a comprehensive response to meet global and national prevention targets and commitments to end AIDS as a public health threat by 2030, including for people who inject drugs and for people in prisons.

Contributing to progress towards the SDGs

136. UNODC is Fast-Tracking its global HIV responses across several SDG areas. The HIV work is aligned to the SDGs, in particular SDG 3.3, which was also emphasized in the 2016 UNGASS on Drugs Outcome Document. To that end,
 - UNODC joined the drive to implement HIV services that are gender-responsive (SDG 5),
 - advocated for equal access to HIV services for people who use drugs and people in prisons that are human rights- and public health-based (SDG 10),
 - promoted the elimination of all forms of discrimination against people who use drugs and people in prisons (SDG 16), and
 - teamed up with governments and communities to achieve major reductions in new HIV infections and HIV-related deaths among the key populations (SDG 17).
137. UNODC supported dissemination of the technical guide on HIV prevention treatment care and support among people who use stimulant drugs. It also developed a training programme addressing specific subcategories of stimulant drugs, namely amphetamine-type stimulants, cocaine and new psychoactive substances. Train-the-trainer workshops were held (for 250 people in Brazil, Dominican Republic and Viet Nam), as well as regional workshops in the Middle East and North Africa (covering Afghanistan, Bahrain, Egypt, Iran, Iraq, Morocco, Lebanon, Pakistan and Tunisia), eastern Europe (Belarus, Moldova and Ukraine) and South-East Asia (China, Cambodia, Myanmar, Indonesia, Thailand and Viet Nam).

9. UNAIDS, "UNAIDS Joint Programme division of labour: guidance note 2018" (Geneva, 2018).

138. In Nigeria, with technical support provided by headquarter staff, the first-ever national situation and needs assessment of HIV, hepatitis, TB and drug use in prisons was conducted, the results of which will inform the development of national policies, strategies and evidence-based interventions.
139. UNODC continued implementation of the HIV-in-prisons programme in sub-Saharan Africa, which has supported the development or revision of policies, strategies and laws, including to ensure compliance with national and international standards and guidelines in 4 countries. UNODC also assessed HIV and SRH programming in prisons to improve compliance with UN, regional and country-specific normative guidelines in the 10 programme implementing countries, generating recommendations for legal reforms.
140. UNODC advocated for human rights and public health-based, age and gender-responsive and evidence-informed strategies to address HIV, TB, viral hepatitis, sexually transmitted infections and drug dependence in prison at the WHO Health in Prison Programme Steering Committee Meeting (September 2019), the International Liver Congress Vienna, Austria (April 2019), the 2nd European Conference on Prison Health Lisbon, Portugal (October 2019) and the Lisbon Addiction Conference Lisbon, Portugal (October 2019).
141. In July 2018, the UNODC HIV/AIDS Section organized and participated in sessions on HIV, TB and drug use in prisons during the International AIDS Conference in Amsterdam. It presented updates on HIV, hepatitis C infection, TB and drug use epidemiological situation and service coverage in prisons and other closed settings. It also promoted human rights and evidence-based interventions regarding HIV and drug use in prisons, shared good practice examples of prison programmes for people who use drugs and/or are living with HIV in prisons, and advocated for uninterrupted access to health-care services for people in contact with criminal justice system.
142. In addition, UNODC supported Member States in effectively developing and implementing a comprehensive and gender-responsive response to people who use drugs in the context of the 62nd session of the Commission on Narcotic Drugs, and regarding HIV in prisons and other closed settings in the context of the 28th session of the Commission on Crime Prevention and Criminal Justice.

143. UNODC supported Member States in reviewing and revising UNODC's global data collection tool "Annual Report Questionnaire" with regard to data on injecting drug use and HIV, and regarding prisons. It also developed harmonized indicators and methodological guidance for data collection, monitoring and evaluation of HIV services for people who inject drugs (jointly with WHO, the UNAIDS Secretariat, the Global Fund, PEPFAR and other partners).

Case study: Talking about HIV care for people who use stimulant drugs in Viet Nam

144. In May 2019, UNODC hosted the first in a series of training workshops in Ho Chi Minh, Viet Nam, to address HIV prevention, treatment and care for people who use stimulant drugs. The 2.5-day training and dialogue, cosponsored by the Vietnam Addiction Technology Transfer Centre and the Vietnam Administration of HIV/AIDS Control, focused on improving access to HIV and viral hepatitis services for people who use amphetamine-type stimulants (ATS) in Viet Nam.



145. The past 20 years have seen a significant rise in the availability and use of ATS in several regions, including South-East Asia. Particularly troubling is the rapid growth of use by young drug users, many of whom live in large cities, border areas and industrial zones. Unsafe injection of ATS and unsafe sexual behaviours during ATS use is associated with increased risk of transmission of blood-borne viruses such as HIV and hepatitis. The lack of HIV guidelines for ATS users and shortages in clinical staff highlight the need for tailored interventions for this subpopulation.

146. UNODC's recently published implementation guide on "HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs", translated and adapted to the Vietnamese context, provided the basis for the training and dialogue. Policymakers, the workshop sponsors, service providers and outreach workers from eight provinces in Viet Nam shared their expertise and experience (330 years in total) in HIV and addiction.

147. This kick-off event improved awareness and engagement regarding the needs of people who use ATS, as well as commitments to create and strengthen linkages between policymakers and services providers for future support and cooperation.

Knowledge products



Technical Guide on HIV prevention treatment care and support among people who use stimulant drugs.

In 2019, UNODC published this technical guide in collaboration with WHO and UNAIDS Secretariat which provides guidance on implementing HIV, hepatitis C and hepatitis B programmes for people who use stimulant drugs and who are at risk of contracting these viruses.



Technical Guide on Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Prisons.

UNODC developed this technical guide jointly with WHO, UNFPA, UN Women and the UNAIDS Secretariat which provides guidance on implementation of HIV services for women and their children in prisons towards ensuring access to high-quality HIV and SRHR services in prisons.

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

Key strategies and approaches to integrate HIV into broader agency mandate

148. As a Cosponsor of the Joint Programme, UN Women's approach to HIV prioritizes action to address the challenges that stem from unequal power relations between women and men. UN Women provides technical and financial support to Member States and women's organizations, particularly organizations of women living with HIV to:
- integrate gender equality into the governance of the HIV response, ensuring that national HIV strategies are informed by sex- and age-disaggregated data and gender analysis and include gender-responsive actions, budgets and monitoring and evaluation frameworks;
 - amplify the voices and leadership of women and girls in all their diversity, particularly adolescent girls and young women, to meaningfully engage in decision-making in HIV responses at all levels; and
 - scale up what works in tackling the root causes of gender inequalities, including addressing the intersections between HIV and violence against women, promoting women's economic empowerment to prevent HIV and mitigate its impact; and ending gender-based stigma and discrimination that deter women from accessing HIV services.
149. Civil society is a key constituency for UN Women. It plays a vital role in promoting gender equality and women's rights at all levels. UN Women partners with international, regional and national networks of women living with HIV, women's organizations, alliances and coalitions of women caregivers, legal and human rights organizations, and community development, grassroots and media organizations to increase the influence and power of women living with HIV and to promote their leadership and meaningful participation in all decisions and actions in the response to the epidemic.

Contributing to progress towards the SDGs

150. UN Women was established to accelerate progress on meeting the needs of women and girls worldwide. UN Women supports UN Member States in setting global standards for achieving gender equality and the empowerment of all women and girls. It works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls. It also works to make the vision of the SDGs a reality for all women and girls, and it supports women's equal participation in all aspects of life, focusing on these priority areas:
- women lead, participate in and benefit equally from governance systems;
 - women have income security, decent work and economic autonomy;
 - all women and girls live a life free from all forms of violence; and
 - women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action.

Strengthening gender expertise in the national AIDS coordinating bodies for gender-sensitive HIV response

151. In 2018–2019, UN Women's support assisted 17 national AIDS coordinating bodies or other government institutions responsible for the coordination of national HIV responses in increasing their knowledge, skills and capacities to address gender inequality in HIV policies and programmes.¹⁰ This led to gender analysis of HIV epidemic in planning, integration of gender-responsive priorities and actions into the national HIV strategies, use of gender-

10. Cameroon, China, Ethiopia, Guatemala, Haiti, Indonesia, Liberia, Malawi, Papua New Guinea, Rwanda, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Viet Nam and Zimbabwe.

responsive indicators to track progress, engagement of women living with HIV and implementation of evidence-based, community-led initiatives to prevent HIV infection and violence against women.

152. For instance, the UN Women-supported gender assessment informed Indonesia National Action Plan on HIV/AIDS for 2020–2024. The Ukrainian National Council on HIV/AIDS partnered with the national network of women living with HIV and adopted the State Strategy on combating HIV, Tuberculosis and Viral Hepatitis 2030, which included actions to address and monitor the influence of gender norms and discrimination in access to HIV services for women. The Uganda AIDS Commission established a central dashboard with gender-responsive indicators to track the progress of key gender equality priorities in implementation of the National HIV and AIDS Strategic Plan.
153. UN Women led a global expert group meeting to examine how to strengthen financing for gender equality in the HIV response. The meeting noted the scarcity of data on financing of gender-responsive HIV strategies, plans and programmes. It emphasized the urgent need to strengthen the resource needs estimation process to define and cost gender equality interventions and to advocate for their inclusion in national HIV budgets. As an outcome of the meeting, UN Women is currently leading the process of defining gender-responsive interventions for the HIV response.

Promoting leadership and participation of women living with HIV

154. Women living with HIV across 30 countries¹¹ engaged in decision-making processes around the HIV response due to UN Women's targeted advocacy. In 2018–2019, 10 000 women living with HIV directly benefitted from UN Women's support, resulting in increased advocacy and leadership skills, increased participation in decision-making around the HIV response and greater access to HIV services. UN Women facilitated collaboration between women living with HIV and health institutions to identify and address the stigma and discrimination they face when accessing HIV services.
155. For instance, in Uganda, women living with HIV increased their leadership skills through the mentorship programme,

led by the International Community of Women Living with HIV-East Africa. As a result, women successfully engaged in the development of and integrated their priorities into the PEPFAR Country Operational Plan and other processes. In South Africa, UN Women revitalized the work and strengthened capacity of the National AIDS Council's Women's Sector to participate in and influence the mid-term review of the national HIV strategy for 2017–2022, responding to specific priorities women and girls face in the context of HIV.

156. UN Women ensured meaningful engagement of women living with HIV in the national- and regional-level reviews of progress and challenges encountered in the implementation of the Beijing Declaration and Platform for Action¹² through civil society forums and inter-ministerial meetings. With 2020 marking the 25th anniversary of the Beijing Declaration, all states undertook comprehensive national-level reviews of implementation of the Beijing Declaration. Fully 43% of the national reports included information on specific measures taken to prevent discrimination and promote the rights of women and girls living with HIV during the past 5 years. The outcome documents of the regional reviews in Europe and central Asia, Asia and the Pacific, and Africa integrated commitments to prioritize gender equality and women's empowerment in the HIV responses.

Transforming unequal gender norms to prevent HIV

157. Across 15 countries,¹³ UN Women scaled up evidence-based interventions to transform unequal gender norms to prevent violence against women and HIV, reduce gender-based stigma and discrimination and enhance access to HIV testing and adherence to HIV treatment. Over 70 000 beneficiaries (39% women and 61% men) improved their knowledge about HIV and accessed HIV testing, treatment and care as a result of UN Women's community-based initiatives.
158. In 3 districts in South Africa, UN Women's HeForShe community-based initiative on engaging men and transforming harmful norms to prevent violence and HIV engaged 39 577 people in 206 taverns, soup kitchens and churches,¹⁴ resulting in improved attitudes and behaviours and increased uptake of HIV testing. In only 8 months in 2018, 22 579 beneficiaries (46% women and 54%

11. Cambodia, Cameroon, Chile, China, Colombia, Democratic Republic of Congo, Ethiopia, Guatemala, Indonesia, Jamaica, Kenya, Kyrgyzstan, Liberia, Malawi, Mali, Moldova, Mozambique, Nepal, Nigeria, Papua New Guinea, Rwanda, Sierra Leone, South Africa, Tajikistan, Tanzania, Tunisia, Uganda, Ukraine, Viet Nam and Zimbabwe.

12. At the Fourth World Conference on Women: Action for Equality, Development and Peace held during 4-15 September 1995 in Beijing, China the governments from around the world agreed on a Declaration and Platform for Action aimed at achieving greater equality and opportunity for women, known as the Beijing Platform for Action.

13. Cameroon, Democratic Republic of Congo, Egypt, Indonesia, Kenya, Kyrgyzstan, Liberia, Papua New Guinea, Rwanda, Sierra Leone, South Africa, Tanzania, Tunisia, Uganda and Zimbabwe.

14. 159 taverns, 23 churches and 24 soup kitchens.

men), took HIV tests. Those who tested HIV-positive were linked to treatment and care. The initiative included regular community-level dialogues regarding violence and HIV prevention, led by trained “changemakers”—tavern owners and faith leaders. In 2019, UN Women expanded this work to 8 additional impoverished communities, where community-level dialogues and peer support groups enabled 17 781 men who had been lost to follow-up to restart HIV treatment.

159. UN Women also adapted the HeForShe methodology and rolled it out in Malawi and Zimbabwe. Within 4 months in 2019, 3 600 men engaged in discussions regarding the harmful impact of violence against women and responsible health-seeking behaviour and accessed HIV testing and voluntary medical male circumcision.
160. As a co-convenor of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, UN Women worked in almost 20 countries to increase the capacities of the justice and health sectors to identify and reduce gender-based stigma and discrimination. It also mobilized women living with HIV to advocate for the repeal of discriminatory laws and to engage with international human rights treaties such as the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW).¹⁵
161. Health professionals in China, Ethiopia and Tajikistan learned about specific types of discrimination women face when they access HIV services and how to address those. In Zimbabwe, women’s organizations, including women living with HIV, advocated for repealing the section on criminalization of HIV transmission in the Criminal Code and submitted an alternative bill to the Parliament. The Tajikistan National Network of Women Living with HIV influenced the development of the second National Action Plan on implementation of the CEDAW Concluding Comments, which prioritized issues related to ending stigma and discrimination against women living with HIV and enhancing their access to sexual and reproductive health and services in response to the latest CEDAW Concluding Comments to Tajikistan.

Case study: Leadership of women living with HIV in Ukraine

162. UN Women’s collaboration with the International Community of Women Living with HIV equipped

over 200 women from 10 countries with knowledge on localizing 2030 Agenda. In Ukraine, this work spearheaded the development of a common advocacy strategy for continued, meaningful engagement of women living with HIV in national and local actions to implement the SDGs.

The Ukrainian national network of women living with HIV now routinely advocates for national and local strategies to guarantee women’s participation in the local AIDS councils, bolster HIV prevention measures among women and girls, and eliminate gender-based stigma and discrimination against women to accelerate uptake of HIV counselling, testing, treatment and care.



@UN Women. Olena Stryzhak, NGO ‘Positive Women’, Ukraine.

163. With UN Women’s support, women living with HIV presented to the CEDAW Committee the findings of a survey of 1000 women living with HIV to assess how CEDAW implementation addresses the rights of women living with HIV in Ukraine. As a result, the CEDAW Concluding Comments to Ukraine called for accelerated HIV prevention among women and girls and improved access to gender-based violence services for women. In 2019, this culminated in the approval of the State Strategy on Combating HIV, Tuberculosis and Viral Hepatitis until 2030. The strategy integrated gender equality as a key priority, included gender-responsive actions to help improve women and girls’ access to HIV services and reduce discrimination, and prioritized gender-sensitive indicators for monitoring progress. UN Women created a space for women living with HIV to jointly develop the new national HIV strategy and advocate for the CEDAW Concluding Comments and for the findings and recommendations of the survey to inform that process.

15. Cambodia, Cameroon, China, Cote D’Ivoire, Democratic Republic of Congo, Ethiopia, Indonesia, Kyrgyzstan, Malawi, Maldives, Moldova, Liberia, Papua New Guinea, Sierra Leone, Tajikistan, Viet Nam, Uganda, Ukraine and Zimbabwe.

164. For the first time, a special seat for the representative of the national network of women living with HIV was reserved in the National Council on Combating Tuberculosis and HIV/AIDS. A woman activist living with

HIV is now a member of the national decision-making body coordinating the national HIV response, with a mandate of advocating for the rights of women living with HIV in legislation and policy dialogue at the highest level.

Knowledge products



UN Women continues to update its **Gender Equality and HIV/AIDS web-portal**. The web portal contains cutting-edge research, training materials, advocacy tools, current news, personal stories, and campaign actions on the gender equality dimensions of the HIV epidemic.



UN Women's **Progress on the Sustainable Development Goals: The gender snapshot** brings together the latest available evidence on gender equality across all 17 SDGs, including Goal 3, underscoring the progress made as well as the actions still needed to accelerate progress.



UN Women's factsheet, **Leaving No One Behind in HIV response: data from Eastern Europe and Central Asia**, is an infographic project that aims to provide an overview of the main and most recent HIV-related issues and trends in the region, identifying the needs of the most affected and vulnerable groups.



UNICEF, UNAIDS, UNFPA, UN Women, UNDP, UNODC and other partners published **Looking out for Adolescents and Youth from Key Populations**, which provides an assessment on the needs of adolescents and youth at risk of HIV, including young women and adolescent girls, with case studies from Indonesia, the Philippines, Thailand and Viet Nam.



UN Women led the development of the **Gender-based Violence Training Resource Pack: A Standardized Training Tool for Duty-bearers, Stakeholders and Rights-holders** with contributions from the members of the Joint Programme on preventing and responding to gender-based violence in Kenya. The training pack provides programmatic guidance to respond to violence and intersections of violence and HIV.



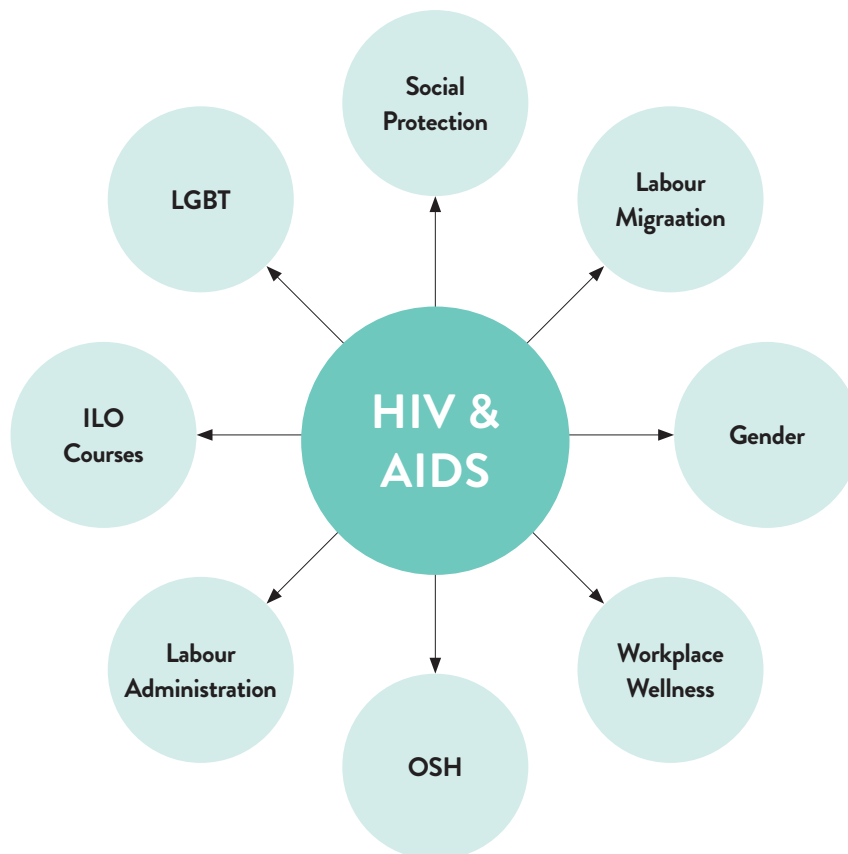
UN Women partnered with the Viet Nam Administration of HIV/AIDS Control on the **Gender Assessment of Viet Nam's HIV Response**. It identifies opportunities, gaps and challenges in mainstreaming gender equality and women's empowerment into the national HIV response and provides a set of recommendations for improved HIV policies and programmes.

International Labour Organization (ILO)

Key strategies and approaches to integrate HIV into broader agency mandate

165. The ILO has progressively integrated HIV in its broader development mandate. A healthy and non-discriminatory workforce is a prerequisite for the attainment of decent work and SDG 8 (i.e. promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all).

166. To better respond to the changing global HIV and AIDS epidemic, the ILO Governing Body adopted the updated ILO Strategy on HIV and AIDS, the “ILO’s response to HIV and AIDS: Accelerating progress for 2030”. The strategy embraces a twin-track approach which combines HIV-specific actions with HIV integration into the broader development mandate of the ILO. HIV is integrated in development areas such as: protecting fundamental rights at work and addressing discrimination, social protection, labour migration, gender equality and diversity, wellness workplace programmes, labour standards, LGBTI+ issues and ILO training courses, among others.



167. To facilitate improved HIV integration across different areas, the ILO in 2016 merged the ILOAIDS Branch with the Gender, Equality and Diversity (GED) Branch to form the GED/ILOAIDS Branch. GED-ILOAIDS provides enhanced opportunities for HIV integration into gender equality, economic empowerment and adolescent girls and young women, persons with disabilities, and indigenous and tribal peoples programmes. For example, the flagship report (A

quantum leap for gender equality: For a better future of work for all) launched on International Women’s Day in 2019, examined, among other things, the connections between gender equality and HIV as well as other intersecting sources of discrimination that undermine women in the world of work.

168. The new ILO Programme and Budget (2020–2021) includes 8 mutually reinforcing policy outcomes, with

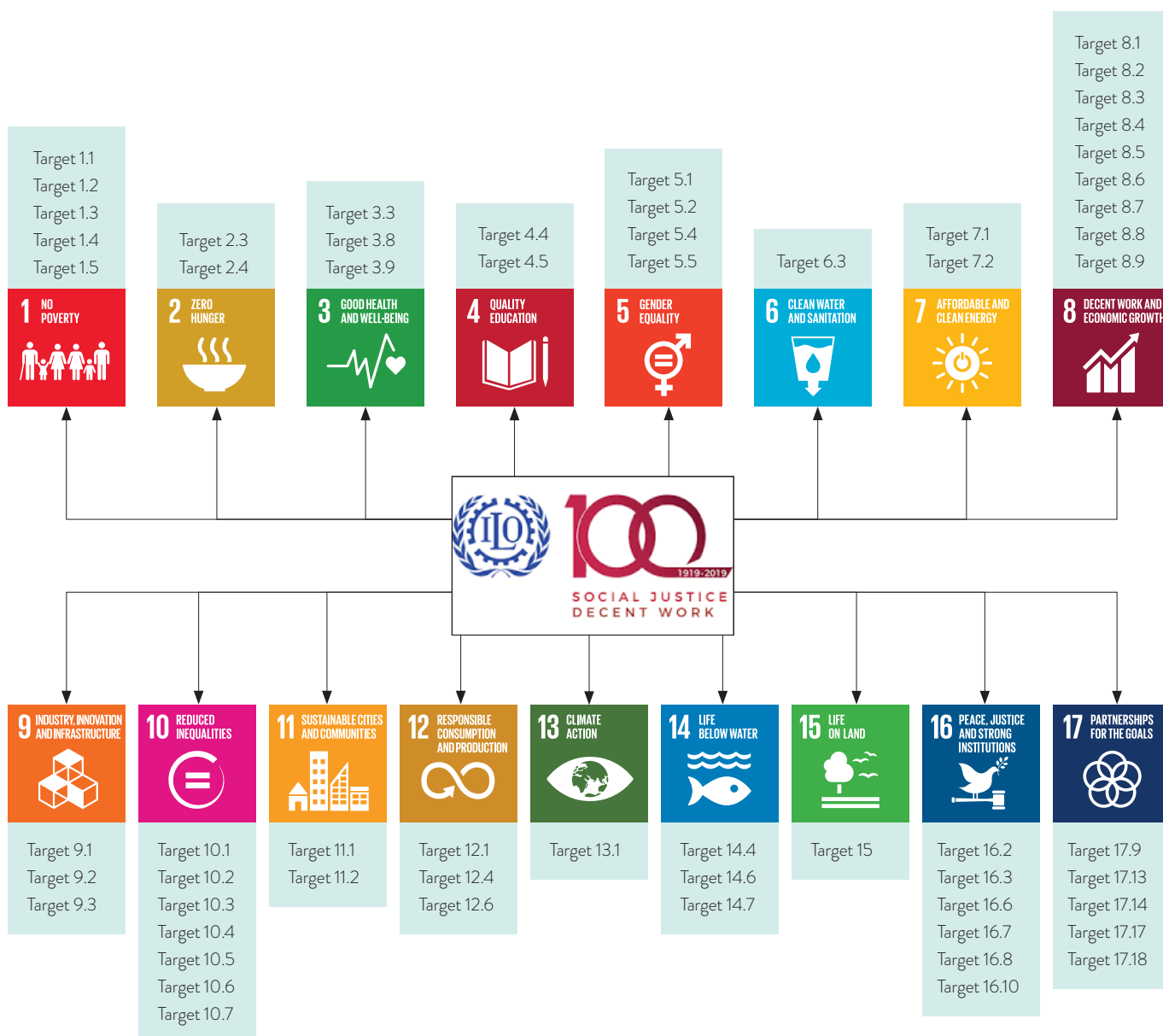
- HIV issues embedded in outcome 6 on gender equality and equal opportunities and treatment for all in the world of work. HIV is integrated more effectively and visibly in the ILO Programme and Budget than previously. Included now are 2 indicators which explicitly mention HIV and new opportunities for integrating HIV into programmes that address specific populations (e.g. adolescent girls and young women, LGBTI people, migrants, indigenous and tribal people and people with disabilities).
169. Over the years, the ILO has produced a wide range of tools and built the capacity of world of work actors at the national level to facilitate HIV integration into several areas of its work. In the 2018–2019 biennium, HIV was addressed in several tools, including the ILO/WHO policy brief on HIV self-testing in the workplace (2018); The impact of HIV and AIDS on the world of work: Global estimates (2018); and Health and Wellness at Work: Guidelines for implementing multi-disease testing under VCT@WORK (2019).
 170. HIV is integrated in the ILO's work on Social Protection, which is one of the 4 strategic pillars of the ILO's decent work agenda. During the 2018–2019 biennium, the ILO supported 94 countries to draft legislation, policies, programmes and schemes and for the development of social protection systems. In 20 of those countries, the ILO promoted the coverage of people living with HIV and vulnerable populations in national social protection systems. As an example, the ILO, the UNAIDS Secretariat, WFP and partners undertook HIV-sensitivity assessments on existing or new schemes in 13 countries, with the goal of making them more HIV-sensitive. In 2019, the ILO began developing an assessment tool to facilitate systematic inclusion of HIV concerns during support to develop "social protection floors" in countries.
 171. The ILO has integrated HIV into labour migration projects. In 2018, the ILO led the process of drafting a migration management proposal in partnership with IOM, UNHCR, UNODC and SADC covering 16 countries in eastern and southern Africa, successfully mobilizing 22 million Euros from the European Commission. The project addressed HIV within a broader framework encompassing migration, social protection, and decent work for migrants, people with disabilities, women, children and youth. In 2019, the ILO began a study to identify the HIV-related entry points for the project in order to ensure that the HIV-related components are fully implemented and no opportunities are missed.
 172. In order to integrate HIV into LGBTI initiatives, the ILO built on an early nine-country project funded by the Norwegian Government to develop a comprehensive LGBT toolbox for addressing discrimination in the workplace. The toolbox mainstreams HIV issues, taking account of the elevated HIV incidence and prevalence in LGBT communities. Produced in 2019, the toolbox is being field-tested in all regions and will be finalized in 2020.
 173. The ILO continues its work to integrate HIV in occupational safety and health programmes. To improve working conditions for health workers in 15 hospitals in 5 countries, the ILO worked with WHO, University of British Columbia and the National Institute for Occupational Health and used the WHO/ILO Healthwise Tool to train more than 60 health workers in eastern and southern Africa to reduce stigma and discrimination related to HIV and TB. In China, the ILO used the WHO/ILO Healthwise Tool and worked with the China CDC, WHO and other partners to train staff in 140 hospitals in 2018–2019, while 70 hospitals adopted Healthwise methods to improve work practices.
 174. The ILO provided technical and financial assistance to Botswana, Eswatini, Lesotho, Malawi, Kenya, Mozambique, South Africa, Uganda, United Republic of Tanzania and Zambia to mainstream HIV concerns into labour inspections. More than 100 labour inspectors were trained and enabled to include HIV issues into the inspection checklists. The labour inspectors undertook approximately 500 inspections to assess enterprises' HIV activities. A plan of action was developed with Ministries of Labour in 12 SADC countries and with the representative of the Southern African Trade Union Coordinating Council.
 175. Important steps to integrate HIV in labour standards were taken in 2018–2019. To strengthen the legal and policy framework around violence and harassment in the world of work, including gender-based violence, Member States and employers' and workers' organizations adopted the first international treaty on ending violence and harassment in the world of work in June 2019. The Convention and its accompanying recommendation will inform legislation at country level and help protect the rights of groups who are most exposed to violence and harassment, including people living with HIV, LGBT people, adolescent girls and young women, sex workers, migrant workers and other vulnerable groups. The integration of HIV in the Convention follows on other international labour standards that concern HIV, including the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200) which provides countries with guidance on implementing programmes that address stigma and discrimination, including HIV-related discrimination, in the workplace.

176. To support the broad wellness agenda of enterprises, the ILO has situated the VCT@WORK Initiative within a multidisease screening exercise that facilitates screening for TB, blood pressure, cholesterol levels, body mass index and diabetes among others. Integrating HIV into a health and wellness package is reducing the stigma associated with standalone HIV testing and is increasing the appeal of HIV testing to workers, their families and surrounding communities.
177. Through partnerships with national AIDS authorities, Ministries of Labour, employers' and workers' organizations, civil society organizations and UNAIDS Cosponsors, the ILO has mobilized 6 852 916 workers (31% women and 68% men) to test for HIV in 25 countries since the launch of the VCT@WORK Initiative. One unique and rewarding feature of the VCT@WORK Initiative is its ability to reach more men than women, which helps close the gender gap for testing.

178. To ensure the sustainability of HIV concerns in ILO programmes and to facilitate the institutionalization of HIV issues into country structures and programmes, the ILO has mainstreamed HIV issues into a number of global courses. In 2018–2019, more than 400 senior officials from over 60 countries were trained on HIV issues as part of the development courses.

Contributing to progress towards the SDGs

179. The figure below presents the 17 SDGs and the 59 targets the ILO contributes to, within the context of the agenda for sustainable development (2030 Agenda).



Case study: Increasing access to HIV testing and social protection services in Nigeria

180. Approximately 33% of Nigerians living with HIV are unaware of their HIV status. To increase knowledge of HIV status in Nigeria, the ILO adopted a multifaceted approach to implement the VCT@WORK Initiative. A communication strategy promoted the initiative, while communication materials were developed and disseminated to generate demand. Monitoring in partnership with the National Agency for the Control of AIDS was used to track the number of people tested and linked to care, and feed that information into the national data system. A broad partnership was established with key stakeholders, and an integrated approach ensured that HIV testing was undertaken within the context of a broader health and wellness approach. The ILO also integrated social health protection into all state-level programmes for voluntary counselling and testing and educated workers on the benefits and opportunities of health insurance with a focus on informal economy workers.
181. The project reached more than 218 000 workers with HIV testing services, including 689 people (438 women, 251 men) who tested HIV-positive and were

referred to treatment and care services. It also reached more than 200 000 workers with information on HIV prevention, treatment and care, including health insurance opportunities, while ILO and UNFPA jointly reached 8 400 young people with a youth-focused HIV testing event.

182. Experience from the project suggests that a multidisease approach can increase uptake of HIV testing among workers. Strong management support helps ensure confidentiality and increases workers' confidence in a stigma-free work environment. The attention and support of management are enhanced by demonstrating strong linkages between workers' health and productivity. Strategic partnerships at country level can help leverage funding for testing, and the mobilization capacity of VCT@WORK can be effective in providing education on existing social protection schemes.
183. Moving forward, the ILO and partners will build on project achievements to scale up multistate outreach programmes to increase access to and uptake of testing and treatment programmes, targeting high-burden states, with particular attention to leveraging the programme to promote enrolment in health insurance. Additional efforts should focus on exploring other modes of HIV testing (e.g. self-testing) for scale-up in Nigeria and intensifying efforts to reach first-time testers in key identified sectors.

Knowledge products



A qualitative study on stigma and discrimination experienced by indigenous peoples living with HIV or having TB at work.

Indigenous peoples living with HIV or having TB face double discrimination. Barriers to accessing health services, denial of the right to work and discrimination in employment settings are highlighted in a new ILO study undertaken by the Canadian Aboriginal AIDS Network, the Secretariat of the International Indigenous HIV & AIDS Working Group.

Full report / Executive Summary



The impact of HIV on care work and the care workforce.

This publication provides an overview of the gaps and challenges in six sub-Saharan African countries. By providing a picture of front-line prevention and treatment policies, this working paper assesses the socio-economic consequences of low ART coverage as well as the key role of the health workforce in international testing and treatment targets.



Voluntary confidential counselling and HIV testing for workers.

ILO's VCT@WORK is saving lives by adopting innovative approaches to reach out to workers in the formal as well as informal economy. The new report, released ahead of the World AIDs Day 2019, shows that workplace offers immense opportunities of scaling up HIV testing services, particularly for men who are not yet adequately covered.



Research on promoting fair employment for people living with HIV in China.

This report analyses the HIV related employment legislation and policies in China, gives examples of good practices on fair employment for People Living with HIV, and provides recommendations to advance the efforts to eliminate employment discrimination.



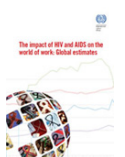
WHO /ILO Policy brief on HIV self-testing at the workplace.

HIV self-testing is a testing option recommended by WHO that can be used to reach as-yet undiagnosed populations.



Evidence brief on discrimination in the workplace.

This evidence brief, prepared by the Global Network of People Living with HIV (GNP+), with support from the ILO Programme on HIV/AIDS and the world of work, provides a snapshot of the extent and impact of HIV-related stigma and discrimination in the workplace. The brief is based on findings from the Stigma Index in nine countries across the globe.



The impact of HIV and AIDS on the world of work: Global estimates.

An ILO report highlights the toll HIV continues to take on the labour force, and its economic and social implications. The ILO calls for urgent efforts to close the treatment gaps, step up testing and prevention measures, and ensure workers can enjoy healthy and productive lives.



Social Protection: A Fast-Track commitment to end AIDS Guidance for policy makers.

This document summarizes relevant evidence on social protection, including cash transfers, and on how social protection contributes to the AIDS response. It presents a brief account of the status of progress of Member States in meeting the HIV and social protection target of the 2016 Political Declaration on Ending AIDS.



ILO Code of Practice on safety and health in open cast mines.

This revised code reflects the many changes in the industry, its workforce, the roles of the competent authorities, employers, workers and their organizations, and the development of new ILO instruments on occupational safety and health, including the Safety and Health in Mines Convention, 1995 (No. 176).



Ending violence and harassment in the world of work.

The ILO has established new global standards aimed at ending violence and harassment in the world of work. Violence and harassment in the world of work deprives people of their dignity, is incompatible with decent work, and a threat to equal opportunities and to safe, healthy, and productive working environments.



Girlforce skills education and training for girls now.

A generation of girls risks being left outside the labour force or trapped in vulnerable or low-quality employment, due to a lack of skills, absence of quality jobs, and gendered expectations of their roles as caregivers.



- Good practices—Voluntary Counselling and HIV testing for workers (VCT@WORK)
- HIV self-testing at workplaces in Zimbabwe
- Reaching men under national test and treat campaign in Tanzania
- Increasing access to HIV testing and social protection in Nigeria
- Enhancing Access to HIV Testing and social protection in Kenya
- VCT@WORK in Mozambique: Multi-disease testing helps
- VCT@WORK in Ukraine’s Maritime Sector

Case studies Reaching out to miners with TB and HIV programmes: Eastern Coalfields Ltd. India
The Brihanmumbai Electric Supply and Transport (BEST)—India

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Key strategies and approaches to integrate HIV into broader agency mandate




184. UNESCO is a specialized agency of the UN, founded with the mission of contributing to peace and security by promoting international collaboration through education, science, and culture. As one of the six founding UNAIDS Cosponsors, UNESCO supports the contribution of national education sectors to ending AIDS and promoting better health and well-being for all children and young people.
185. UNESCO uses its comparative advantage with the education sector to support Member States to advance young people's health and wellbeing. In 2016, UNESCO launched its Strategy on Education for Health and Well-Being, which establishes two priorities for UNESCO's work in 2016–2021:
- Strategic priority 1: All children and young people benefit from good quality comprehensive sexuality education;

- Strategic priority 2: All young people have access to safe, inclusive, health-promoting learning environments.

186. HIV is anchored across these strategic priorities. A network of over 50 HIV and health education specialists, at global, regional and country levels, support implementation of the Strategy and the integration of health considerations in broader education sector work, with a particular focus on advancing gender equality in and through education, and on inclusive education.

Contributing to progress towards the SDGs

187. The UNESCO Strategy is aligned to the UNAIDS Fast-Track Strategy and to the SDGs, with a specific focus on the mutually reinforcing linkages between SDG 4 (Education), 3 (Health), and 5 (Gender Equality). The table below illustrates some of the key SDG targets that UNESCO's work contributes to.

 <p>3 GOOD HEALTH AND WELL-BEING</p>	 <p>4 QUALITY EDUCATION</p>	 <p>5 GENDER EQUALITY</p>
<ul style="list-style-type: none"> • 3.1 Reduce maternal mortality • 3.3 End the epidemic of AIDS, TB and malaria • 3.4 Reduce premature mortality from noncommunicable diseases • 3.5 Strengthen the prevention and treatment of substance use • 3.7 ensure universal access to sexual and reproductive health-care services, including for family planning, information and education 	<ul style="list-style-type: none"> • 4.1 Ensure all girls and boys complete primary and secondary education • 4.5. Eliminate gender disparities in education and ensure equal access... • 4.7 Ensure all learners acquire the knowledge and skills needed...to promote... human rights, gender equality, peace and non-violence • 4a...provide safe, non-violent, inclusive and effective learning environments for all 	<ul style="list-style-type: none"> • 5.1 End all forms of discrimination against all women and girls everywhere • 5.2 Eliminate all forms of violence against all women and girls • 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation • 5.6 Ensure universal access to sexual and reproductive health and reproductive rights

Strategic Priority 1: All children and young people benefit from good quality comprehensive sexuality education

188. In 2018–2019, UNESCO supported 65 countries to strengthen quality comprehensive sexuality education (CSE). A key focus has been on implementation of the revised UN International Technical Guidance on Sexuality Education, produced by UNESCO with UNFPA, WHO, UNAIDS, UN Women and UNICEF in January 2018. In response to high demand from Member States, the guidance is being translated into 17 languages. It has been viewed more than 150 000 times and has received global media coverage.
189. In 2018, UNESCO launched the “Our Rights, Our Lives, Our Future” (O3) program, which aims to strengthen access to good-quality CSE and youth-friendly services across sub-Saharan Africa. In 2018–2019, nearly 15 million learners were reached with life-skills based HIV and sexuality education. By 2022, the programme will reach 24.9 million learners in 72 000 primary and secondary schools and 450 000 pre- and in-service teachers. Additionally, it will reach 30.5 million people (parents, guardians, religious leaders, and young people out of school) through community engagement activities and 10 million young people through social media. A needs assessment was completed in 2019, providing valuable recommendations to guide country programming.
190. Through concerted advocacy efforts, CSE has been positioned as a key issue at the intersection of education, health, gender equality and human rights. CSE was referenced explicitly as a part of quality education in the Brussels Declaration, the outcome statement of the 2019 Global Education Meeting. The ITGSE was presented at several prominent events and fora, including the Commission on the Status of Women, the Human Rights Council, the International AIDS Conference, and the ICPD+25 Summit. Advocacy on CSE has also been strengthened through a global communications campaign, “A foundation for life and love”, launched on World AIDS Day 2018, which explores discussions between young people and their parents in Chile, China, Ghana, Thailand and the United Kingdom.
191. To build knowledge and advocacy among education policy makers on the value of CSE within the SDG4 agenda, UNESCO developed a briefing paper for the Global Education Monitoring Report’s policy paper series, “Facing the Facts: the case for comprehensive sexuality education.” Launched at the 2019 Women

Deliver conference, it discusses how governments can scale up CSE as part of their commitment to SDG 4. UNESCO also partnered with the Guttmacher Institute on the technical paper “From ideas to action: Addressing barriers to comprehensive sexuality education in the classroom”.

192. Another key achievement has been the endorsement of SDG thematic indicator 4.7.2, which will advance the measurement of country progress in providing comprehensive sexuality education. UNESCO supported three regional e-training courses on monitoring and evaluating the delivery of CSE, including HIV education, benefitting 27 countries.

Strategic Priority 2: All young people have access to safe, inclusive, health-promoting learning environments

193. UNESCO strengthened the capacity of Member States to provide young people with safe, inclusive learning environments free from all forms of violence and bullying. Efforts have been focused on preventing and addressing school-related gender-based violence and violence based on sexual orientation and gender identity/expression.
194. Continued support was provided at country level for implementation of Global Guidance on school-related gender-based violence, co-published by UNESCO and UN Women. UNESCO supported South Sudan in explicitly integrating gender-based violence in its 2019 education strategy and included several activities to prevent and address it through policy and teacher training. In Zimbabwe, UNESCO has a role in the Spotlight Initiative which addresses gender-based violence in institutions of higher education.
195. UNESCO also continued to co-chair, with UNGEI, the global partners working group to end school-related gender-based violence. It convened two meetings in 2019 to facilitate knowledge exchange, peer networking and learning on preventing and responding to gender-based violence. The March 2019 learning symposium provided the opportunity to showcase several UNESCO-supported initiatives on school-related gender-based violence, including the Connect with Respect curriculum support tool. The tool was first used in Thailand and Viet Nam, and was subsequently adapted and field tested in 2019 for schools in Eswatini, United Republic of Tanzania, Zambia and Zimbabwe. The tool is still being used in the Asia and Pacific region.

196. Teacher training workshops were carried out in 2018–2019 in Thailand and Viet Nam for 250 teachers and educational staff. UNESCO is also working with UNICEF and Plan International on a Joint Programme to prevent and address school-related gender-based violence in western and central Africa. UNESCO supported national education sectors in Cameroon, Côte d'Ivoire, Senegal and Togo to train 1357 teachers on student-centred approaches, case reporting and referrals.
197. UNESCO worked to amplify the voices of young key populations to promote inclusive, equitable education free from all forms of stigma and discrimination. In 2019, it supported the participation of young people living with HIV and LGBTI young people in the 2019 International Forum on Inclusive Education and Equity in Education in Cali, Colombia. The participants received one-on-one capacity building with UNESCO health and education staff, and their voices were featured prominently at the event. UNESCO also supported a global web-based consultation conducted by a youth organization on how to make the 2030 SDG Agenda for education and health more inclusive. The inputs of more than 20 000 LGBTI youth were presented during the second conference of the Equal Rights Coalition in Canada in August 2018.
198. To enhance country capacity to monitor violence based on sexual orientation and gender identity/expression, UNESCO in 2019 published the technical brief “Bringing it out in the open” in English and French. It provides evidence-based recommendations for governments and organizations on managing large school-based or household surveys for monitoring such violence. UNESCO contributed to enhancing the evidence base on inclusive education through work with a youth organization to launch an LGBTQI inclusive education index which measures the progress of 47 European countries.
199. The “LGBTQI Inclusive Education Index and Report” was reviewed at a January 2018 meeting at the European Parliament in Brussels. UNESCO also collaborated with the Council of Europe to publish a report offering recommendations to 48 European states on how to ensure that all children can enjoy their right to education in a safe and inclusive learning environment. UNESCO published a 2018 synthesis report on violence based on sexual orientation and gender identity/expression in schools in China, the Philippines, Thailand and Viet Nam to broaden awareness and understanding about this issue, while also identifying best practices and policies.

Country case study: fighting discrimination through film

200. In Belarus, UNESCO’s Institute of Information Technologies in Education partnered with the visual and performing arts centre ART CORPORATION to create a 60-minute feature film “II” (Two). Directed by Belarusian filmmaker Vlada Senkova and produced in a documentary style, the film addresses sensitive issues faced by many young people, but not considered appropriate for public discussion, let alone artistic representation, in many eastern European countries and beyond.
201. “II” addresses such inter-related topics as adolescent relationships and behaviour, sexual and reproductive health, HIV, gender-based violence and violence against LGBTQI persons, and HIV-related stigma and discrimination – issues of importance for Belarus and for eastern Europe more broadly, in light of its growing HIV epidemic.
202. The movie narrates the stories of Nastya, Sasha and Kristina—all 16 years old and wondering where life will take them. While Kristina is absorbed in new love affairs, timid Sasha is violently bullied for being gay. Nastya is studying Polish in the hope that this will help her escape her small town. Then a rumour starts to circulate at school that she has HIV, news that awakens people’s hidden fears and prejudices.



203. UNESCO regional advisor for health and education, Tigran Yepoyan, said the movie aims to “explore the price of ignorance in matters such as health and sexual relations—the price that both children and their parents end up paying.” A core message of “II” is the importance of zero discrimination, which puts the movie at the centre of a regional campaign, implemented by UNESCO and UNAIDS, to address attitudes and common misconceptions about people living with HIV in the region. “In our countries there are a lot of people whose voices are very silent and very lonely, and I wanted those voices to be louder. Cinema is the best weapon because you can’t kill anyone with it but you can change their minds” said Aliaksandr Lesko, co-writer of II, whose own experience of being bullied at school inspired the screenplay.

204. On 17 October 2019, “II” premiered at the Warsaw International Film Festival and received a Special Mention award from the jury, followed by a successful tour at film festivals in Minsk, Goteborg and Brussels. “II” was also widely released in Belarus and screened in movie theatre around the country during December 2019 and January 2020, attracting thousands of viewers—both adolescents, their parents and teachers. “A movie that must be shown at all schools in the country”, writes Belarusian lifestyle media KYKY.ORG. “The Film ‘II’ is a test of our response to others pain and injustice,” adds Independent media Gazetaby.com. The film will continue to be screened at other film festivals in the region, including the Moscow International Film Festival, and is expected to reach 1 million people online. A set of educational materials for social media with links to useful resources is being developed to accompany the online launch.

Knowledge products



Facing the Facts: the case for comprehensive sexuality education

CSE is an essential part of a good quality education that helps prepare young people for a fulfilling life in a changing world. It improves sexual and reproductive health outcomes, promotes safe and gender equitable learning environments, and improves education access and achievement. This paper, produced jointly with the Section for Health and Education at UNESCO, shows how governments can overcome social resistance and operational constraints to scale up these programmes as part of their commitment to SDG 4, the global education goal.



From ideas to action: Addressing barriers to comprehensive sexuality education in the classroom.

This paper presents seven recommendations, which are applicable beyond these four countries, for overcoming common bottlenecks in LMICs and thereby improving CSE implementation.



UN International Technical Guidance on Sexuality Education: An evidence-informed approach

The International technical guidance on sexuality education was developed to assist education, health and other relevant authorities to develop and implement school-based and out-of-school comprehensive sexuality education programmes and materials.



Bringing it out in the open: Monitoring school violence based on sexual orientation, gender identity or gender expression in national and international surveys. UNESCO.

This document strengthens the routine monitoring of school violence that is based on sexual orientation, gender identity or gender expression.



Connect with Respect: Preventing gender-based violence in schools

This tool has been designed to assist teachers, like you, to deliver education programmes in early secondary school. It has been designed for students aged 11–14 years but can be adapted for use with older students. It provides age-appropriate learning activities on important themes and concepts relating to the prevention of gender-based violence and promotion of respectful relationships. regularly based on feedback on its use, particularly in the Asia-Pacific region.



A Foundation for Life and Love Campaign

UNESCO's Foundation of Life and Love campaign

(#CSEandMe) aims to highlight the benefits of good quality CSE for all young people. Because CSE is not just about sex. It is about relationships, gender, puberty, consent, and sexual and reproductive health, for all young people.



“II” Trailer <https://youtu.be/ePDaLhKScpE>.

Directed by Belarusian filmmaker Vlada Senkova and produced in a documentary style, the film addresses sensitive issues faced by many young people, but not considered appropriate for public discussion, let alone artistic representation, in many eastern European countries and beyond.

World Health Organization (WHO)

Key strategies and approaches to integrate HIV into broader agency mandate

205. WHO works worldwide to promote health, keep the world safe, and serve vulnerable people. WHO aims to ensure that a billion more people have UHC, a billion more people are protected from health emergencies, and a billion more people have better health and wellbeing. 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.
206. As a founding Cosponsor of the Joint Programme, 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 HIV. WHO collaborates with UNFPA on sexual and reproductive health and rights and HIV. WHO convenes with the World Bank on driving progress towards achieving UHC. WHO partners with UNODC on harm reduction and programmes to reach people who use drugs and people in prison.
207. In 2018–2019, 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. Mid-point strategy implementation reports were presented to the 71st World Health Assembly in 2018 followed by a more comprehensive progress report for stakeholders in 2019.
208. Health impact in this biennium was achieved chiefly through 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 Global HIV Prevention Coalition. Strengthened engagement with communities and civil society underpinned WHO's approach throughout the biennium.

Contributing to progress towards the SDGs

209. **Testing and treatment.** WHO leads much of the work towards achieving the health goals and targets of SDG3. In the context of HIV, WHO continued to provide global leadership in driving progress towards the 90–90–90 targets through country support informed by updated WHO normative policies and guidelines, including those on the use of ARV medicines for HIV treatment and prevention; monitoring and case surveillance; HIV drug resistance; key populations; HIV self-testing and partner notification; differentiated service delivery and managing advanced HIV disease. New consolidated HIV testing service guidelines were launched in November 2019.
210. In 2019, WHO updated its consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection, including with guidance on the use of dolutegravir-based ARV drug regimens as the preferred first-line treatment, as well as changes in preferred second-line regimens and for HIV testing in early infancy. In 2019, 82 low- and middle-income countries reported to be transitioning to dolutegravir-based HIV treatment regimens.
211. In 2019, 12 out of 18 countries surveyed by WHO reported pre-treatment drug resistance levels exceeding the recommended threshold of 10%. In 2018–2019, the WHO-convened forecasting working group for HIV and hepatitis medicines and diagnostics was convened and work on pre-exposure prophylaxis (PrEP) market size estimate was completed, and the forecasting the global demand for HIV diagnostic tests (2018–2023) was published.

212. **Prevention and innovation.** As lead on work to scale up voluntary medical male circumcision activities, WHO developed and disseminated normative guidance, including recommendations on the use of devices, adolescent-specific considerations, enhancing uptake among adult men, and transitioning to sustainable services. WHO monitored the safety of voluntary medical male circumcision, issued an annual progress report on this intervention, and provided technical support to 14 countries in eastern and southern Africa, including for accessing funding from the Global Fund and PEPFAR.
213. WHO supported countries in all regions with their monitoring and evaluation of PrEP programmes and has developed core PrEP indicators. It undertook extensive work focused on fostering technological, service delivery and e-health innovations. WHO prioritized work on innovations for long-acting PrEP products, broadly neutralizing antibodies and HIV preventive vaccines. WHO also continued to work on innovations in testing, including support for development and introduction of new self-testing products and review of 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.
214. **Leaving no one behind: equity and key populations.** Across all of its HIV-related work, WHO ensured that particular attention was devoted 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. It also ensures consideration for issues related to key populations in its updates of technical guidance. WHO supported the Global Men's Health and Rights Survey, training material of ChemSex and the piloting of these (to continue in 2020 to roll out) and has engaged with sex worker networks on issues related to assisted partner notification. In China, WHO has worked on communications for gay men and other men who have sex with men on social media.
215. Working with UNODC and other partners, WHO supported the implementation of comprehensive HIV services for people who live in prisons or other closed settings, including harm reduction services for those who use drugs. 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.
216. **Community engagement.** The WHO Director-General established a WHO Advisory Group of Women Living with HIV in April 2019. The group includes a diverse set of members representing women living with HIV from around the world. In 2019, WHO published a tool to support the implementation of critical guidance for women living with HIV: Translating community research into global policy and national action: A checklist for community engagement to implement the WHO Consolidated guideline on sexual and reproductive health and rights of women living with HIV.
217. WHO strengthened its 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.
218. **Gender and human rights.** 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. 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.
219. In December 2018, WHO joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and it is co-leading a working group on addressing stigma and discrimination in the health sector. In Pakistan, WHO conducted two training-of-trainer programmes on stigma and discrimination reduction in health-care settings, reaching 46 health-care providers from across the country.
220. **Universal health coverage.** WHO's technical leadership contributed to the adoption by the UN General Assembly of the Political Declaration of the High-Level Meeting on Universal Health Coverage on 10 October 2019. This marked the culmination of concerted efforts to bring the global health community together under a single umbrella. WHO mobilized and supported the HIV community to engage in UHC discussions throughout 2019, supporting community and civil society partners, including key populations, to engage in global and regional level advocacy. This helped ensure that the UHC Political Declaration took into account

key HIV-related issues, including attention to the needs of overlooked populations and to the provision of critical HIV prevention services.

221. WHO supported the application of a system-wide approach to analysing efficiency across HIV and health programmes in Estonia, Ghana, Nigeria, South Africa, Sri Lanka and the United Republic of Tanzania, among other countries. Positive outcomes of this initiative included 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 was changed to enable joint planning between HIV sections and the rest of the health system.
222. **Integration for impact and sustainability.** WHO strengthened links with responses for viral hepatitis and sexually transmitted infections through the reconfiguration of headquarters departments and through strong collaboration with Global Prevention Coalition partners on accelerated efforts to prevent sexual transmission of HIV.
223. WHO continued to provide leadership on HIV/TB coinfection with cross-departmental coordination to address the epidemics. WHO develops and promotes tools and guidelines to support countries in improving their TB/HIV collaborative action in order to achieve universal access to HIV and TB prevention, care and treatment services for all people in need. Key areas of work include: collaboration between TB and HIV services at all levels; universal ART for all HIV-positive TB patients; scaling up intensified case-finding, isoniazid preventive therapy and infection control at all clinical encounters; improving data for TB/HIV; the use of ART in prevention; and strengthened partnerships with communities and civil society.
224. WHO continued to work with UNFPA on implementing the call to action to attain UHC through linked sexual and reproductive health and rights and HIV interventions. WHO responded to the results from the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial that showed high HIV and STI incidence among adolescent girls and young women attending contraception services in southern Africa. It continued

to work with countries to bring ministries working on HIV and SRH (contraception, sexually transmitted infections, and cervical cancer) together to develop an integrated approach. A post-ECHO task team was established with representatives from other UN agencies, countries, implementers, and civil society.

Case study: Enabling laws and policies for strengthened HIV testing in the United Republic of Tanzania

225. Adolescents often face legal and policy barriers to HIV testing, including requirements for parental or guardian consent to access HIV testing and counselling services. With support from WHO, the age of consent for HIV testing in the United Republic of Tanzania was lowered to 15 years of age from 18 years of age in November 2019. At the same time, HIV self-testing became legal for those 18 years and above. The lower age of consent will help ensure earlier access to HIV testing services for adolescents.
226. To enable that important policy change, WHO mobilized all three levels of the organization, under the leadership of the WHO Country Office with support from UNICEF, the UNAIDS Secretariat and other partners. WHO and partners supported the Ministry of Health through a review of policy documents for parliamentary meeting processes and conducted briefings that supported the Ministry of Health in its deliberations and decisions ahead of the parliamentary sessions. In November 2019, the Parliament of the United Republic of Tanzania approved the bill on amending the HIV and AIDS (Prevention and Control) Act, 2008, to bring the changes into legal effect.
227. The Government's decision to change the law should ensure that more people—including vulnerable populations, adolescents and key populations—have easy access to HIV self-testing, which will facilitate access to life-saving HIV treatment. WHO will continue to work with the United Republic of Tanzania and other countries to consider revisions to legal frameworks so that more of the 8.1 million people who are currently unaware of their HIV status can access HIV prevention or treatment services.

Knowledge products



Global health sector strategy on HIV, 2016–2021.

The strategy builds on the extraordinary public health achievements made in the global HIV response since WHO launched the Special Programme on AIDS in 1986. It positions the health sector response to HIV as being critical to the achievement of UHC—one of the key health targets of SDGs.



Progress report on HIV, viral hepatitis and sexually transmitted infections 2019.

WHO is accountable for reporting back to the World Health Assembly on progress in implementing the Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, based on data received from countries. This report assesses the mid-term progress in 2019 in implementing these global health sector strategies from 2016 to 2021.



Treat all: policy adoption and implementation status in countries.

With the 2016 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, WHO updated and launched new policy recommendations on the clinical and service delivery aspects of HIV treatment and care, and raised the bar to treat all people living with HIV. WHO has worked with countries to ensure uptake and implementation of these recommendations in support of the 90–90–90 targets.



Update of recommendations on first- and second-line antiretroviral regimens.

The 2019 updated guidelines provide the latest recommendations based on rapidly evolving evidence of safety and efficacy and programmatic experience using dolutegravir and efavirenz in pregnant women and people coinfecting with TB.



Consolidated guidelines on HIV testing services for a changing epidemic.

These consolidated guidelines bring together existing and new evidence-based guidance and recommendations for delivering high-impact HIV testing services, including linkage to HIV prevention and treatment, in diverse settings and populations.



Accelerating progress in testing and treatment for children and adolescents with HIV.

WHO and Elizabeth Glaser Paediatric AIDS Foundation are the co-conveners leading the AIDS Free Working Group of stakeholders which is working to reach the “super Fast-Track” targets. The toolkit consists of the latest normative guidance, technical guidelines, policy briefs, case studies and advocacy resources to support efforts to achieve the AIDS-Free targets in high-burden countries.



Guidelines for the diagnosis, prevention and management of cryptococcal disease in HIV infected adults and children.

Cryptococcal meningitis is a serious opportunistic infection and a major cause of morbidity and mortality in people living with HIV with advanced disease, accounting for an estimated 15% of all AIDS-related deaths globally. An estimated 223 000 cases of cryptococcal meningitis result in approximately 181 000 deaths each year among people living with HIV.



HIV self-testing at the workplace Policy brief, December 2018.

HIV self-testing is a testing option recommended by WHO that can be used to reach as-yet undiagnosed populations. This policy brief outlines key planning and implementation considerations for managers and implementers introducing self-testing at workplaces.



World Health Organization 13th general programme of work 2019–2023.

The Thirteenth General Programme of Work defines WHO's strategy for the five-year period, 2019–2023. It focuses on measurable impacts on people's health at the country level.



WHO implementation tool for monitoring the toxicity of new antiretroviral and antiviral medicines.

This implementation tool describes the recommended approaches for routine monitoring of toxicity integrated with the national monitoring and evaluation system and targeted approaches to monitoring toxicity to enable enhanced monitoring and reporting of treatment-limiting toxicity to support country implementation and generation of local data.



HIV prevention, treatment, care and support for people who use stimulant drugs.

The purpose of this publication is to provide guidance on implementing HIV, hepatitis C and hepatitis B programmes for people who use stimulant drugs and who are at risk of contracting these viruses.



Focus on key populations in national HIV strategic plans in the WHO African Region Report.

National strategic plans are vital for guiding collective responses to HIV epidemics. WHO commissioned a review of the most recent national strategic plans of 47 countries in the WHO African Region for their coverage of key populations. This review sought to identify strengths, gaps and weaknesses in the way that these plans consider key populations.



HIV drug resistance report 2019.

Prevention, monitoring and timely response to population levels of HIV drug resistance is critical to achieving the WHO/UNAIDS 90-90-90 targets for 2020.



The public health dimension of the world drug problem.

In partnership with the UN Office on Drugs and Crime, which is recognized as the leading UN entity for countering the world drug problem, WHO has a pivotal and unique role in addressing the public health and human rights dimensions of global issues related to drugs.



Progress Reports, Seventy First World Health Assembly (pages 3-5)

The World Bank

Key strategies and approaches to integrate HIV into broader agency mandate

228. The World Bank provides financial and technical support to developing countries with the overarching aim of alleviating poverty within a generation and promoting shared prosperity. Ensuring everyone has access to essential services regardless of ability to pay is a critical part of this drive, as reflected in its new flagship Human Capital Project, which has made HIV a core component of its work to focus investments towards effective and equitable health systems.
229. As a UNAIDS Cosponsor and under the UNAIDS Division of Labour, the World Bank co-leads (with UNDP) the Joint Programme's work on efficiency, effectiveness, innovation, and sustainability of the global AIDS response. This includes efforts to ensure that the HIV response is fully funded and efficiently implemented. In collaboration with WHO, the World Bank co-leads the work programme on integrating people-centred HIV and health services in the context of stronger systems for health, particularly the decentralization and integration of HIV-related services. The World Bank also contributes to prevention of HIV among key populations and youth, addressing gender inequality and gender-based violence, HIV-sensitive social protection, and decentralizing and integrating SRHR and HIV services. It leverages experience from HIV to quickly adapt tools and processes for other pandemics, like COVID-19, to achieve better outcomes for HIV and those pandemics.
230. To help countries do "better for less", the World Bank works with partners to maximize impact and efficiency; use performance-based financing to improve outcomes; provide evidence for strategic planning; and employ cutting-edge analytic tools to improve efficiency, effectiveness, financing, and sustainability. The World Bank also uses innovative financing mechanisms and investment to increase the funding available for critical needs across the fight to end AIDS and achieve the SDGs. Working with partners, the World Bank is working to ensure that its health investment and research are focused in ways that assist countries to achieve UHC by 2030.

Contributing to progress towards the SDGs

231. In 2018–2019, two new initiatives lay at the heart of the World Bank's strategy.
- The new flagship global Human Capital Project is centred on the conviction that investing in people is key to ending extreme poverty. It is benefiting more than 50 countries, including many HIV Fast-Track countries, and is helping drive the World Bank's work on health.
 - The World Bank also launched the Africa Human Capital plan with a commitment to increase funding in human development projects in the region to US\$ 15 billion in fiscal years 2021–2023 (compared to US\$ 3.4 billion committed for fiscal year 2018).

In health

232. The World Bank helps countries provide HIV prevention, care and treatment services by offering financing, specialized technical support, and access to knowledge products and quality data. In 2018–2019, its active health, nutrition, and population portfolio exceeded US \$14.5 billion in net commitments.
233. **Advancing appropriate integration and transitioning to sustainable financing.** In 2018–2019, the World Bank prioritized improving access to and the quality of health services, including HIV-specific operations as well as funding for HIV testing and treatment as integrated components of broader health projects. This included, 20 approved projects totalling US\$ 3.3 billion in World Bank financing, supported by US\$ 452 million from the Global Financing Facility. The World Bank Group and the Global Fund are in the midst of a five-year commitment to contribute a combined total of US\$ 24 billion to UHC in Africa, with US\$ 15 billion of that commitment resting with the World Bank Group.
234. The [Multi-Donor Trust Fund for Integrating Externally-Financed Health Programs](#), operated with support from partners including the Global Fund, supported lower-middle income countries transitioning from external financing to increasing a greater share of their domestic budget on health. For example, in Lao PDR,

- the trust fund leveraged US\$ 41.4 million from other sources to strengthen health systems including HIV and TB services. The World Bank also approved a project in Indonesia to support primary care reform, including key local service delivery for people living with HIV.
235. The Global Financing Facility, which is dedicated to maternal, child, and adolescent health, supported country-led efforts and used performance-based financing to improve outcomes. Operating in 36 countries (including 20 newly added), a major replenishment raised over US\$ 1 billion in new commitments to expand support. Through the Facility, Cameroon more than doubled its budget for maternal and child health (including PMTCT and nutrition), effectively doubling family planning and antenatal care visits in facilities. This was part of a commitment to increase the share of the national health budget allocated to primary and secondary care from 8% in 2017 to almost 30% by 2020. In Lesotho, a [project](#) focused on maternal and child health, TB and HIV, saw the number of people on HIV treatment in target districts rise from 128 037 in 2016 to 206 298 in 2018.
236. To strengthen coordination and maximize impact, the World Bank and the Global Fund signed a [cofinancing framework agreement](#) to accelerate efforts by countries to end HIV, TB and malaria and build sustainable systems for health. The framework agreement outlines a new approach for joint financing of investment-type operations and results-based financing between the two organizations, as well as results-based financing, with a goal of reducing transaction costs and deepening the strategic partnership.
237. The World Bank also joined UNDP, UNICEF, UN Women, WFP and WHO in signing the [Global Action Plan](#) to help countries accelerate progress toward SDG 3 by mobilizing more resources for health, investing them better, and strengthening health system capacity. With WHO, the World Bank Group co-convenes UHC2030, a multi-stakeholder platform focused on strengthening health systems. The World Bank also supported the G-20 Finance Ministers and Leaders' Summits in Japan in June 2019, which focused for the first time on sustainable financing for UHC-based health systems as a critical component of inclusive economic growth, and with USAID the World Bank co-hosted the Third Annual Universal Health Coverage Financing Forum.
238. The World Bank's UHC Study Series in 2018–2019 produced 19 case studies from more than 14 countries on expanding health coverage, as well as a paper on current health financing policies for expanding health coverage in 46 African countries, a report on [high-performance health financing for UHC](#), and a *PLoS One* article on building from the HIV response to UHC. To address data needs, the World Bank produced a new edition of the Health Equity and Financial Protection Indicators, the new World Development Indicators website, and the [2019 Global Monitoring Report on Financial Protection in Health](#) produced in collaboration with WHO and the related [data set](#). The World Bank also provided data resources on other key factors and supported the [Primary Health Care Performance Initiative, supported by UNICEF and WHO](#), to meet the evidentiary needs to achieve effective UHC including HIV coverage.
239. **Better data strengthened decision-making.** Towards supporting sustainability, efficiency and effectiveness in the HIV response, the World Bank worked with partners to conduct over 35 allocative and implementation efficiency studies in 18 countries, support key databases and conduct training sessions, including a series of regional workshops on AI for HIV and other core health concerns. The studies provided governments with the evidence needed to appropriately reallocate HIV and broader health budgets.
240. In Zimbabwe, for example, Bank studies assessed efficiency gains made through HIV/ SRH integration, as well as the allocative efficiency of the national HIV response. They found that integration reduced the average service cost by 9% in hospitals and by 20% in primary care sties. A project in Kenya used modelling to improve HIV resource allocations to and within counties.
241. The Bank also conducted country studies on the financial sustainability of HIV interventions in the context of UHC. Examples included studies addressing HIV programming in Colombia, Mexico and Peru; health spending including HIV in countries such as Indonesia, Kiribati and Viet Nam; and a regional assessment of the financial sustainability of HIV and UHC programmes in sub-Saharan Africa. Additional studies in the form of public expenditure reviews and resource tracking exercises advanced that work and focused on the health sector (including HIV) in countries such as Cameroon, Lesotho, Nigeria and Romania. Other studies used cascade analytics to identify bottlenecks in service delivery chains for HIV and cervical cancer in countries such as South Africa and Ukraine.
242. The World Bank Group is in the midst of a major push to better leverage disruptive technology and digital health. For example, it launched TechEmerge for the health-care market in Brazil, which led to 27 pilot partnerships between health-care providers and tech developers,

covering needs such as rapid diagnosis blood testing equipment. A similar initiative was developed for eastern Africa, where it was launched in January 2020.

243. The Identification for Development initiative supports digital development, social protection, health, and gender to reach the estimated one billion people who lack effective identity documents, including many who are affected by HIV. In partnership with the Bill & Melinda Gates Foundation, the Omidyar Network and others, the World Bank is working in countries such as Morocco to support the development of national registers to improve government services including a free medical insurance programme for the poor.

Fragility, conflict and violence

244. By 2030 an estimated 43–60% of the world's extreme poor will be living in settings affected by fragility, conflict and violence, including many individuals affected by the HIV epidemic. The World Bank Group has more than doubled the resources available to such affected countries—to US\$ 14 billion under the 18th IDA replenishment and US\$18.7 billion under [the IDA 19 replenishment](#)—with an understanding that health, including HIV-related services, must be a central part of the portfolio. IDA commitments to the countries reached US \$8 billion in fiscal year 2019.

245. New financing mechanisms include US\$ 2 billion to support refugees and host communities, and a risk-mitigation regime that supports initiatives to help countries mitigate fragility risks. That includes a new “Refugee Sub-Window”, from which Cameroon received the first grant in 2018 to provide refugees and host communities with access to health care, education and social safety nets. [The Global Concessional Financing Facility](#), launched in partnership with the UN and the Islamic Development Bank, also continued providing support to refugees and their host communities.

246. To strengthen collaboration in key areas including humanitarian response, the UN and the World Bank signed a Strategic Partnership Agreement which enabled the World Bank to provide additional funding for implementation capacity to achieve the SDGs, including health objectives. The World Bank Group and UNHCR established the new Joint Data Center on Forced Displacement to collect, analyse and share primary microdata, including health status. UNHCR, the United Kingdom Department for International Development and the World Bank established a forced displacement partnership, generating evidence on what works in areas central to the HIV response such as

health, education and social protection to ensure that investments are targeted, prioritized and efficient.

247. Operational programmes targeted areas across Africa and the Middle East, including a focus on health needs, including HIV support services.

- As of September 2019, the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project had reached over 6 million beneficiaries in Burundi, the Democratic Republic of Congo and Rwanda, including the provision of holistic sexual and gender-based violence services to over 450 000 beneficiaries in the Democratic Republic of Congo alone.
- By end-2019, the [Jordan Emergency Health Project](#) had provided over 432 000 Syrian refugees and host communities with essential health, nutrition and population services.
- The Health System Support and Strengthening project in Central African Republic (in partnership with UNICEF) focused on pregnant women, children under five years of age and victims of violence against women. It provided free health services to over 68 000 people with and family planning services to over 16 300 women and adolescents (as of November 2019).
- In the Democratic Republic of Congo, rollout of a priority health services package, including for HIV and TB, significantly reduced the financial burden on vulnerable women and children, while also improving the availability, quality and use of health and nutrition services.

Gender

248. Operationally, 60% of World Bank operations in the biennium helped address gender gaps and encouraged full incorporation of women in economies and societies, including multiple projects addressing issues of gender equality, including in health and HIV.

249. The World Bank attracted over US\$ 1 billion in private funds in 2018 for gender work. Through its Umbrella Facility for Gender Equality, it funded investments to strengthen knowledge and capacity for gender-informed policy making. It targeted areas critical to closing gaps between knowledge and execution, and supported more than 150 activities in 80 countries (double the number of projects and 30 more countries than in previous years), with US\$ 18.5 million in allocations in fiscal year 2018.

250. Multiple projects and initiatives tackled sexual and gender-based violence. They included:
- a Great Lakes project providing holistic support to survivors including post-exposure prophylaxis kits;
 - a prevention project in the United Republic of Tanzania which reduced the time and distance girls have to travel to school and which trained teachers on preventing gender-based violence; and
 - a project in [Nepal](#) that created a national integrated service platform for survivors which provided integrated services to over 15 000 people, information and referral services to over 12 000 people.
251. The World Bank also collaborated with UNICEF, WHO, UNFPA and other partners on the [Sexual Violence Research Initiative](#) to foster innovations that can prevent and respond to gender-based violence. Through the [Development Marketplace Awards](#), US\$ 2.2 million was awarded to 20 research teams around the world in 2018–2019. Since 2012, over 200 World Bank projects have included work on gender-based violence.
252. Key products to expand the knowledge base in 2018–2019 included numerous reports as well as the [Gender Data Portal](#). The portal is a comprehensive

resource for the latest sex-disaggregated data and gender statistics covering demography, education, health, economic opportunities, public life and decision-making. It serves as an easily accessible entry point for statistics that track gender equality.

Education and social protection

253. The World Bank recognizes the critical role of education and social protection in the HIV response, both as a prevention tool and as vital support for people living with HIV. It has joined with the ILO in supporting [universal access to social protection](#). Under its [social protection and labour strategy](#), the World Bank in 2018–2019 had 87 active social protection and labour projects, representing investments of US\$ 15 billion.
254. The World Bank is the largest financer of education in low- and middle-income countries, with investments totalling US\$ 16 billion in 80 countries as of June 2019, including more than US\$ 4 billion in education projects directly benefiting adolescent girls. The investments, largely concentrated across sub-Saharan Africa and South Asia, are helping provide adolescent girls with access to quality education at the secondary level, and ensuring they remain in school using scholarships and conditional cash transfers—measures essential to end AIDS (see box).

Case study: The Power of education and social protection

Results of an important trial showed that keeping adolescent girls and young women in some form of education significantly reduces HIV incidence—by a size comparable to biomedical interventions. Working with partners across the country and the World Bank, and support from the Global Fund, UKAID, World Bank, the Government of the Kingdom of Eswatini and UNAIDS, the Sitakhela Likusasa Impact Evaluation assessed the impact on HIV incidence of two types of conditional financial incentives for education.

The three-year randomized control trial involved almost 4400 adolescent girls aged 15–22 years, with the majority from rural areas. Half of were already in school or another educational institution, while the others were not enrolled in any form of education. Participants assigned to education incentives received about US\$ 100 a year for enrolling in and attending school, while tuition fees of up to US\$ 200 were paid for out-of-school participants during the final year of the study. Participants could also receive up to US\$ 100 per year for enrolling in, and completing, tertiary education or vocational short courses. Half were also eligible for a raffle prize if they tested negative for syphilis and trichomonas vaginalis.

The results were significant: girls who received the education grants had 23% lower odds of acquiring HIV, while girls receiving both incentives were 37% less likely to acquire HIV.

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255. Other projects also produced powerful results. For example, Sahel Women’s Empowerment and Demographic Dividend Project, undertaken in collaboration with partners such as UNFPA and WHO, empowers young women in 5 countries with key life skills and improves their access to quality reproductive, child and maternal health services, including integrated HIV services. [As of 2019](#), more than 106 000 girls and adolescents had received scholarships or other material support to attend and stay in school. More than 3400 safe spaces had been created for over 100 000 vulnerable and out-of-school girls, and awareness campaigns on reproductive, maternal, child and adolescent health and violence against women had reached more than 4 million people.
256. As of November 2019, a project in [Zambia](#) had benefitted 49 865 women and girls from extremely poor households, including covering school fees for 25 239 girls. Female drop-out rates in project districts fell from [5.8% to 3.9%](#), compared to 3.8 to 2.9% in non-project areas. Operating [80 programmes worldwide](#), the [Rapid Social Response Programme](#) supported governments to quickly and effectively mitigate the impact of shock on the poor and vulnerable, including people living with HIV. It also has helped develop six interagency social protection assessment tools.
257. The World Bank contributed to the knowledge base with numerous studies and publications. For example, the World Development Report 2018 on education’s promise highlighted a massive learning crisis affecting virtually all developing countries. Other publications included a [study](#) of safety net benefits programmes in 79 countries; [Realizing the Full Potential of Social Safety Nets in Africa](#); and [Measuring the Effectiveness of Social Protection with practical guidance on conducting analyses](#). The [ASPIRE indicator atlas](#) provides a global data snapshot of social protection coverage and impact on well-being.

Across the broader World Bank operational portfolio

258. Recognizing that achieving full coverage requires even broader integration of HIV services across programming areas, the World Bank continued integrating HIV programming into other work, such as large-scale transportation projects to reach people who might otherwise be overlooked with robust service packages including condom distribution, awareness raising and strengthened HIV service delivery. Recent examples include the Lesotho Infrastructure and Connectivity Project, with awareness raising campaigns on HIV and gender-based violence, and the Southern Africa Trade and Transport Facilitation Project, which includes an HIV combination prevention package for key populations.
259. **Innovative financing tapping private sector interest.** Securing the additional financing needed remained an important part of the World Bank’s work in 2018–2019. This included developing and leveraging innovative financing mechanisms such as the Sustainable Development Bonds to raise private sector investor awareness and investment. For example, as of 2019, the World Bank had issued over US\$ 2 billion in bonds to highlight efforts supporting women and children’s health, including their HIV-related needs. Annual World Bank issuances of such bonds now total US\$ 40–50 million annually.
260. **Managing debt.** Public debt affects the ability of governments to allocate funding to meet HIV-related needs. The World Bank worked to help countries better understand and manage their debt. With the International Monetary Fund, the World Bank implemented the revised Debt Sustainability Framework and announced a collaborative approach—designed to advance the SDGs, including progress in health and other areas critical to success in the fight against AIDS—to help countries address debt vulnerabilities.

Secretariat Functions Report

S1. Leadership, advocacy and communication: maintaining the AIDS response on the agenda, positioned as an integral part of the SDGs

261. The Joint Programme remained the core catalytic force in the HIV response, keeping HIV on the political agenda and leveraging global leadership, country focus, strategic partnerships and strategic information for effective HIV response that drives the ending AIDS agenda and advances equitable development for all people, everywhere.
262. To strengthen strategic leadership in the response, the Secretariat reached heads of state and government, engaged policymakers and decision-makers, partnered with civil society and activists, and listened to communities and supported their voice.
263. Political and policy leadership of the Secretariat and Cosponsors was affirmed in key political fora (General Assembly), governance fora (Global Fund Board, Stop TB Partnership Board, World Health Assembly, EWEC/H6, GHAP) as well as scientific fora (International AIDS Conference) and multilateral and bilateral financing platforms (the Global Fund funding cycles, PEPFAR COP).
264. Strategic aspects and lessons of the HIV response featured prominently in global policy dialogues such as the 2019 High-Level Political Forum on Sustainable Development on “Empowering people and ensuring inclusiveness and equality”; operationalization of the 2030 Agenda promise of leaving no one behind; Voluntary National Reviews; and the UN High-Level Meeting on Universal Health Coverage. A side-event on civil society and UHC during that High-Level Meeting focused on the need for community engagement to achieve accountability.
265. The Secretariat and Cosponsors leveraged the platform and power of international and regional processes—including the Human Rights Council, the Commission on the Status of Women, the Nairobi Summit on ICPD25, the African Commission on Human and Peoples’ Rights, Southern African Development Community and the European Union—to advance inclusive, integrated, human rights based, gender-transformative HIV responses that place communities at the centre and leave no-one behind.
266. The Secretariat was instrumental in linking science, practice and human. The expert consensus statement on the science of HIV in the context of criminal law, based on robust evidence and authored by 20 of the world’s leading scientists, encouraged the use of science by criminal justice system, and offered guidance to those providing expert opinion evidence in individual criminal cases. The Secretariat and UNDP continued to provide important support to efforts led by the International Commission of Jurists to develop human rights principles to limit the harmful use of criminal laws.
267. The PCB continued to serve as a platform for global programmatic leadership. The thematic session on Ending Tuberculosis and AIDS: A Joint Response in the Era of the Sustainable Development Goals (42nd PCB meeting) fed into the UN High-level Meeting on Tuberculosis and influenced PEPFAR decision to prioritize the prevention, diagnosis and treatment of TB among people living with HIV. Linkages between mental health and HIV were the focus of the thematic segment at the 43rd PCB meeting. This led to the PEPFAR decision to establish a new technical area on mental health and HIV in the 2019 Country Operational Plan Guidance. The UHC Thematic Segment during the 44th PCB meeting placed UHC in the context of Joint Programme work and promoted a coherent understanding of the links between actions to end the AIDS epidemic and achieve UHC. The thematic segment at 45th PCB meeting was dedicated to reducing the impact of AIDS on children and youth.
268. The first-ever Joint Programme “Way Forward to Achieving Sustainable AIDS Results”, approved by the PCB in December 2018, provides guidance for coherent, people-centred approaches to achieve the Fast-Track targets, and for sustainable solutions towards ending AIDS as public health threat and achieving the SDGs, including UHC. The PCB-recommended approach guided the development of the SADC Sustainability Roadmap for HIV and Health Response, which SADC Ministers of Health endorsed in June 2019.

269. UNAIDS' communications products reached more than 50 million people in the biennium. The UNAIDS website attracted more than 4 million visitors during 2018–2019, which amounted to increases in traffic of 22% and 37% in 2018 and 2019, respectively.
270. Campaigns highlighted various and intersecting elements of the HIV response by making strategic use of reports, infographics, social media posts, special web pages, op-eds and articles placed in regional and national media and other communications products. UNAIDS leveraged World AIDS Day, International Women's Day, World Tuberculosis Day and Zero Discrimination Day to deliver key messaging on the power of communities, the importance of knowing your HIV status, the vulnerability of women and girls to HIV, the links between TB and HIV, and the urgency of eliminating discrimination faced by people living with HIV and key populations. In 2019, a series of web stories, press releases and interviews in the media highlighted the critical issues faced by women and girls.
271. The Secretariat launched and has been leading an inclusive process for establishing 2025 targets. The targets and the corresponding epidemiological impact and resource needs will feed into the new UNAIDS strategy and inform partner organizations' strategies as well as a possible 2021 High-Level Meeting.

Challenges and future actions

272. The world is not on-track to achieve most of the 2020 Fast-Track targets. To strengthen advocacy and leadership that can put the world on-track to end the epidemic, the Secretariat will:
- deliver and promote new targets to guide the response beyond 2020;
 - intensify engagement in key international events and platforms;
 - further strengthen work to mobilize communities on key issues relating to women, girls and HIV (e.g. HIV and sexual and reproductive health and rights, eliminating gender-based violence); scale up country efforts to end HIV-related stigma and discrimination;
 - and strengthen advocacy with partners and stakeholders in sub-Saharan Africa.

S2. Partnerships, mobilization and innovation: fostering partnerships for effective, equitable, sustainable response

273. The Secretariat and Cosponsors worked to strengthen strategic partnerships with governments, intergovernmental and regional bodies, parliamentarians and other policy makers, corporations and foundations, civil society and communities for an effective, equitable, sustainable and fully-funded HIV response.
274. In June 2019, UNAIDS Secretariat and the Global Fund signed a new Memorandum of Understanding. The agreement aims to enhance collaboration on a wide spectrum of policy, technical and programmatic areas within a broad context of supporting resilient and sustainable systems for health. The particular areas for enhanced collaboration include:
- global strategic information,
 - sustainable country responses,
 - gender, right and community engagement,
 - prevention, access & community service delivery, and
 - acceleration in western and central Africa.
275. The Global HIV Prevention Coalition, co-convened by the Secretariat and UNFPA, supported the global effort to accelerate HIV prevention. In all 28 Global Prevention Coalition countries, implementation of the HIV Prevention 2020 Road Map moved from political commitments to scaling up HIV prevention programmes on the ground.
276. Under the Fast-Track Cities Initiative, more than 300 cities across all the regions have signed the Paris Declaration and are working to address gaps in the HIV response and achieve the agreed targets. At the first Fast-Track Cities conference, organized by the International Association of Providers of AIDS Care, more than 700 participants from cities across the world shared progress, experiences and lessons learned.
277. The Global Partnership for action to end all forms of HIV-related stigma and discrimination responds to the call of civil society organizations to strengthen the

- UNAIDS ZERO Discrimination agenda. Co-convened by the Secretariat, UN Women, UNDP, GNP+, with the strategic leadership of the PCB NGO delegation, the Global Partnership brought together 24 civil society organizations and 10 UN agencies in a working group that will support countries to implement evidence-based interventions to eliminate stigma and discrimination.
278. A new strategic framework for engagement with the private sector led to the launch of a new business strategy for the Secretariat, with accompanying guides to support efforts to engage businesses in HIV responses. Specific efforts focused on strengthening partnerships with faith communities, including through the rollout of the UNAIDS-PEPFAR faith initiatives.
279. The HIV responses in sub-Saharan Africa received strong attention. The Secretariat promoted and monitored the African Union “Free to Shine” campaign, a joint continental initiative to end childhood AIDS and keep mothers healthy, with the African First Ladies for Development and partners. In partnership with WHO, UNIDO, RECs and AUDA-NEPAD, the Secretariat advocated for increased access to medicines through support for the African Medicines Regulatory Harmonization, including local pharmaceutical production. The Secretariat, Cosponsors and other partners supported development of the African Union roadmap on health financing under the leadership of President Kagame of Rwanda. The Secretariat partnered with AIDS Watch Africa, to raise awareness and commitment on catch-up plans in western and central Africa, health financing and mapping of the regional rollout of community health workers. The Secretariat as a co-founder joined forces with PEPFAR, the George W. Bush Institute and Merck in the “Go Further” partnership to end AIDS and cervical cancer among women living with HIV in Africa. As a result, cervical cancer screening and treatment have been integrated into HIV treatment services and significantly scaled up for women receiving ART in Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia and Zimbabwe.
280. A platform for meaningful engagement of civil society for impact was established in western and central Africa, a region where progress in the HIV response has been slower than needed. Through a set of catalytic activities at global, regional and country levels, the Secretariat built confidence among key local civil society leaders, fostered new partnerships and facilitated the establishment of a Civil Society Institute, which will develop civil society engagement and capacity to respond to the epidemic. In less than a year, the Civil Society Institute has become the main interlocutor of key actors, including the Global Fund, PEPFAR, the Government of France and the Grand Duchy of Luxembourg.
281. Partnerships with civil society organizations and communities grew stronger around drug policy, paediatric HIV, prevention, SRHR and human rights. The #BeTeamWomen initiative, created in 2018 by the Secretariat, UN Women and civil society partners, serves as a global platform to mobilise and unify diverse partners and stakeholders on the empowerment of women and girls and gender equality; its bimonthly live digital discussions have engaged more than 150 000 people. The Secretariat and Cosponsors worked to empower communities at country level and remained vocal advocates for fully-funded, community-led responses to achieve sustainable health outcomes.
282. The partnership with the European Union focused on analysing and strengthening responses to the expanding HIV epidemic among gay men and men who have sex with men in eastern and south-eastern Europe (European Union and border countries). The Joint Programme has positioned itself in the European Union dialogue as a stakeholder in humanitarian responses.

Challenges and future actions

283. To further strengthen strategic partnerships for results, the Secretariat will:
- intensify its support for effective responses in Africa (including through expanded support for the Africa CDC);
 - strengthen its dialogue with donors to maintain the global HIV response as a priority;
 - effectively develop a strategic relationship with the European Union;
 - support the scale up of country efforts to end and effectively monitor stigma and discrimination;
 - develop a global vision for the future of strategic information;
 - intensify the cultivation of strategic partnerships to end AIDS;
 - explore establishment of a channel for investments for women entrepreneurs;
 - and further mobilize and engage women and girls in all their diversity in the HIV response.

S3. Strategic information: strategic information for decision-making and implementation

284. An impressive 173 countries reported data through the UNAIDS Global AIDS Monitoring system, including data from health-care facilities, household surveys and special studies of key populations. Countries also reported epidemiological estimates of new HIV infections, AIDS-related deaths and numbers of people living with HIV, HIV-related expenditures and budgets and the prices of ARV medicines.
285. The Secretariat supported 140 countries to produce epidemiological and financing estimates and to report key programme data, including data disaggregated by sex, age, sub-population and geographic area. Estimates for an additional 31 countries were developed to contribute to regional and global estimates. Country programme data were validated in collaboration with WHO and UNICEF, and then made publicly available on the AIDSinfo website (<http://aidsinfo.unaids.org/>)
286. Detailed analyses of the epidemic and response were presented in the global AIDS update reports, *Miles to go* (2018) and *Communities at the Centre* (2019), other flagship publications and reports to the General Assembly and the PCB.
287. The Secretariat led or participated in numerous other initiatives to improve country, regional and global generation of strategic information, including the launch of data visualization and analytics platforms (Health Situation Rooms) in Côte d'Ivoire, Lesotho, Uganda and Zambia. These innovative digital platforms merge multiple national data sources (DHIS, LMIS, community data, etc) and enable decision-makers and programme managers to easily view and analyse key indicators.
288. The Secretariat supported countries in using data to identify and address programmatic gaps (especially for testing and treatment) and adjust their activities. Innovations introduced in 2018 included the use of a geospatial model in 10 countries, the incorporation of district-level estimates into DHIS-2 and development of a Secretariat-commissioned model to identify the optimal mix of HIV testing modalities in Fast-Track countries to reach the first "90".
289. The Secretariat collected data on HIV programme expenditure from countries and donors, and estimated funding gaps for low- and middle-income countries in all regions. These and other financial data are publicly available on a Financial Dashboard (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>) accessible via AIDSinfo. The data show that an estimated US\$ 20.6 billion (in constant 2016 US dollars) was available in 2017—about 80% of the 2020 target.
290. UNAIDS trained and supported national staff and international and national consultants working in 40 countries for in-depth HIV resource tracking through National AIDS Spending Assessments. These expenditure analyses inform national investment and sustainability plans; efficiency and sustainability analyses; budgeting of national strategic and annual operational plans; the development of global and regional estimates and projections of resource availability; and funding gaps that support advocacy and resource mobilization efforts.
291. Working with technical partners, the Secretariat models for generating estimates on the basis of case surveillance and vital registration data, enabling more geographically specific estimates and generating key population size estimates.
292. A new model integrated into the Spectrum estimates package more accurately captures recent trends in incidence for countries with generalized epidemics. The refined results were used for the PEPFAR Country Operational Plans, which guide the programming of about US\$ 1.2 billion to national AIDS responses.
293. New metrics for the epidemic transition were finalized in 2018, while country, regional and global values were published on AIDSinfo and in the Miles to go report. A special collection of articles was prepared for the journal PLoS Medicine, describing the background and functions of the measures used.
294. The introduction of new statistical methods and models should permit publication of sex-disaggregated data for the "three 90s". UNAIDS and WHO also began a process to improve the use of data in the rollout of PrEP programmes in countries.

295. The Secretariat also calculated the economic returns of ending the AIDS epidemic as a public health threat, finding that HIV investments yield returns that are 6.4 times greater than amounts invested.¹⁶

Challenges and future actions

296. As the deadline for the Fast-Track targets approaches, the Secretariat convened a diverse set of stakeholders to begin the process of developing a proposed set of programmatic targets for 2025 as well as new estimates of resource needs for 2021–2030. As the need for a more granular approach to target setting has become increasingly apparent, this process will need to balance the importance of global-level targets with an emphasis on focusing interventions on locations and populations in greatest need. Agreement on a new set of targets will require revision of the AIDSInfo analytics capabilities.
297. In the 2020–2021 biennium, the Secretariat will develop a global vision for the future of strategic information, taking account of important changes in the HIV epidemic and the fields of epidemiology and health information systems. Steps will be taken to improve strategic information on key populations and to incorporate such data into generalized epidemic models. The improvement of strategic information for key populations will need to confront the currently inadequate political will to finance robust surveys of stigmatized populations and ensure that data are collected in ways that avoid human rights violations. Further actions will be aimed at improving the capacity to measure stigma and discrimination and for community-led monitoring. The Secretariat will publish guidance on ethical considerations in HIV prevention trials, as well as estimates of the economic benefits of HIV integration.
298. The framework for National AIDS Spending Assessments will be updated, and capacity-building support will be provided to institutionalize annual, in-depth HIV resource tracking. As health systems and disease responses become integrated (in part through momentum towards UHC), discerning HIV programme specificities within more integrated responses is likely to become more challenging, underscoring the importance of strengthening capacities to collect, analyse and report spending data at country, regional and global levels.

S4. Coordination, convening and country implementation support: accelerating the momentum, closing the major response gaps, and advancing inclusion, gender equality and human rights

299. Making an impact on people's lives remained central to the Joint Programme's work. The Secretariat and Cosponsors jointly supported Member States to fulfil the Fast-Track commitments, ensure sustainability of the HIV response, and advance the national SDG agenda. The refined operating model implemented since 2018 enabled the Joint Programme to focus on results for people and country impact.
300. Under the refined operating model, in 95 countries,¹⁷ the Joint UN Teams on AIDS supported strategic solutions to remove barriers and bottlenecks hampering achievement of the Fast-Track commitments. The standardized Joint UN Plans, which are focused on priority national targets, guided the collaborative effort. The country envelopes financed a proportion of the Joint Plan priorities in 71 countries. The Regional Joint UN Teams on AIDS coordinated quality assurance and supported implementation of country plans. The Secretariat led the Joint UN Teams on AIDS at country and regional levels and ensured linkages with the global Joint Programme processes and headquarter teams. The Joint Teams worked to ensure that:
- HIV remains high on national agenda;
 - decision-making and implementation is inclusive;
 - the needs of all people, including women, girls and key populations are understood, voices heard, and their human rights upheld; and
 - strategic investments from the Global Fund, PEPFAR, other bilateral programmes, as well as domestic resources have the maximum impact at country and community levels while also contributing to progress across the 2030 Agenda.
301. During the biennium, more than 20 countries reviewed or newly developed the national HIV strategic plans. Seven countries developed or updated the investment

16. Lamontagne E, Over M, Stover J. The economic returns of ending the AIDS epidemic as a public health threat. *Health Policy*, 2019;123(1).

17. In two countries, Eritrea and Turkmenistan, the work of the Joint UN Teams on AIDS was interrupted in 2019. Steps are being taken to reconfigure the Joint Programme's capacities and resume country-level support.

- cases, and 16 countries took steps to transition to greater sustainability on a domestic funding. A number of countries worked towards removing user fees for HIV and other health services. Cameroon already endorsed a roadmap to operationalize the removal of user fees for HIV and maternal care services, and allocated domestic funding against a dedicated budget line to replace user fees in 2020.
302. In 85 countries, the Joint Teams engaged to make the Global Fund resources work for people, including special initiatives, such as the US\$ 77.3 million Breaking Down Barriers initiative in 20 countries. The Secretariat is an active member of the Country Coordinating Mechanism in 69 countries and serves on the Oversight Committee in 55 countries. The Secretariat also co-chairs the oversight group for the Middle East Response Grant.
 303. The Global Fund HIV Situation Room, which the Secretariat co-chairs with PEPFAR and WHO, addressed the country-level matters. Over the biennium, the HIV Situation Room discussed challenges in 21 countries and cross-cutting issues, such as portfolio optimization of the Global Fund grants, strategic initiative funding, shortage of key programme commodities across different regions, and transition to dolutegravir.
 304. The UNAIDS Technical Support Mechanism was instrumental in delivering timely, quality-assure assistance to scale up national HIV responses and reach with services those underserved by the HIV response in the eastern and southern Africa, western and central Africa, and the Asia and Pacific regions. During the biennium, the Technical Support Mechanism delivered US\$ 10.45 million in technical assistance in support to 296 requests from 75 countries.
 305. The HIV prevention agenda gained momentum at country level. The 28 Global Prevention Coalition Member States adopted HIV prevention strategies. Eight countries put in place service packages for key population groups,¹⁸ and 13 countries introduced combination prevention packages for adolescent girls and young women and their male partners in locations with high HIV incidence. The Coalition's approaches and tools, including integrated voluntary medical male circumcision and SRH programming and state-of-the-art condom programming tools, were taken on-board in countries in and beyond the Coalition.
 306. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination was rolled out to 30 priority countries. Sixteen governments have formally pledged to end discrimination. Updated technical guidance from the Global Partnership informed the Global Fund Breaking Down Barriers initiative and the PEPFAR COP/ ROP guidelines. A package of tools supports the design and implementation of the national strategic plans and donor funding requests for the 2020 cycle.
 307. Achievement of 90-90-90 was prioritized across the regions. In more than 30 countries, the Joint Teams played an important role in taking to scale innovative testing approaches and differentiated service models and facilitated transitioning to dolutegravir. The Secretariat facilitated dialogue with civil society and communities across the regions and ensured that women living with HIV had access to quality, science-based information.
 308. Twenty fragile countries developed and implemented context-specific preparedness, contingency and response plans on HIV in emergencies. The plans are based on the principles of gender equity, inclusiveness and human rights, and incorporate actions on SRHR and sexual and gender-based violence.
 309. Engaging and empowering civil society and communities remained a top priority. In 50 countries, community-led responses and community monitoring gained greater prominence. Communities in at least 53 countries were engaged in the Stigma Index. Civil society consultations held in 12 countries helped amplify civil society and community voices in the 2019 High-Level Meeting on Universal Health Coverage.
 310. The Secretariat and Cosponsors offered advice and hands-on support to national stakeholders in more than 30 countries. The Secretariat worked with civil society during arrests related to sexual orientation and gender identity; provided expert advice in law reform processes on HIV criminalization; criminalization of same-sex sexual activity; travel restrictions; mandatory testing; and access to medicines; and successfully supported strategic litigation efforts against discriminatory laws.
 311. The Secretariat equipped countries with evidence-based tools to advance gender equality and women's empowerment. The tools included an updated Gender Assessment Tool, the checklist on SRHR of women living with HIV, and the ALIVHE Framework to address violence against women and girls. The Joint Teams assist countries in using these and other tools.
 312. The Secretariat and Cosponsors actively supported Resident Coordinators and UN Country Teams to

18. The five key population groups include sex workers, gay men and other men who have sex with men, transgender people, people who use drugs and prisoners.

ensure that people-centred approaches – based on principles of inclusion, equity and social justice – are firmly reflected in the new UN Sustainable Development Cooperation Frameworks. In 26 countries, the Joint Teams directly participate in the Common Country Analysis and the design of Cooperation Frameworks. The Secretariat and Cosponsors further contribute to the country processes through regional Peer Support Groups.

Challenges and future actions

313. New and innovative approaches will be required to reach and engage the people who are being left the furthest behind. Investments in scaled-up community-based strategies, and expanded engagement of communities, will be key to meeting this challenge.
314. Structural barriers, systems failures and implementation bottlenecks are causing the slow progress and suboptimal health and development outcomes. These barriers and bottlenecks are likely to be common for a range of development areas and could be addressed more effectively through integrated SDG approaches.
315. The reduction, as of 2016, of the Joint Programme funding resulted in reduction of in-country and regional-level expertise for several Cosponsors. In the regions and countries affected, this is having a negative impact on the Joint Programme's ability to provide leadership and deliver the required support. The process of developing the new UNAIDS Strategy is an opportunity for the Joint Programme to assess the sustainability of its efforts at regional and country levels, update and expand approaches to maintain expertise and deliver support, and explore alternatives for areas where collective efforts may prove difficult to sustain.
316. Perceptions of country envelopes continue to vary. Overall, Joint Programme stakeholders are highly appreciative of the opportunities the country envelope funds provide. At the same time, in a number of countries the Joint Teams are experiencing a fragmentation of the envelope funding, which leads to an increase in transaction costs that the global Cosponsor teams are noting. Besides, as a result of tightening HIV budgets, the share of country envelope funds allocated to regular (rather than innovative catalytic) activities has increased. The Joint Programme will review the country envelope processes with a view to increase their catalytic impact and to reduce transaction costs.

S5. Governance and mutual accountability: effectively responding to fast-changing context and evolving demands

318. The Joint Programme updated its Division of Labour in 2018 to better align the Joint Programme's priorities and operating modalities with the 2030 Agenda for Sustainable Development and UN reform. The Division of Labour reaffirmed the value of the UNAIDS partnership; reasserted the Joint Programme as a forerunner and champion of UN reform; and confirmed the centrality of achieving results for people. Implementation of the refined operating model resulted in improved planning and resource allocation, as well as improved UBRAF reporting to link country epidemiology, programmatic progress and desired results with UBRAF funds distribution and utilization.
319. The Executive Director reported to ECOSOC in 2019. The Council's subsequent Resolution on the Joint Programme, co-facilitated by the then-Chair and Vice-chair of the PCB (China and the United States, respectively), reaffirmed the pivotal role of the Joint Programme in galvanizing and supporting multisectoral HIV responses in the context of broader efforts to reach the SDG. The Resolution cited the Joint Programme's Cosponsor and governance model as a useful example of strategic coherence and responsiveness to national contexts and priorities. In unanimously adopting the Resolution, Member States emphasized the importance of a strong UNAIDS and urged implementation of the Strategy and full funding of the Joint Programme.
320. The Secretariat facilitated the work of the PCB, including its work on strategic and often challenging issues and processes. In response to a request of the Executive Director, the PCB in 2018 established an Independent Expert Panel to provide recommendations for addressing and preventing harassment within the Secretariat. The Secretariat supported a PCB Working Group tasked with considering the recommendations of the Independent Expert Panel and ensured that the Working Group's recommendations informed and guided the Secretariat-driven processes to strengthen the Management Action Plan to address harassment and enhance a positive organizational culture at the Secretariat.

321. The Joint Inspection Unit's review of UNAIDS management and governance was presented to the PCB at its 45th Meeting, along with the management response from the Secretariat. The PCB established a Working Group to follow up on the Unit's report and to present recommendations for their implementation to the Board.
322. In 2018–2019, the Secretariat mobilized more than US\$ 363 million in core funds from governments and US\$ 75 million in non-core funds in support to a number of global, regional and country activities, designated for specific countries or purposes.
323. The Secretariat finalized and implemented a structured Accountability Framework that sets the performance, accountability and transparency standards and procedures for all aspects of the organization's operations. In both 2018 and 2019, the Secretariat received an unqualified audit opinion, for the 7th and 8th consecutive year since the adoption of IPSAS.
324. In 2019, the Secretariat expanded the online platform to enhance accountability across the organization. The JPMS further evolved, to include a planning module, align the Secretariat UCO workplans with the Joint UN Plans, and enable country-level reporting against the Fast-Track commitments. The Gender Equality Marker and Civil Society Engagement Marker enable the Joint Teams and the Secretariat to plan and monitor investment in gender equality, women's empowerment and community mobilization.
325. In 2018 and 2019, the Joint Programme's Performance Monitoring Reports were presented to the UNAIDS PCB, following the internal and external peer reviews. The 44th PCB meeting noted improvement in the quality of the PMR. The Secretariat continued to regularly report to the International Aid Transparency Initiative (IATI). The new Transparency Portal (<https://open.unaids.org>) places in the public domain the Joint Programme reports from all levels, as well as IATI data, financial data and data on donor contributions and funding trends.
326. Consistent with the Multilateral Organization Performance Assessment Network and external reviews of UNAIDS, the Secretariat strengthened its focus on evaluation. A stand-alone Evaluation Office was established, and a Cosponsor Evaluation Group was constituted to draw on and leverage Cosponsor resources on evaluation. A new evaluation policy, developed through consultations with Member States, Cosponsors and civil society, was approved by the PCB in June 2019. In its 2019 review of UNAIDS, the Joint

Inspection Unit commended the way the evaluation policy had been moved forward. In December 2019, the Board approved the UNAIDS 2020–2021 Evaluation Plan, developed through a consultative process that engaged the Cosponsors and the Secretariat as well as the Expert Advisory Committee.

Challenges and future actions

327. Resource mobilization for the Joint Programme and advocacy to maintain AIDS on the global agenda both face important challenges. Those challenges are heightened by the COVID-19 pandemic, the Joint Programme's continued dependence on a comparatively small group of donors, substantial accountability and transparency requirements associated with donor funding, and delays in donor funding disbursements—all of which potentially affect the provision of timely funding to Cosponsors and the Secretariat.
328. With its independent evaluation function formalized only in mid-2019, the UNAIDS Evaluation Office still has to establish itself as an agent of change vis-à-vis the Board, the Executive Director, senior management of the Secretariat and Cosponsors, and other stakeholders.
329. In 2020–2021, the Secretariat will continue to support implementation of the Division of Labour; reaffirm implementation of the refined operating model, with its strategic focus on needs-based support and country impact and integration across the SDGs (including aligning Joint UN Plans to the United Nations Sustainable Development Cooperation Frameworks); and review allocation and implementation of the country envelope funds.
330. The Secretariat and Cosponsors will use the findings of the UN system's 2016–2018 response to AIDS evaluation to improve the 2020–2021 actions; and prioritize development of a robust, visionary and results-focused UNAIDS Strategy. The latter will serve as the basis for a new Political Declaration, which will be put to the UN General Assembly for adoption at the envisaged High-Level Meeting on AIDS.
331. The Secretariat will continue the strategic engagement with government donors, the European Union, foundations, high net-worth individuals, and private and political partnerships, and will work to diversify its donor base. The change agenda of the new UNAIDS Executive Director will serve as a basis to negotiate improved multiyear agreements with long-standing government donors, while paying additional attention to cultivating new relationships with donors, governments and the private sector.

Knowledge products



Global AIDS update 2019 – Communities at the centre Defending rights, breaking barriers, reaching people with HIV services

This report showed that community leadership in the AIDS response helps ensure that HIV services are relevant to, and reach, the people who need them the most.



World AIDS Day 2019 – Communities make the difference

Communities make an invaluable contribution to the AIDS response. Communities of people living with HIV, of key populations—gay men and other men who have sex with men, people who use drugs, sex workers, transgender people and prisoners—and of women and young people lead and support the delivery of HIV services, defend human rights, support their peers. Communities are the lifeblood of an effective AIDS response and an important pillar of support.



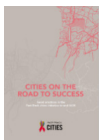
Power to the people

This report showed that where people and communities living with and affected by HIV are engaged in decision-making and HIV service delivery, new infections tend to decline and more people living with HIV gain access to treatment. When people have the power to choose, to know, to thrive, to demand and to work together, lives are saved, injustices are prevented, and dignity is restored.



AIDS by the numbers

This report described the progress made by 2018. It showed that 54% of new HIV infections were among key populations and their sexual partners; there had been a 40% decrease in new HIV infections since the peak in 1997; and 37.9 million people were living with HIV in the world, including 1.7 million children (under 15 years).



Cities on the road to success – Good practices in the Fast-Track cities initiative to end AIDS

This report described the efforts of the many partners in the Fast-Track Cities initiative to accelerate the HIV response and deliver on the goals of the Paris Declaration. Urban leaders have shown commitment and political will, and cities across the globe have developed strategic action plans with ambitious targets and bold implementation strategies.



UNAIDS Data 2019

This edition of UNAIDS data documented key achievements in the HIV response, as well as remaining challenges. It featured the latest data on the world's response to HIV, consolidating a small part of the huge volume of data collected, analysed and refined by UNAIDS over the years. The full data set of information for 1990 to 2018 is available on aidsinfo.unaids.org.



Miles to go—closing gaps, breaking barriers, righting injustices

The global update showed that the global HIV response was at a precarious point—partial success in saving lives and stopping new HIV infections is giving way to complacency. At the halfway point to the 2020 targets, the pace of progress is not matching the global ambition. The report was an influential “wake-up call” that timely action was essential.



Knowledge is power—Know your status, know your viral load

People who may have been exposed to HIV need the knowledge to make informed decisions about their future. An HIV test is a serious event with potentially serious outcomes. But no matter the result, the test provides vital information. For people living with HIV, it is a necessary first step towards a long and healthy life.

